DMC/DC/F.14/Comp.2162/2/2020/ 18th May, 2020

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station, Janakpuri, seeking medical opinion on a complaint of Shri Ajay Chauhan r/o- K-5/30, Mohan Garden, Uttam Nagar, New Delhi-110059, alleging medical negligence on the part of doctors of Mata Chanan Devi Hospital, C-1, Janakpuri, Delhi-110058, in the treatment administered to complainant’s wife Smt. Archana, resulting in her death on 14.07.2017.

The Order of the Disciplinary Committee dated 24th February, 2020 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station, Janakpuri, seeking medical opinion on a complaint of Shri Ajay Chauhan r/o- K-5/30, Mohan Garden, Uttam Nagar, New Delhi-110059 (referred hereinafter as the complainant), alleging medical negligence on the part of doctors of Mata Chanan Devi Hospital, C-1, Janakpuri, Delhi-110058 (referred hereinafter as the said Hospital), in the treatment administered to complainant’s wife Smt. Archana (referred hereinafter as the patient), resulting in her death on 14.07.2017.

The Disciplinary Committee perused the representation from Police, copy of complaint of Shri Ajay Chauhan, written statement of Dr. A.C. Shukla, Medical Superintendent of Mata Chanan Devi Hospital, enclosing therewith written statement of Dr. Indu Seth and Dr. Pramod Mangwana, written statement of Dr. Shweta Mishra and Dr. Shweta Mishra, final opinion as to cause of death in respect of Post Mortem report no: 427/2017 and Viscera and Chemical analysis report pertaining to Post Mortem report no: 427/2017, medical records of Mata Chanan Devi Hospital and other documents on record.

The following were heard in person :-

1) Dr. Indu Seth Senior Consultant, Obst. & Gynae. Mata Chanan Devi Hospital

2) Dr. Pramod Mangwana Senior Consultant, & Coordinator, Mata Chanan Devi Hospital

1. Dr. Roma Sharma Consultant, Mata Chanan Devi Hospital

4) Dr. Shweta Mishra Ex. DNB (SEC), Mata Chanan Devi Hospital

5) Dr. A.C. Shukla Medical Superintendent, Mata Chanan Devi Hospital

The Disciplinary Committee noted that the notice sent to the complainant Shri Ajay Chauhan at the address K-5/30, Mohan Garden, Uttam Nagar, New Delhi-110059 (as provided in the police’s representation and the complaint) returned undelivered in the office of the Delhi Medical Council. Further, another notice was sent to the complainant through S.H.O. Police Station Janak Puri, New Delhi; inspite of that, he failed to appear before the Disciplinary Committee. In view of the fact that the matter has been referred by the Police; in the interest of justice, the Disciplinary Committee decided to proceed with the matter in order to determine it on merits.

It is noted that as per the police representation it is averred that on 14th July, 2017, the patient Smt. Arhana w/o Shri Ajay Kumar Chauhan was admitted in Mata Chanan Devi Hospital vide IP No.-126172 and UHID No.-177771 for medical termination of pregnancy. During the course of the treatment, the patient expired. It is further submitted that Shri Ajay Kumar Chauhan, husband of the deceased (the patient) filed a complaint before police station, Janakpuri regarding medical negligence during treatment. Her MLC No.-8510/17 was prepared at Mata Chanan Devi Hospital, Janakpur, New Delhi. Thereafter, the dead-body was shifted in Mortuary of DDU, Hari Nagar, New Delhi and medical board was constituted by the Govt. of NCT of Delhi. On 17th July, 2017, the post-mortem of the deceased was conducted by the Medical Board of Dr. Arviond Kumar, Dr. Rishabh Kumar and Dr. Vivek Chaudhary and dead body handed over to his relatives. During post-mortem, the Medical Board preserved the viscera exhibits of the deceased and the same was handed over to IO/SI Manohar Lal. Thereafter, the post-mortem report of the deceased was obtained. It is, therefore, requested that an enquiry may be initiated against the treating doctors of Mata Chanan Devi Hospoital, as a complaint regarding medical negligence has been received in Police Station Janakpuri, New Delhi.

It is further noted that in the complainant of Shri Ajay Chauhan addressed to the SHO, Police Station Janakpuri, New Delhi-110058 it is stated that on 14th July, 2017, he took his wife Smt. Archana for her regular pregnancy and labour treatment at Mata Chanan Devi Hospital, Janak Puri. She was going through her regular pregnancy check-ups. The mentioned doctors namely Dr. Indu Seth, Dr. Jasleern Kaur Soni and Dr. Binita Jindal were assigned to her case for treatment. They reached at Mat Chanan Devi Hospital at around 09.00 a.m. and at 09.30 a.m., they reached at the labour room, 1st Floor, Old Block of the Hospital. He was told to make the medical file and bring it at the labour room. He left his wife and went to bring the medical file downstairs at ground floor, as he was not allowed to enter the labour. He waited outside the labour and around 11.30 a.m., he was shocked to know that his wife was dead. When he entered the room and saw the body of his wife, he saw bubbles coming out from the mouth of his wife. He enquired about the death and cause of it, but nobody answered. Also he was shocked to know that there was no doctor available in the labour room to inspect his wife. He told his relatives about the unfortunate incident and later a call was made at 100 No. at around 3.05 p.m. He requests for appropriate actions against the hospital and said assigned treating doctors, so that these kinds of incidents never occur in future with anybody.

Dr. Indu Seth, Senior Consultant, Obst. & Gynae. Mata Chanan, Devi Hospital in her written statement averred that the patient Smt. Archna w/o Shri Ajay Kumar Chauhan attended in gynae. OPD on 11th July, 2017 with history of amenorrhoea five weeks and wanted termination of pregnancy. The patient’s obstetric history was G4,P2L2A, with previous 2C section. The patient was offered choice of both medical and surgical method of abortion. She preferred to undergo surgical method (D&C). The patient’s counselling was done, risk were explained for surgical termination in view of previous two LSCS and the patient’s history of diabetes mellitus. The patient was advised admission on 14th July, 2017 in unit 2 (gynae. OPD) and was also advised to came fasting and not to take oral hypoglycaemic drug on the day of surgery. The patient’s PAC was carried out on admission and was declared fit. The patient was shifted to OT for procedure D&C under GA. Her team member Dr. Binita Jindal (attending consultant) was there to initiate the proceedings. The patient was positioned. Anaesthesia was given, the patient developed complications even before the initiation of the procedure. The patient was being managed by team of anaesthesia. She was in OPD to receive a call from Dr. Binita Jindal about the incidence, she immediately rushed to OT. The patient was being managed by anaesthesia team and was shifted to ICU for further management. She informed the patient’s husband (the complainant) about the seriousness of the patient’s condition and went to ICU, the patient’s condition was critical and she was declared dead on 14th July, 2017 at 02.10 p.m., inspite of best efforts by the team.

Dr. Shweta Mishra, Ex. DNB (SEC), Mata Chanan Devi Hospital in her written statement averred that during the said period, she was working as a DNB student in the Department of Anesthesia, headed by Dr Pramod Mangwana. On the day of incident, she was working under the supervision of Dr Roma Sharma. A call was received from the labour room of Department of Obstetrics and Gynaecology, Mata Chanan Devi Hospital, for pre-anesthetic check-up of the patient Archana, aged 35 years for dilatation and curettage procedure (MTP) at 11.30 am on 14.07.2017. The patient was admitted under Dr. Indu Seth and Dr. Jasleen Kaur Soni, Consultant, Department of Obstetrics & Gynecology, Mata Chanan Devi Hospital, Delhi. The patient was examined at 11.35 am in the labour room. The patient was a 35 year old lady with history of 6 weeks amenorrhea. The patient had been previously operated for lower segment caesarean section twice and her last LSCS was done 9 years back, under subarachnoid block. The patient was a known diabetic and was on oral hypoglycaemic agents. There was no other positive history suggestive of any upper respiratory tract infection, hypertension, coronary artery disease, drug allergy or any CNS symptoms (either neurological or musculoskeletal). The patient’s METs were greater than 4. The patient confirmed fasting since midnight. On examination, the patient’s pulse rate was around 84/min and her BP was 140/70mm Hg. The patient was afebrile. The patient’s systemic examination was unremarkable. Airway: the patient was MPG 11. The patient’s mouth opening was adequate. Neck movements were normal. No loose tooth or artificial dentures were present. Oral hygiene was average. Investigations: Hb11.4 gm%, TLC 10410/mm3, Platelets 3.17 lacs/mm3, Serum Na+ 135 meq/L, Serum K+ 3.53 meq/L, FBS84mg%, Urine negative for Ketones, TSH 1.32, HIV negative, HbsAg negative, HCV negative. PAC was discussed with Dr. Pramod Mangwana and the patient was provisionally accepted as ASA 11 for anaesthesia and following instructions were to be followed- Dextrose 5% was to be given 100 ml IV bolus followed by continuous infusion, Inj Rantac 50mg IV and Inj Perinorm 10 mg IV were to be given stat. The patient’s repeat RBS was 108 mg%. A written informed consent was taken from both the patient and her attendant for D&C under general anaesthesia after explaining in detail the risk of anaesthesia to them. OT Preparation: Anesthesia machine was checked; Oxygen and Nitrous Oxide cylinder were checked; Laryngoscopes were working, endotracheal tubes of appropriate size were checked, supraglottic airway device were available, suction was working, drug cart with emergency drugs checked, iv fluids available, OT table working. Sequence of events in OT: The patient was taken in OT at 12.10 pm. The patient was anxious. All monitors were attached. The patient’s pulse rate was 98/min, BP was 130/90mm Hg, Sp02 was 99% on room air, ECG showed sinus rhythm. Under the guidance and supervision of Dr. Roma Sharma, the patient was pre-medicated with injection Glycopyrrolate 0.2mg, injection Midazolam lmg and injection Fentanyl 50 microgram IV. Oxygen was started at 6 L/min and administered to the patient through face mask with Magill’s circuit. The patient was spontaneously breathing. Injection Emset 4mg IV stat and injection Propofol 60 mg IV was given slowly. The patient was then positioned in lithotomy. Before surgeon could paint the patient she had a sudden bout of vomiting and her oral cavity was full of gastric contents. Immediately head low of OT table was done and oral suctioning was started. The patient was released from lithotomy position. Call for help was sent to Dr. Pramod Mangwana. The patients head was turned to one side and oral suctioning continued. Meanwhile the patient started de-saturating. Immediate endotracheal intubation was attempted but was unsuccessful. The patient started developing bradycardia. Injection Atropine 0.6 mg stat IV given. Igel #4 with ryles tube through orogastric port was inserted. The patient was successfully ventilated and her saturation improved to 97%. Meanwhile thorough suctioning was done through sideport of I gel. Also injection Hydrocortisone 100 mg IV, injection Dexamethasone 8mg, injection Deriphylline 1 amp slow IV were given as advised. The pulse rate of the patient was approximately 130/min. Dr. Pramod Mangwana reached the OT and his advice was followed. After thorough suctioning through the orogastric port, I gel was removed and replaced with 7.5 mm cuffed endotracheal tube by him. Cuff was inflated and bilateral air entry was confirmed. There was tachycardia (approx 150/min) and Sp02 was 95-97%. After few minutes, pulse started dipping again alongwith de-saturation. On palpating carotid pulsation was not felt. Immediately CPCR was started as per latest ACLS guidelines. Chest compression started and injection Adrenaline l mg stat IV given. The patent started showing some signs of improvement like wincing of eyes. The pulse was palpable but feeble. At this time call for help to cardiologist was sent. Also injection Sodium Bicarbonate 100 ml given and injection Calcium Gluconate 1 amp slow IV was given and CPCR continued. The patient again had bradycardia. Injection Adrenaline 1 mg stat IV given and CPCR continued. Pulse still not felt and ECG showed VF/IV rhythm following which DC shock of 200 J was given and CPCR continued. Also injection Dobutamine and injection adrenaline infusions started at 15ml/hr IV. Also injection Adrenaline 1 mg IV was given. CPCR continued. ECG rhythm on monitor still showed VF rhythm, therefore, DC shock of 200 J was repeated and CPCR was continued. Dr. S Saini came to OT at this time. After five cycles of CPCR, carotid pulse and ECG rhythm was again checked. The pulse was not recordable and ECG still Showed VF. Spontaneous respiratory efforts were also absent. So CPCR and ventilation were continued. 1mg injection Adrenaline was repeated. DC shock of 360 J was given and CPCR was continued. The patient was shifted to ICU with CPR continued in transit. In ICU DC shock of 200 J was given with biphasic defibrillator. Cardiac massage and mechanical ventilation were continued. Resuscitation continued for around 1 hour 30 minutes. Despite their best resuscitative efforts, the patient could not be revived. Final ECG was taken at 2.10 pm which showed a straight line. The patient was declared dead at 2.10 pm.

Dr. Roma Sharma, Consultant, Mata Chanan Devi Hospital in her written statement averred that the patient Smt. Archana was admitted for dilatation and curettage on 14.07.2017 in Obs. & Gynae. Deptt of Mata Chanan Devi Hospital under Dr. Indu Seth and Dr Jasleen Kaur Soni. Pre-anaesthetic check-up was done by Dr. Shweta in labour room at 11:35 AM. The patient gave fasting history since midnight. The patient had no known allergies. The vitals were stable. The patient was afebrile, PR84/min, BP140/ Om Hg, RR16/mt. The patient was average built, mallampati Grade 11 and her neck movements were normal. The patient’s METs were greater than 4. Lungs were clear. Bilateral air entry was equal and adequate. Heart sounds were normal. The patient was a known diabetic on Oral hypoglycemic agents. The patient RBS was 84 mg/dl. All other investigations were within normal limits. The patient had previous two LSCS under spinal anaesthesia. Premedication: Injection Rantac 50 mg IV and injection Perinorm 10 mg IV were given. PAC was discussed with their Head of Department, Dr. Pramod Mangwana. The patient was started on 5% Dextrose infusion and was provisionally accepted as ASA 11 for anaesthesia. Written Informed consent was taken from the patient and her husband, and all anaesthesia related risks were explained in detail. The sugar was rechecked and it came to 108 mg%. Anaesthesia Plan: All standard operating procedures were followed. She and Dr. Shweta prepared the OT to take the patient for D&C under general anaesthesia. The patient was taken to OT. All monitors were attached to her. A brief history of any oral intake or drug allergy was taken before starting induction of anaesthesia. The patient was anxious. PRwas 98/min, BP was 130/80 mmHg, Sp02 was 99% on room air, ECG showed sinus rhythm. The patient was given premedication with injection Glycopyrrolate 0.2 mg IV, injection midazolam 1mg IV and injection Fentanyl 50 microgram IV. Pre oxygenation was started with Oxygen @ 6 L/min through facemask with Magill’s circuit. Injection Emset 4 mg IV and injection Propofol 60 mg IV were given. The patient was then shifted towards foot end and lithotomy position was made. As soon as the surgeon was to start painting the surgical part, the patient had a bout of vomiting and her mouth was full of gastric contents. Management of complication: Immediately head end of OT table was lowered and oral suctioning was done. Head was turned to one side and suctioning of oral cavity was continued. Immediate call for help was sent to Dr. Pramod Mangwana. Simultaneously, the patient was taken back in supine position. The patient’s oxygen saturation started falling. Immediately endotracheal intubation was attempted but was unsuccessful. Bradycardia started. Injection Atropine 0.6 mg IV stat was given. Meanwhile airway was secured with IGel #4 and ryle's tube introduced through the gastric port. Thorough suctioning was done. The patient saturation improved to 97% and PR was 130/min. Simultaneously injection Hydrocortisone 100 mg IV, injection Deriphylline 1 amp slow iv and injection Dexamethasone 8mg IV was given. At this time Dr. Pramod Mangwana came and after thorough orogastric suctioning by Dr. Pramod, Igel was removed and endotracheal intubation was done with 7.5 mm cuffed endotracheal tube. Bilateral air entry was checked and tube was secured in position. There was tachycardia of 140-150/min and SpO2 was 95-97%. After few minutes, the patient started having bradycardia. Carotid pulse was not palpable. Injection Adrenaline 1 mg was given followed by 20 ml normal saline bolus and CPCR started as per ACLS protocol. The patient started showing some signs of improvement, as wincing of eyes. The patient’s pulse was palpable but feeble. At this time call for cardiologist was sent. Simultaneously, injection Soda bicarbonate 100 ml IV, injection calcium gluconate 10 ml IV were given and CPCR was continued. The patient again had bradycardia. Injection Adrenaline 1 mg stat IV was given and CPCR continued. Carotid was not palpable. ECG rhythm showed VF. Immediate DC shock was given with 200 J energy and CPCR continued. Meanwhile injection Adrenaline and injection Dobutamine infusion were started at 15ml/hour each. Injection adrenaline 1 mg stat IV was given and CPCR was continued. But on checking the rhythm on monitor, VF was noted again so second DC shock with 200J was given and CPCR was continued. Dr. S Saini, Cardiologist joined the team at this point. After five cycles of CPCR, rhythm and carotid pulsations were checked again on monitor and found as VF/ idioventricular rhythm. No respiratory efforts were present, so resuscitative process was continued with ventilation and cardiac massage. Injection adrenaline 1 mg bolus was repeated followed by 20 ml NS and third DC shock was delivered with 360J energy. CPCR was continued. The patient was shifted to ICU with continued CPCR. In ICU, again repeat dose 1 mg injection Adrenaline was given followed by 20 ml normal saline and fourth DC shock was given with 200J with biphasic defibrillator. Cardiac massage and artificial ventilation was continued. Total time for resuscitation was around one and a half hour. Despite all resuscitative efforts, the patient could not be revived. ECG showed flat line. The patient was declared dead at 2.10 pm on 14.07.2017.

Dr. Pramod Mangwana, Senior Consultant, & Coordinator, Mata Chanan Devi Hospital in his written statement averred that the patient Ms. Archana, IP no-126172, was in Gynae. OT for Dilatation and Curettage. On 14.07.2017, he received an emergency call form Gyane. OT, located at First Floor about a patient being serious on operation table. He rushed to gyane. OT as early as possible. On entering the OT, he noticed that the patient was being ventilated with magill circuit bag and I-GEL by Dr. Roma Sharma in head low position. The patient had tachycardia with pulse rate as 130-134/minute on monitor and SPO2 as 96-97%. On enquiry, he was informed that when lithotomy position was made, the patient vomited, suction was done with head low position and intubation was tried but failed, so Igel was used. The drugs already given were injection Atropine 0.6 mg, injection Efcorlin 100 mg, injection Dexona 8 mg, injection Deriphyllin 2 mg. At this time respiratory efforts was poor and to make ventilation better, I-GEL was removed by him after suction through ryle’s tube and intubation was done with 7.5 mm Oroendotracheal, cuffed tube, ventilation started and Endotrachea suction was also done using sterile suction catheter. After few minutes, the patient started de-saturating. showing bradycardia. Carotid pulse was not palpable. Injection Adrenahn I/V was given followed by 20 ml normal saline bolus and CPR started as per ACLS protocol. The patient showed some signs of improvement as wincing of eyes, pulse was also palpable but feeble. At this point, call for cardiologist was sent. Simultaneously, injection Soda bicarb 100 ml, injection Cal. Gluconate 10 ml I/V was given and CPR continued. After some time some time with continued CPR, rhythm on the monitor was noticed as changed to ventricular fibrillation (VF). Immediately, DC shock with 200 joules energy was given and CPR was continued. Meanwhile, Adrenaline Infusion @ 15ml per hour and Dobutamine infusion @ 15 ml per hour was started. CPR was continued but on checking rhythm on monitor, VF was noted again, so second DC shock was given with 200 joules and CPR continued. Dr. Subhash Saini (Cardiologist) joined the team at this point. After 5 cycles of CPR, rhythm and carotid pulsations were checked again on monitor and found as VF/idioventricular rythm. No respiratory efforts were there so resuscitation process was continued with ventilation and cardiac massage. Injection Adrenalin bolus was repeated followed by 20 ml normal saline and 3rd DC shock was given with 350 joules energy, CPR was continued. The patient was shifted to ICU with continued CPR. In ICU 2 again, injection Adrenaline bolus was repeated followed by 20 ml normal saline and DC shock was given with 200 joules energy with biphasic defibrilator. Cardiac massage and artificial ventilation were continued. In spite of all efforts, the patient could not be revived. ECG showed flat line and patient was declared dead at 2.00 p.m. on 14.07.2017.

In view of the above, the Disciplinary Committee observes that the patient Smt. Archana a 35 yrs female weighing 90kg (morbid obesity) with DM type II on OHA (Oral Hypogylemic Agent) was scheduled for MTP on 14.07.2017 at 9.35 am at Mata Chanan Devi Hospital under general anesthesia in view of early pregnancy with two previous LSCS. All pre operative precautions were taken including Acid aspiratin proplylaxis, however, during the Lithotomy and head down positioning she had regurgitation and aspirated the stomach contents followed by bradycardia & VF (ventricular fibrillation) and was declared dead at 2.10 pm. It is observed that in an obese patient regurgitation is a known complication which was noticed and managed as per standard protocol; unfortunately the patient could not survive.

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 the doctors of Mata Chanan Devi Hospital, in the treatment administered to complainant’s wife Smt. Archana at Mata Chanan Devi Hospital.

Matter stands disposed.

Sd/: Sd/:

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

Chairman, Delhi Medical Association,

Disciplinary Committee Member,

 Disciplinary Committee

 Sd/: Sd/:

(Dr. Vishnu Datt) (Dr. Reva Tripathi)

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 24th 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 Ajay Chauhan, Through S.H.O. Police Station Janak Puri, New Delhi-110058 (***with a request to serve this Order upon Shri Ajay Chauhan)***- **Ref** : **No.1417/SHO/Janakpuri dated, New Delhi the 24.07.2017.**
2. Dr. Indu Seth, Through Medical Superintendent, Mata Chanan Devi Hospital, C-1, Janakpuri, New Delhi-110058.
3. Dr. Pramod Mangwana, Through Medical Superintendent, Mata Chanan Devi Hospital, C-1, Janakpuri, New Delhi-110058.
4. Dr. Roma Sharma, Through Medical Superintenent, Mata Chanan Devi Hospital, C-1, Janakpuri, New Delhi-110058.
5. Dr. Shweta Mishra, Through Medical Superintenent, Mata Chanan Devi Hospital, C-1, Janakpuri, New Delhi-110058.
6. Medical Superintendent, Mata Chanan Devi Hospital, C-1, Janakpuri, New Delhi-110058.
7. Dy. Commissioner of Police, West District, Office of the Deputy Commissioner of Police, West District, DCP Office Complex, West District, Rajouri Garden, New Delhi-110027-w.r.t. letter No.7049/SO (R-1)/DCP/West, Delhi, dated the 11/05/2019-**for information.**
8. S.H.O. Police Station Janak Puri, New Delhi-110058- **Ref** : **No.1417/SHO/Janakpuri dated, New Delhi the 24.07.2017-for information.**

 (Dr. Girish Tyagi)

 Secretary