DMC/ DC/F.14/ Comp. 2067/2/2020/ 19th March, 2020 **O R D E R**

**The Delhi Medical Council through its Disciplinary Committee examined a** complaint of Shri Rajiv Kumar Sahni, s/o Shri Badri Nath Sahni, r/o Flat No.1, 182/3, Guru Kripa Apartment, Ward No.3, Near Vikas Hospital, Mehrauli, New Delhi-110030,alleging medical negligence on part of Dr. Dhananjay Kumar Jhamb, Dr. Santosh Kumar Singh and Rockland Hospital, B-33,34, Qutab Institutional Area, Tara Crescent Road, New Delhi-110016, in the treatment of the complainant’s mother late Nirmal Kanta Sahni , resulting in her death on 01.12.2016.

The Order of the Disciplinary Committee dated 03rd February, 2020 is reproduced herein-below:-

**The Disciplinary Committee of the Delhi Medical Council examined a** complaint of Shri Rajiv Kumar Sahni, s/o Shri Badri Nath Sahni, r/o Flat No.1, 182/3, Guru Kripa Apartment, Ward No.3, Near Vikas Hospital, Mehrauli, New Delhi-110030 (referred hereinafter as the complainant),alleging medical negligence on part of Dr. Dhananjay Kumar Jhamb, Dr. Santosh Kumar Singh and Rockland Hospital, B-33,34, Qutab Institutional Area, Tara Crescent Road, New Delhi-110016 (referred hereinafter as the said Hospital), in the treatment of the complainant’s mother late Nirmal Kanta Sahni (referred hereinafter as the patient), resulting in her death on 01.12.2016.

The Disciplinary Committee perused the complaint, written statement of Dr. Santosh Kumar Singh, Dr. Dhananjay Kumar Jhamb, copy of medical records of Rockland Hospital and other documents on record.

The following were heard in person :-

1. Shri Rajiv Kumar Sahni Complainant
2. Shri Suresh Chand Brother of the Complainant
3. Dr. Dhananjay Kumar Jhamb Director Cardiology, Rockland

Hospital

1. Dr. Santosh Kumar Singh Senior Resident, Rockland

Hospital

1. Dr. Navneet Shukla Manager Operations, Rockland

Hospital

The complainant Shri Rajiv Kumar Sahni alleged that his mother (the patient) Smt. Nirmal Kanta Sahini suffered from chest pain on 28th November, 2016. The patient was brought to Rockland Hospital. She underwent coronary angiography which revealed 95% blockade in one of the valve’s. The doctors advised Balloon Coronary Angioplasty/PTCA and stenting. On 29th November, 2016, she underwent PTCA and stenting. On being asked to provide the wrapper of the stent used, the doctor told them that stenting was not done. Subsequent to the procedure, the patient was shifted to CCU. On 30th November, 2016, the patient suffered from some heart problem, but after treatment, she stabilized. On 1st December, 2016, the patient was shifted to ward even though, her condition was not good. Around 9.00 p.m. in the night of 1st December, 2016, the patient started breathing heavily and her condition was deteriorating. The nurse on duty asked the attendants to bring some injection/medicine from pharmacy, but there was delay in procuring the same, as pharmacy personal was having dinner. After administration of injection, there was some improvement in the patient. She subsequently felt the need to go to the toilet but there was no lady attendant available to escort her, as a result, she became restless. After passing the urine**,** the patient’s condition again started deteriorating. An oxygen mask was put on her by the nurse, which was not working properly and the oxygen cylinder was also required to be changed. Even though, the condition of the patient was deteriorating, she was neither shifted to ICU nor any doctor attended to her. After repeated efforts by the nurse, Dr. Santosh Singh came to see the patient. The attendants were asked to arrange for stretcher trolley for shifting the patient to ICU, but the same was not available. As a result, the patient with the bed was moved. Since, the lift going to the ICU, could not accommodate the bed, the patient had to wait for the second lift, because of the time wastage, the condition of the patient further deteriorated and she started breathing heavily, and became unconscious, her eyes became fixed and she expired. The patient was still taken to ICU to resuscitate her even though she had already died. The ICU records show her death time to 1.05 a.m. whereas she has already died at 12.16. He further stated that his mother died due to negligence on the part of Dr. Santosh Singh and Dr. Dhanjay Kumar Jhamb.

Dr. Santosh Kumar Singh, Senior Resident, Rockland Hospital in his written statement averred that he was working as a Resident doctor in VPS Rockland Hospital, Qutab. He further averred that the patient Nirmal Kanta Sahni aged 76 years, female was admitted in VPS Rockland Hospital with complaints of chest pain on exertion, dyspnea on exertion, nausea and vomiting. Initially, the patient was admitted under Dr. Vikas Chopra (Cardiology), later on was transfereed to Dr. Dhananjay Kumar Jhamb on request of the patient (letter filed). The patient was investigated and treated by Dr. Dhananjay Kumar Jhamb. On 29.11.2016, the patient underwent coronary angiography by Dr. Dhananjay Kumar Jhamb, reports filed. LMCA: Calcified and ulcerated. LAD: Ostial 95% ulcerated calcified lesion with thrombus. LCx: Normal calcified and RCA: Mid calcified. On 29.11.2016, balloon dilatation of LAD was done by Dr. Dhananjay Kumar Jhamb. After the procedure, the patient was shifted to CCU. The patient was in CCU for 2 days i.e. 29.11.2016- 30.11.2016. The patient was shifted to the ward in a stable condition on orders of Dr. Dhananjay Kumar Jhamb. On 1.12.2016, he was on duty in CCU as a Resident doctor. At 9:30 p.m., the nurse attending the patient informed him that the patient was feeling breathless. He immediately attended the call and examined the patient. The vitals were as BP 110/80mm of Hg, pulse-88/min, RR-20/min, SP02 95%, on auscultation mild basal crepts were present. The condition was discussed with Dr. Dhananjay Kumar Jhamb, who advised for injection Lasix 20mg i.v. stat, nebulization with Duoline and Budecort stat. After giving all the mentioned medicines, the patient felt better (noted by the attending nurse in nursing notes). The condition of the patient was discussed with the attendants, after which, he went to CCU to see other patients. At 10:00 p.m., he again went to see the patient; she was conscious and oriented, afebrile, with BP 120/80 mm of Hg, pulse- 80min, RR-20/min, and SP02-96%. After seeing the patient, he explained the attendant and the nurse about fluid restriction up to 1.2 liters in 24 hours, as the patient's ejection fraction was 30-35% (mentioned in the doctor’s progress notes). Around 11:20 p.m., the nurse informed him that after defecation, the patient has started feeling breathless again, he immediately went to the patient, on examination, the patient was breathless, had sweating, low saturation and basal crepts on auscultation. He informed the same to Dr. Dhananjay Kumar Jhamb, he (Dr. Dhananjay Kumar Jhamb) advised for BiPAP support with O2 inhalation, noted in nursing notes, cardiac monitor was attached and BiPAP applied and shifted the patient to ICU. The condition of the patient was discussed with Dr. Amit (ICU) for further management. Meanwhile the patient was not tolerating BiPAP, became restless, cardiac monitor showed dipping of saturation, bradycardia and became unconscious. The vitals were not recordable, code blue was announced around 11:25 p.m., and CPR was immediately started according to ACLS protocol. There was return of spontaneous circulation after 1 cycle of CPR on cardiac monitor, sinus rhythm returned and pulse feeble. The patient was shifted to ICU and handed over to Dr. Amit. Further management of the patient was done in ICU by ICU doctors’ team, thereafter. As per Dr. Amit and his progress notes, the patient had a cardiac arrest, code blue was announced at 12:30 a.m. in ICU, and CPR was started. Injection Adrenaline, Injection Sodium Bicarbonate and injection Calcium gluconate were given i.v. stat. After prolonged CPR, the patient could not be revived and declared dead at 1:05 a.m. by Dr. Amit. The patient attendant has given a statement that the nurse had called him (Dr. Santosh Kumar Singh) multiple times and he did not attend the patient whereas, every time that he was informed by the nurse, he had immediately attended the patient, supported by the nursing notes as well. After 2 days of stabilization in CCU, the patient was shifted to the ward on the orders of Dr. Dhananjay Kumar Jhamb. The attendant has mentioned that he (the attendant) had been asking for him since 9:00 p.m. to shift the patient to ICU whereas, he was informed at 9:30 p.m. to see the patient, and he immediately attended the call and examined the patient. The vitals were as BP 110/80 mm of Hg, pulse- 88/min, RR-20/min, sP02 95%, on auscultation mild basal crepts were present. The condition was discussed with Dr. Dhananjay Kumar Jhamb, who advised for injection Lasix 20mg i.v. stat, nebulization with Duoline and Budecort stat. After all the medicines, the patient felt better, mentioned in nursing notes. The condition of the patient was discussed with the attendants, after which, he went to CCU to see the other patients. At 10:00 p.m., he again went to see the patient, she was conscious and oriented, afebrile, with BP 120/80 mm of Hg, pulse- 80/min, RR-20/min, sP02-96%. After seeing the patient, he explained the attendant and the nurse about fluid restriction up to 1.2 liters in 24 hours as the patient’s ejection fraction was 30-35% (mentioned in the doctor’s progress notes). The attendant has stated that his mother died at 12:16 a.m. before shifting to the ICU whereas the patient was shifted to ICU with cardiac monitor with sinus rhythm and managed further by ICU team where the patient had a cardiac arrest, code blue was announced at 12:30 a.m in ICU, CPR was started injection Adrenaline, injection Sodium Bicarbonate, injection Calcium gluconate were given i.v. stat. After prolonged CPR patient could not be revived and declared dead at 1:05 a.m. by Dr. Amit. In the death summary of the patient, there has been a clerical error of writing stenting whereas ballooning was done which is supported by Coronary angioplasty report in the file.

Dr. Dhananjay Kumar Jhamb, Director Cardiology, Rockland in his written statement averred that in the file after the angioplasty (PTCA), he has clearly mentioned that balloon angioplasty had been done to ostial LAD lesion. There is no mention of any stent anywhere because it was never used. There is no overwriting or underwriting of use of stent, as it clear from the notes. Also the copy of bill has no mention of any cost of stent that may have been used. So, the stent was never used and talked about. He had clearly explained to the relatives that this was a very severe disease of ostium of LAD to which the best results could be had was only by balloon angioplasty and deployment of stent at that site between LMCA and LAD would have been detrimental and life threatening to the patient on the table. The reason for putting a stent was that the calcified and ulcerated ostial LAD lesion was extending into LMCA; hence, deployment of stent would have jeoparlized LCx causing a threat of life on the table. In the cases of acute coronary syndrome and primary angioplasty the picture can change suddenly due to LVF dysfunction and ventricular arrhythmia. This is to certify that there has been purely an error on the end of Dr. Santosh Kumar Singh who has unwittingly written stenting without confirming with the notes.

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

1. It is observed that the patient late Nirmal Kanta Sahni a 77 years old female presented in emergency on 28th November, 2016 with complaints of off and on chest pain since five-six days. She was diagnosed to have acute coronary syndrome. ECG showed LBBB. LVEF was 30-35%. The patient’s coronary angiography was done which showed left main-ulcerated LAD-ostial 95% stenosis. The PTCA (Angioplasty) to LAD was done, under consent. The PTCA procedure report dated 29th November, 2016 mentions that PTCA to LAD was done. There is no mention of stent implantation.
2. The explanation regarding performing the procedure of balloon angioplasty as put forth by Dr. Dhananjay Kumar Jhamb in his written statement is found to be acceptable.
3. It is also noted that as per the 12.30 a.m. (2/12/2016) doctor’s notes, code blue was announced, CPR was started as per ACLS protocol, the patient was shifted to MICU, despite efforts of resuscitation, the patient could not revived and declared dead at 1.05 a.m. on 2nd December, 2016.
4. It is observed that the death summary wrongly mentions stenting to LAD was done, as admitted by Dr. Santosh Kumar Singh in his written statement. The doctors are advised to exercise due diligence in preparation of record of such nature, as any wrong observation which is not in consonance with the medical treatment administered to the patient, can lead to complaint of present nature.
5. It is observed that the PTCA (balloon angioplasty) procedure in this case was indicated, in view of the angioplasty findings and was done as per accepted professional practices in such cases. The patient unfortunately succumbed due to her underlying condition which had guarded prognosis, inspite of being administered appropriate treatment.

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. Dhananjay Kumar Jhamb, Dr. Santosh Kumar Singh and Rockland Hospital, B-33,34, Qutab Institutional Area, Tara Crescent Road, New Delhi-110016, in the treatment of the complainant’s mother late Nirmal Kanta Sahni.

Complaints stands disposed.

Sd/: Sd/: Sd/:

(Dr. Subodh Kumar) (Dr. Ashwini Dalmiya) (Dr. Vimal Mehta)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 03rd February, 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 Rajiv Kumar Sahni, s/o Shri Badri Nath Sahni, r/o Flat No.1, 182/3, Guru Kripa Apartment, Ward No.3, Near Vikas Hospital, Mehrauli, New Delhi-110030.
2. Dr. Dhananjay Kumar Jhamb, Through, Medical Superintendent, Rockland Hospital, B-33, 34, Qutab Institutional Area, Tara Crescent Road, New Delhi-110016.
3. Dr. Santosh Kumar Singh, Through, Medical Superintendent, Rockland Hospital, B-33, 34, Qutab Institutional Area, Tara Crescent Road, New Delhi-110016.
4. Medical Superintendent, Rockland Hospital, B-33, 34, Qutab Institutional Area, Tara Crescent Road, New Delhi-110016

(Dr. Girish Tyagi)

Secretary