DMC/DC/F.14/Comp.2672/2/2023/ 10th September, 2024

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station Civil Lines, seeking medical opinion in respect of death of Shri Vikash Kumar Mishra, allegedly due to medical negligence, in the treatment administered to late Vikash Kumar Mishra at Sushrut Trauma Centre, 9 Metcalf Road, Civil Lines, New Delhi-110054.

The Order of the Disciplinary Committee dated 12th August, 2024 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station Civil Lines, seeking medical opinion in respect of death of Shri Vikash Kumar Mishra (referred hereinafter as the patient), allegedly due to medical negligence, in the treatment administered to late Vikash Kumar Mishra at Sushrut Trauma Centre, 9 Metcalf Road, Civil Lines, New Delhi-110054 (referred hereinafter as the said Medical Centre).

The Disciplinary Committee perused the representation from the police, written statement of Dr. Kishore Singh, Medical Director Lok Nayak Hospital enclosing therewith reply of Dr. Deepika Veermal, Dr. Bharat Bhushan, Dr. Deepak Sharma, Dr. Sahil Batra, Dr. Bushu, copy of medical records of Lok Nayak Hospital, Sushrut Taruma Centre, post-mortem report No.1359/18 dated 23.07.2018 and other documents on record.

The following were in heard in person :-

1) Shri Sanjay Kumar Mishra Complainant

2) Smt. Vidhya Mishra Wife of the complainant

3) Dr. Deepika Veermal Medical Officer, Sushruta Trauma Centre

4) Dr. Bharat Bhushan Senior Resident, Sushrut Trauma Centre

5) Dr. Deepak Sharma Senior Resident, Sushrut Trauma Centre

6) Dr. Sahil Batra Assistant Professor, Sushrut Trauma Centre

7) Dr. Bhushu Consultant Orthopaedician, Sushrut Trauma Centre

8) Dr. Rohit Specialist Anaesthesia, Sushruta Trauma Centre

9) Dr. Shujauddin Specialist Surgery, Sushruta Trauma Centre

10) Dr. Virendra DMS (C), Sushrut Trauma Centre

11) Dr. Viresh Kumar Additional Medical Superintendent, Sushrut Trauma Centre

12) Dr. Shikha Sharma Additional Medical Superintendent, Sushruta Trauma Centre

It is noted that as per the police representation on 23rd July, 2018, a PCR call regarding the death of Shri Vikash Kumar Mishra (the patient) due to negligence of the doctor was received at the Police Station, Civil Lines vide DD No.09A and the same was marked to SI Rupesh Raj for further necessary action. On getting the call, he reached Sushrut Trauma Centre Hospital, Civil Lines, Delhi and met the PCR caller Shri Sanjay Kumar Mishra who told him that in the intervening night of 22-23/07/2018, his son Shri Vikas Kumar Mishra met with accident at Shastri Park, Delhi who was later admitted to Sushrut Trauma Centre Hospital by the PCR staff and during the admission, the patient was having bleeding and was groaning with stomach pain. Seeing this, he made repeated request to the doctor to treat his son but they did not come to treat the patient. The patient’s treatment was started after five hours of his admission. He further alleged that due to negligence of the doctor, the patient died during the treatment in the morning. Thereafter, he gave SI Rupesh Raj a written complaint regarding the death of his son due to negligence of the doctor. On further enquiry, it came to notice that FIR No.575/18 U/s 279/304A dated 23.07.2018 was registered in P.S. Usmanpur regarding accident of the deceased (the patient) and the investigation was taken-up by the IO ASI Satish. The post-mortem of the deceased was conducted at GTB Hospital vide PM No.1359/18. In this regard, it is submitted that the allegations being related to medical treatment and the negligence of the doctor, it may kindly be opined that, whether any negligence on the part of the doctor treatment given by him or not and any cognizance offence is made out or not on their part.

The complainant Shri Sanjay Kumar Mishra stated that in the intervening night of 22nd July, 2018-23rd July, 2018, his son Shri Vikas Kumar Mishra (the patient) met with accident at Shastri Park, Delhi who was later admitted to Sushrut Trauma Centre Hospital by the PCR staff and during the admission, the patient was having bleeding and was groaning with stomach pain. Seeing this, he made repeated request to the doctor to treat his son but they did not come to treat the patient. The patient’s treatment was started after five hours of his admission. He further alleged that due to negligence of the doctor, the patient died during the treatment in the morning.

Dr. Deepika Veerwal, Casualty Medical Officer, Sushrut Trauma Centre in her written statement averred that the patient Shri Vikas age 39 years male presented to the casualty with history of road traffic accident at around 11.00 p.m. on 22nd July, 2018 with GCS 15/15 and stable vitals. The investigations showed right sided Rib fracture, fracture pelvis and the patient was admitted under ortho. IV fluids were rushed and the blood was arranged, and transfused. The patient’s blood-pressure started falling, inspite of all efforts from the casualty team, so ICU call was sent at around 02.00 a.m., i/v/o falling BP and decreasing saturation and ICU SR was requested to transfer the patient to ICU for his better management, to which, ICU SR said there is no bed vacant in ICU, so the patient has to be managed in the casualty. At around 04.00 a.m., the patient’s saturation suddenly dropped and he was intubated and written call to ICU SR was sent to transfer the patent to ICU since the patient was continuously deteriorating, to which, ICU doctor denied and said that this time no ventilator available in ICU and he will give this in writing. The patient’s attended requested her to kindly arrange, if possible, a bed ventilator in ICU. She called the staff on duty ICU, she (staff) verbally said yes, a bed is vacant in ICU, but she (staff) will inform about the status of ventilator after confirming with the technician on duty. She sent her (staff) written call to document if, there is bed vacancy in ICU, to which, she (staff) replied, yes technician has confirmed a bed ventilator vacant in ICU. After getting written consent confirmation, she politely asked ICU SR why he was denying the ICU bed to the patient, if bed was vacant and the condition of the patient was critically ill, to which, he said do not spy on him and he has the power to not give any bed to anyone and threatened her of dire consequences, if she did not stop there, which he did in the casualty area where all the CCTV cameras are installed and his threatening can be corroborated by viewing him in camera, pointing out the finger at her. He said she should just explain to the attendants that there was no bed ventilator available in ICU and their patient has passed away. The relatives were explained about the death of their patient, but ICU vacancy was not disclosed to them at present since that could have put sanctity of hospital at stake and I.O. was handed over the body. The relatives continuously accused doctor for not treating properly and 100 call was dialed and the complaint was given to Civil Lines Police Station. Here in this incident report, she requests to kindly conduct an enquiry into the matter since there was a conflict between the ICU doctor and ICU staff about the vacancy of bed in ICU. She personally checked ICU bed and there was a bed vacant and inspite of that, the patient was not transferred to the ICU by SR ICU and instead, he threatened her of dire consequences, if she repeats this or take this matter further. For her protection and for peace in hospital, she called ‘100’ but the complaint was not given in writing since this was an institutional matter and to keep the sanctity of the institution. She requests for an institutional enquiry and action against the culprit as two different written information were given at the same time. Also, the explanations from the SR should be asked for, why he denied to transfer the patient to the ICU, when bed was vacant and the patient was not even intubated, but his (the patient) BP was so systolic and his (the patient) condition was continuously deteriorating. ICU SR after intubation of the patient said now no ventilator is available in the ICU and that vacant bed does not have ventilator and now, he will legally write no bed ventilator was available, but the same sister wrote bed and ventilator both are available in the ICU.

Dr. Sahil Batra, SR Orthopaedics, Sushrut Trauma Centre in his written statement averred that on 22nd July, 2018(night) and 23rd July, 2018, he was operating a case of fracture dislocation 2nd/3rd metacarpal (R) of the patient named Shri Ameer Ahmed which continued till 02.00 a.m. During the surgery, he got verbal intimation from the casualty team regarding patient Shri Vikas with pelvis injury. Pelvic Binder, IV fluid and the blood transfusion were told by him to be done. Since, he was alone performing the surgery in the operation theater; it was not possible for him to the surgery in-between which would have compromised the life of that patient. Leaving the patient under anaesthesia is unethical and moreover, it was tourniquet surgery and would have given a chance of risk of infection to the patient. After finishing his case around 02.00 a.m., he attended the patient who was on IV fluid and blood transfusion and pelvis binder in-situ and secured. The patient had fracture inferior pubic Rani (R) fracture Anterior Column acetabular (R); fracture Proximal humerus (R); fracture Scapula (R). There was no other long bone injury or any open fracture. The patient was conscious oriented pelvis appeared to be clinically stable to there was chest tenderness on Right side suggestive of fracture 2nd/3rd/7th/8th rib. Proximal humerus fracture managed conservatively and the treatment was done to the best of his knowledge. The management of hemodynamic of the patient continued using I.V. fluids and blood transfusion. The patient underwent intubation around 04.a.m. i/v/o increased respiratory efforts. But the patient’s condition did not improve; CPCR was done. But to best of all their effort, the patient died around 05.30 a.m. on 23rd July, 2018.

Dr. Bhushu, Consultant Orhopaedics, Sushrut Trauma Centre in his written statement averred that he is working as a Senior Resident in department of orthopaedics, Lok Nayak Hospital posted in Sushrut Trauma Centre. He was posted on duty on 22nd July, 20178 for twenty-four hours with Dr. Sahil frin (09.00 a.m.-09.00 p.m.). His father was suffering from advance carcinoma pancreas stage IV B, currently on chemotherapy on 23rd July, 2018 (Monday). He had to leave in urgency on Sunday due to DVT and coagulopathy, he (father) developed with deranged serum electrophoresis. He had to attend to his family urgency. In the night, Dr. Sahil was on duty. He (Dr. Bhushu) seeks pardon for not informing his supervisor for leave. Meanwhile, in morning, he managed to cover his duty till evening by a post-graduate student team from Lok Nayak Hospital and thereafter in evening onwards, Dr. Sahil (SR Ortho.) was on duty.

Dr. Deepak Sharma, Senior Resident, Sushrut Trauma Centre in his written statement averred that he was working as a Senior Resident in the department of general surgery posted in Sushrut Trauma Centre for three months (July-September, 2018). His treatment and sequence of event is mentioned as : On 23rd July, 2018, he got a call from the casualty around 01.00 a.m. regarding a RTA (Road Traffic Accident). He immediately rushed to the ER and examined the patient and documented the notes in the file and advised chest x-ray, ultrasound fast to rule out any abdominal and chest injury and he advised for neurosurgery and orthopaedics opinion. Chest x-ray noted suggestive of multiple rib fractures on right side with no haemo and pneumotherax and USG fast was also negative and he mentioned at present no active surgical intervention required. He referred the patient to the orthopaedics and neurosurgery department for further management, till this point, all the vitals of the patient was stable. Around 04.00 a.m. (23-07-2020) again he got a call from the ER for the same RTA patient complaining of abdominal distention. He immediately rushed and attended the patient. The patient reviewed again; at this point, the patient had started deteriorating, as the vitals were unstable. Per abdomen examination revealed distension of abdominal and diagnostic peritoneal aspiration done which was negative and nasogastric was placed, gastric distention relived after aspiration and abdomen became soft. The patient continued deteriorating; immediately, the patient was intubated by the Anaesthesiologist team was present at the ER. After sometime, the patient had arrest which was revived by the efforts of the anaesthesiologist team. The patient again had arrest after some time and the patient could not be revived this time despite of all intensive efforts and declared dead at 05.56 a.m. (23.07.2018).

Dr. Bharat Bhushan, Senior Resident, Sushrut Trauma Centre in his written statement averred that he was on duty on 22nd night and sequence of events that happened that night was in the following order as : At around 01.50 a.m. on 23rd July, 2018, he was informed verbally by the N.O. about a patient that has come to the E.R. He immediately rushed to ER. On reaching there, found that the patient was conscious, oriented, in moderate pain. The vitals noted were stable. At that time, no intervention was required from their side. When he was putting the notes for the patient, he noticed a sudden fall in the blood-pressure of the patient. So, he immediately infused the bottles of blood with 20 ml syringe, after that, the blood-pressure started improving (B.P. has started improving from 80 systolic to 130 systolic). He advised casualty JR (Junior Resident) for release of more blood an anticipation of any worse scenario. At around 02.45, he again assessed the patient. The patient was conscious, oriented with improving vitals. As he was asked about to shift the patient to the ICU, but the working ventilator was not available for that bed, so the patient was managed in the casualty. At around 04.00 a.m., he received a call for re-assessment of the patient. He rushed to the ER. He found that the patient was not comfortable, tachypneic; the vitals were deteriorating, so immediately intubated the patient and started ventilating with 100% O2 through AMBU Bag. Saturation started improving and concurrently resuscitation was continued. At around 04.40 a.m., there was a cardiac arrest. The patient was revived after intensive C.P.R. efforts (done 20 min.). Inotropic support was started. As the transport ventilator was not working, ventilation was continued with AMBU Bag with 100% O2 by the JRs casualty. At around 05.20 a.m., the patient again went into bradycardia followed by asystole and despite all efforts; the patient could not be revived and declared dead at 05.56 a.m. on 23rd July, 2018.

Dr. Kishore Singh, Medical Director, Lok Nayak Hospital in his written statement averred that on 22nd July, 2018 at around 11.00 p.m., the patient Shri Vikas Mihsra, age about 39 years with history of road traffic accident brought in the casualty of Sushrut Trauma Centre. Initially, the patient was examined by the Casualty Medical Officer on duty and the Junior Residents casualty; the patient’s vital parameters were within normal limits and with SPO2 of 99% and the patient’s GCS was 15/15. After stabilizing the patient, the relevant radiological investigations were done. The x-ray findings were suggestive of fracture pelvis right side, fracture proximal humerus right side and fracture 3rd, 4th, 8th, 9th and 10th Rib of right side. The concerned speciality i.e. S.R. (Senior Resident) neurosurgery, S.R. Surgery, S.R. Orthopaedics and S.R. ENT were informed for further evaluation and necessary treatment. After the relevant investigations, the SR neurosurgery on duty opined no active neurosurgical intervention needed. The patient was managed in the casualty by the Casualty Medical Officer on duty and JR(Junior Resident) casualty. The SR (Senior Resident) Orthopaedics was performing an operation of some other patient and reviewed this patient at around 02.30 a.m. after finishing the operation in the OT of Sushrut Trauma Centre. Meanwhile, the patient was actively managed in casualty. At approximately 01.30 a.m., the patient’s condition deteriorated and the blood-pressure was falling, then the Casualty Medical Officer and JR called all the SR (Surgery, Neurosurgery, Orthopaedics and Anaesthesia) and they gave their respective treatment. The SR Anaesthesia examined the patient around 2.20 a.m. and advised to continue intravenous infusion of crystalloid, colloid and blood. Subsequently, the patient’s condition deteriorated and the patient’s pulse with the blood-pressure falling, so the patient was intubated and mechanical ventilation was started. At around 04.15 a.m., the pulse rate dropped below 40 per minute; CPR was initiated and the patient was revived after forty minutes of CPR. Subsequently at 05.30 a.m., the patient again developed bradycardia and CPR was started but the patient could not be revived and the patient was declared dead at 05.56 a.m. on 23rd July, 2018. The patient had a stay of seven hours at Sushrut Trauma Centre; the patient was poly-trauma victim, having multiple injuries of chest, pelvis and right arm. The patient had a cardiac arrest at 04.15 a.m. and was revived but unfortunately, the patient again suffered cardiac arrest at 05.30 a.m., which could not be revived. As per the treatment records, the patient had received four liters of crystalloids, and four units of packed Red Blood cells alongwith other medications.

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

1. It is observed that the patient Shri Vikas Kumar Mishra, 39 years old male, presented to the casualty of Sushrut Trauma Centre at 11.05 p.m. on 22nd July, 2018 with alleged history of R.T.A. (Road Traffic Accident). The patient was examined by the C.M.O. (Chief Medical Officer) who noted that there was no history of LOC/vomiting/seizures. Right ear bleed was present. The patient had complaints of pain in lower back and right shoulder. On examination, the patient was found to be conscious, oriented, afebrile with blood pressure-110/70 mmHg, PR-80/minute, SPO2-99%, CVS-S1S2 (L), CNS-WNL, P/A-soft non-tender, R/S B/L AE present, LE-Abrasion present right side of forehead, injuries on both hands, L/W present over the chin. The treatment in the form of IVF NS, ASD suturing with administration of injection T.T., Diclo were administered and radiological investigation viz-x-ray and NCCT head were advised. The patient was referred for ortho, neurosurgery, ENT consultation.

The Senior Resident Neurosurgery noted NCCT brain to be WNL (within normal limit). GCS-15/15, pupils-B/L Reactive. He further noted that the patient was having multiple rib and pelvic fracture. He, thus, observed that no active neurosurgical intervention needed at present, advised medication and referred the patient to the orthopaedic surgery.

The patient was seen by the Senior Resident Surgery at 11.20 p.m. who after examining the patient and investigations, observed no active surgical intervention required and advised ortho, neuro, surgery reference. At 12.30 a.m. (23-07-2018), the patient was seen by the Senior Resident ENT who after examining the patient, observed no active ENT intervention required and advised continue management.

At 02.00 a.m., the patient was seen by the Senior Resident Ortho Dr. Sahil Batra who after examining the patient and investigations, advised IV fluids RL/NS/Colloid (500ml over 30 minute-01 hour), blood transfusion ASAP (As Soon As Possible), USG-FAST, HB/RFT/LRT/CXR/ECG/Trid of ‘U’ slab for proximal humerus fracture pelvic binder. He further advised surgery/neurosurgery/anaesthesia opinion.

The patient was seen by Dr. Bharat Bhushan, Senior Resident(Anaesthesia) at 02.20 a.m. for desaturation. He advised continue fluid resuscitation, I/O charting, follow orthopaedics order for fracture management.

At 03.40 a.m. and again at 03.55 p.m., the call was sent to the Senior Resident Anaesthesia to attend the patient. The 04.00 a.m. notes of the Senior Resident (Surgery) again reflect urgent call for the Senior Resident(Anaesthesia). The Senior Resident(Anaesthesia) Dr. Bharat Bhushan attended the call at 04.00 a.m. (23-07-2018); intubated the patient and advised active mechanical ventilation.

Similarly, the 04.00 a.m. notes of the Senior Resident (Ortho), records the patient’s condition worsening even after application of pelvic binder. The patient was intubated and was planned to transfer to the ICU. Dr. Deepika Veermal at 04.10 a.m. requested the Senior Resident (Anaesthesia) to transfer the patient to the ICU. Dr. Bharat Bhushan, Senior Resident (Anaesthesia) as per his 05.30a.m. notes records that no ventilator available. He attended call for bradycardia, initiated resuscitative measures, but the patient expired and declared dead at 05.56 a.m. on 23rd July, 2018.

The cause of death as per the post-mortem report No.No.1359/18 dated 23.07.2018 was antemortem injuries to head and pelvis produced by blunt force impact.

1. It is observed that Senior Residents of Ortho, Neuro, ENT departments adopted a myopic approach in the treatment by just examining the patient from their limited perspective of their speciality and passing the buck to the next department.
2. The sequence of events of this case reflect the silo approach of different departments, as a result the patient did not get the benefit of comprehensive treatment, which might have had a different outcome in the present case.
3. The treating doctors appear to have failed to timely recognize the life threatening injuries and deteriorating condition of the patient, as is expected of a prudent doctor. The specialists from Orthopaedics {Dr. Sahil Batra, Dr. Bhushu(who was unauthorisedly absent from duty)}, Surgeon (Dr. Deepak Sharma) and Anaesthetist (Dr. Bharat Bhushan) did not timely intervene as a team to provide definite care to the patient. It is, however, observed that since NCCT findings were normal no neurosurgical intervention was warranted at that time.
4. As it is evident from the cause of death as per Post Mortem report that the patient had suffered antemortem injuries to head and pelvic; it is opined that the same had poor prognosis, inspite of being administered adequate treatment.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that although there were deficiencies in the management of the patient by the team of doctors at Sushrut Trauma Centre; it does not amount to criminal medical negligence, in the treatment administered to Shri Vikash Kumar Mishra. However, the Disciplinary Committee recommends that for shortcomings in the treatment, the name of Dr. Sahil Batra (Delhi Medical Council Registration No.DMC/R/9948), Dr. Bushu Harna (Delhi Medical Council Registration No.80641), Dr. Deepak Sharma (Delhi Medical Council Registration No.80847) and Dr. Bharat Bhushan Aneja (Delhi Medical Council Registration No.61434) be removed from the State Medical Register for a period of 15 days with a direction that they should undergo training in ATLS course (Advanced Trauma Life Support course) which is currently available at Dr. RML Hospital, New Delhi and submit a compliance report to this effect to the Delhi Medical Council. Further since as per record Dr. Bharat Bhushan Aneja is currently not registered with the Delhi Medical Council (as his registration expired on 07th May, 2023 on account of non-renewal) but as per record he is registered with erstwhile Medical Council of India under registration No.MCI/12-44750 dated 24th July, 2012; a copy of this Order be sent to the National Medical Commission with a request to take cognizance of this Order and take necessary action against Dr. Bharat Bhushan Aneja. Similarly since as per record Dr. Deepak Sharma, is currently not registered with the Delhi Medical Council (as his registration expired on 22nd August, 2022 on account of non-renewal) but is registered with Rajasthan Medical Council under registration No. No.35139 dated 14th July, 2014; a copy of this Order be sent to the Rajasthan Medical Council with a request to take cognizance of this Order and take necessary action against Dr. Deepak Sharma. It is also observed that as and when, Dr. Bharat Bhushan Aneja and Dr. Deepak Sharma renew their registration with the Delhi Medical Council, they shall undergo suspension of registration for a period of 15 days from the State Medical Register of the Delhi Medical Council; stricture to be recorded in the State Medical Register of the Delhi Medical Council.

The Disciplinary Committee further makes the following recommendations on the future functioning of the Sushrut Trauma Centre, Govt. of NCT Delhi:-

Trauma/ Injury is a time sensitive disease with a very high mortality in first few hours of injury. Trauma Care, especially the care of multiply- injured patient needs rapid recognition and simultaneous management of immediate life threatening injuries and rapid assessment and management of potentially life threatening injuries.

Worldwide trauma centres have been established to take care of such critically ill trauma patients so that mortality and morbidity can be reduced. These trauma centres should function in a proper manner and should have processes and protocols for management of injured patient so that both acute (immediate) and definitive management can be provided to the injured patients without wasting time. These international best practices as well as standard treatment protocols/ guidelines are available and courses are already institutionalized in our country too. Sushrut trauma centre is one of the specially trauma care centres of the NCT of Delhi and therefore has a mandate and responsibility for providing state of the art trauma care to all patients arriving at the Sushrut Trauma Centre.

Although no specific as singular case of negligence can be brought out in the care given, there have been several shortcomings/ at the hospital systems level, in the management of this particular case, which need to be addressed as soon as possible by the hospital administration as well as the state Health Department so that such Incidents are not repeated in future

The critical gaps and shortcomings can be described under the headings of Infrastructure, Trained Manpower and Processes of care.

**Infrastructure:**

The emergency department of the trauma centre should be architecturally divided into RED, YELLOW and GREEN ZONES as per the TRIAGE Category of the patient so that the patients can be physically separated according to their critical needs and treatment can ensue without hampering the care to the most critical patients (Triaged as Red). These areas should also have related machinery & equip as needed specifically for these areas for smooth, timely and comprehensive care of the injured patients arriving at Sushrut Trauma Centre. After going through the records of this particular case, it is not apparent that any such functional division of various areas of Trauma Emergency Department exists at the Sushrut Trauma Centre. The Disciplinary Committee of DMC directs the State Health Department & Hospital Administration of Sushrut Trauma Centre to create such infrastructural changes in the Emergency Department of the Trauma. Centre, along with the necessary M & Equip as per international best practices as well as the standard treatment guidelines.

For definitive care after the patient has been admitted from Emergency Department, there should be dedicated

1. Dedicated OT's (round the clock) for all admitting specialties as well as one to two OT's dedicated to Non-responders needing urgent Damage Control Surgery.

2. Dedicated ICU beds both for General and Neuro Trauma separately.

3. Dedicated In-Patient beds for all admitting specialties.

**Manpower and Training:**

While going through the case it was also observed that there was a acute shortage of trained manpower managing the case. The shortage was not only in the number of doctors/ nurses/ paramedics but also that the doctors/ nurses had lack of basic knowledge and skills required to manage seriously injured patients.

The Sushrut Trauma Centre, still depends on general duty doctors working as Casualty Medical Officer who do not have accredited training in acute trauma care protocols or any other form of formal training in initial trauma care. The resident doctors/ speciality from various departments like Surgery, Orthopaedics, Neurosurgery and Anaesthesia are less in numbers as compared to the patient load. The specialists are also not mandatorily trained in the basic initial management of trauma patients.

Because of lack of training/ team work/ presence of Standard operating Procedures/ clinical protocols these specialist function in silos without any team work/ common ground. The above mentioned patient although seen by all specialists could not undergo definitive management as there was no specialty ready to admit the patient and provide continuity of care to the patient.

The specialists kept on transferring the responsibility of care to each other stating that their speciality had no active intervention to do, and that the other speciality would opine. This wasted a lot of time resulting in adverse outcome. The resident doctors also were found lacking in modern approach to trauma patients.

There is an urgent need to make a policy for mandatory training of all specialists taking care of trauma patients including Resident doctors (JR's & SR's) in short term courses on acute trauma management like the Advance Trauma Life Support Course (ATLS) and Advanced trauma care for Nurses (ATCN) both these courses are available and running in various Govt. institutions in the country.

The Sushrut Trauma Centre is a specialty Trauma Care centre of Govt of NCT Delhi therefore, this committee also directs the state health department to urgently initiate, Post Graduate degree/ Fellowship programs in Trauma and Emergency Care.

Already recognized by National Medical Commission and running in various Medical Colleges:

1. MS (Traumatology & Surgery)

2. MD (Emergency Medicine)

3. MCh (Trauma Surgery and Critical Care) Running at 4 AIIMS Institutions.

The STC should also have dedicated manpower for the in-patients, Trauma OT's and Trauma ICU's, this should include but not limited to the following specialties; Trauma/ General Surgeons, Orthopedic Surgeons, Neurosurgeons, Plastic & Recon Surgeons, Interventional Radiologists, Anaesthetists, Critical Care Physicians, Blood Bank and Lab Medicine etc.

**Processes of Care: -**

While going through the case the committee also felt that there were no written protocols SOP's which were being practiced in the management of Trauma Patients. The committee directs that the STC Hospital administration develops/ adopts the following protocols/ SOP's at the earliest.

1. Triage protocols.

2. Acute care protocols for Red, Yellow & Green areas.

3. Admission Protocols.

4. OT protocols.

1. Immediate surgeries (unstable patients) (Damage control surgery protocols).
2. Urgent Surgery Protocols.
3. Non-Urgent/ Elective Surgery Protocols.

5. ICU protocols for Polytrauma & Head injured patients.

6. Discharge and transfer out protocols for Emergency Department, and Trauma Centre (In case patients are transferred out).

7. Point of care imaging protocols.

8. Interventional Radiology Protocols.

9. Administrative SOP's for HR management at Sushrut Trauma Centre.

**Recommendations: -**

In the light of the above the Disciplinary Committee states that the above recommendations to be urgently implemented by the Sushrut Trauma Centre and State health administration.

In this regard they can take guidance/ Help from the state of the art JPN Apex Trauma Centre, AIIMS, New Delhi, which is already following the SOP's and protocols as per international best practices.

Matter stands disposed.

Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Alok Bhandari)

Chairman, Delhi Medical Association,

Disciplinary Committee Member,

Disciplinary Committee

Sd/: Sd/:

(Dr. Amit Gupta), (Dr. P.K. Upadhayay)

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

Sd/:

(Dr. V.K. Goyal),

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 12th August, 2024 was confirmed by the Delhi Medical Council in its meeting held on 16th August, 2024.

The Council further confirmed the punishment of removal of the name of Dr. Sahil Batra (Delhi Medical Council Registration No.DMC/R/9948), Dr. Bushu Harna (Delhi Medical Council Registration No.80641), Dr. Deepak Sharma (Delhi Medical Council Registration No.80847) and Dr. Bharat Bhushan Aneja (Delhi Medical Council Registration No.61434) from the State Medical Register for a period of 15 days, awarded by the Disciplinary Committee, with a direction that they should undergo training in ATLS course (*Advanced Trauma Life Support Course*), which is currently available at Dr. RML Hospital, New Delhi, within a period of three months from the date of the Order and submit a compliance report to this effect to the Delhi Medical Council. Further, since as per the record, Dr. Bharat Bhushan Aneja is currently not registered with the Delhi Medical Council (as his registration expired on 07th May, 2023 on account of non-renewal) but as per record, he is registered with erstwhile Medical Council of India under registration No.MCI/12-44750 dated 24th July, 2012; a copy of this Order be sent to the National Medical Commission with a request to take cognizance of this Order and take necessary action against Dr. Bharat Bhushan Aneja. Similarly, since as per record Dr. Deepak Sharma, is currently not registered with the Delhi Medical Council (as his registration expired on 22nd August, 2022 on account of non-renewal) but is registered with Rajasthan Medical Council under registration No.35139 dated 14th July, 2014; a copy of this Order be sent to the Rajasthan Medical Council with a request to take cognizance of this Order and take necessary action against Dr. Deepak Sharma. It is also confirmed that as and when, Dr. Bharat Bhushan Aneja and Dr. Deepak Sharma renew their registration with the Delhi Medical Council, they shall undergo suspension of registration for a period of 15 days from the State Medical Register of the Delhi Medical Council; stricture to be recorded in the State Medical Register of the Delhi Medical Council.

The Council further observed that the Order directing the removal of name from the State Medical Register of Delhi Medical Council shall come into effect after 60 days from the date of the Order.

This observation is to be incorporated in the final Order to be issued. The Order of the Disciplinary Committee stands modified to this extent and the modified Order is confirmed.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Sanjay Kumar Mishra, r/oH.No.1500, 02nd Floor, Punjabi Mohalla, Clock Tower, Delhi- 110007.
2. Dr. Deepika Veermal, 259, D.D.A. Flats (R.P.S.), Mansarovar Park, Shahdara, New Delhi-110032.
3. Dr. Bharat Bhushan Aneja, H.No.4/124, Shivaji Nagar, Opp. Batra Hospital, Gurgaon, Haryana-122001.
4. Dr. Deepak Sharma, C-91 Bhagwan Vatika, Agarsen Nagar, Rajasthan-331001.
5. Dr. Sahil Batra, H. No.-20/520, ST NO-3, Prem Nagar Moga, Punjab-142001.
6. Dr. Bushu Harna, F-104 Aero Homes, Zirakpur, Punjab-140603.
7. Medical Director, Lok Nayak Hospital, New Delhi-110002-**with a direction to comply with this Order**.
8. Medical Superintendent, Sushrut Trauma Centre, 9 Metcalf Road, Civil Lines, New Delhi-110054.
9. Registrar, Rajasthan Medical Council, Sardar Patel Marg, C-Scheme,  
   Jaipur-302001, Rajasthan-(**Dr. Deepak Sharma is also registered with Rajasthan Medical Council under registration No-35139**)-**for information & necessary action**.
10. Registrar, Haryana State Medical Council, SCO-410, 2nd Floor, Sector 20, Panchkula, Haryana 134116. -(**Dr. Bushu Harna is also registered with Haryana Medical Council under registration No-7180**)-**for information & necessary action**.
11. Ethics & Medical Registration Medical Board, National Medical Commission, Pocket-14, Phase-1, Sector-8, Dwarka, New Delhi-110077 **(Dr. Bharat Bhushan Aneja is also registered with the erstwhile Medical Council of India under registration No.MCI/12-44750 dated 24.07.2012)- for information & necessary action.**
12. Pr. Secretary, Department of Health & Family Welfare, Govt. of NCT of Delhi, 09th Wing, A-Wing, Delhi Secretariat, I.P. Estate, New Delhi-110002-**for information & necessary action.**

(Dr. Girish Tyagi)

Secretary