

Delhi Medical Council

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368. 3rd Floor, Pathology Black. Maulana Azad Medical College Bahadur Shah Zafar Marg. New Delhi-1 10002 21st February, 2006

DMC/14/2/DC/Comp.147/2006/21000-21008

Shri Atanu Dutta 32B, Pocket-C, Sidhartha Extension, New Delhi – 110 014

A copy of the Order of the Disciplinary Committee of Delhi Medical Council in complaint No. 147 of Shri Atanu Dutta against the doctors of Moolchand Hospital is enclosed herewith.

(Dr. S.K. Khattri) Secretary

Copy to:

- 1) Medical Superintendent, Moolchand Hospital, Lajpat Nagar III, New Delhi 110024
- 2) Dr. Raj Bokaria, Through Medical Superintendent, Moolchand Hospital, Lajpat Nagar- III. New Delhi - 110024
- 3) Dr. Alka Gujral, Through Medical Superintendent, Moolchand Hospital, Lajpat Nagar-III, New Delhi 110024
- 4) Dr. Veena Bhat, Through Medical Superintendent, Moolchand Hospital, Lajpat Nagar-III, New Delhi 110024
- 5) Dr. Vijay Langar, Through Medical Superintendent, Moolchand Hospital, Lajpat Nagar-III, New Delhi 110024
- 6) Dr. Naresh Rustagi, Through Medical Superintendent, Moolchand Hospital, Lajpat Nagar-III, New Delhi 110024
- 7) Deptt. of Health & Family Welfare, Govt. of NCT of Delhi, A-Wing, 9th Level, Players Building, Delhi Secretariat, I.P. Estate, New Delhi 110 002 with reference to letter No. F.342/142/2005/H&FW/1874 dated 28.12.2005
- 8) Dy. Commissioner of Police, Headquarters, Police Headquarters, Delhi with reference to letter No. 61962/C&T(AC-VI) PHQ dated 5.12.2005.

(Dr. S.K. Khattri) Secretary



Delhi Medical Council

368, 3rd Floor, Pathology Block, Maulana Azad Medical College, Bahadur Shah Zafar Marg, New Delhi-110002

DMC/14/2/DC/Comp.147/2006/

21st February, 2006

Shri Atanu Dutta 32B, Pocket-C, Sidhartha Extension, New Delhi – 110 014

Complainant

Vs.

 Medical Superintendent Moolchand Hospital Lajpat Nagar – III New Delhi - 110024 Respondents

- Dr. Raj Bokaria
 Through Medical Superintendent
 Moolchand Hospital
 Lajpat Nagar III
 New Delhi 110024
- Dr. Alka Gujral
 Through Medical Superintendent Moolchand Hospital
 Lajpat Nagar III
 New Delhi 110024
- Dr. Veena Bhat
 Through Medical Superintendent
 Moolchand Hospital
 Lajpat Nagar III
 New Delhi 110024
- Dr. Vijay Langar
 Through Medical Superintendent
 Moolchand Hospital
 Lajpat Nagar III
 New Delhi 110024
- Dr. Naresh Rustagi
 Through Medical Superintendent Moolchand Hospital
 Lajpat Nagar III
 New Delhi 110024

Contd/-

ORDER

The Disciplinary Committee examined a complaint of Shri Atanu Dutta alleging medical negligence in the treatment administered to his wife late Rupa Dutta (referred hereinafter as the said patient) at Moolchand Hospital (refered herein after as the said hospital) resulting in her death on 9.10.2005. The Disciplinary Committee perused the complaint, replies of Respondent 1 to 6 and the medical records of the said Hospital. The following were heard in person:

- 1) Sh. Atanu Dutta
- 2) Dr. Mrs. Raj Bokaria
- 3) Dr. Alka Gujral
- 4) Dr. Veena Bhatt
- 5) Dr. Vijay Langer
- 6) Dr. N K Rastogi
- 7) Sh. S K Saggar, Representing Medical Superintendent, Moolchand Hospital

Briefly stating the facts of the case are that the patient herself was a gynaecologist herself who had earlier worked in Moolchand Hospital in the Gynae Department as a senior resident, and had got her first child delivered in the above said Hospital four years back in the hands of Dr. Raj Bokaria and group.

During her second gravida antenatal period she again got herself registered under Dr. Raj Bokaria at Moolchand Hospital. She was a known asthmatic under treatment with Dr. S K Jain, Chest Physician. Though she was herself a government servant entitled to free medical care she preferred to get treated at Moolchand Hospital under Dr Raj Bokaria in view of her earlier experience of first pregnancy.

In the current pregnancy on 2nd July 2003, she got her first ultrasound done by Dr. Ashok Khurana which was reported as normal. On 12th September 2003 during a subsequent ultrasound done by Dr. Ashok Khurana, an umbilical cord abnormality was found which showed an obliterated umbilical artery and one patent umbilical artery. The intra uterine stage of the fetus was 24 weeks. In view of the congenital anomaly, Dr. Raj Bokaria advised chromosomal test. The patient got the same done from Ganga Ram Hospital. In the mean time the patient got her repeated ultrasound done on 30th September 2003, which confirmed the same that umbilical cord congenital anomaly.

The chromosomal test report, available from Gangaram Hospital, indicated a chromosomal abnormality in the satellites of short arm of P chromosome no. 22. The report also advised Karyotyping of the parents.

In view of the congenital anomaly in the umbilical artery and a possible chromosomal defect and the suggestions from the Gangaram Hospital to do Karyotyping of the parents, the patient was advised for the same.

In view of the above abnormalities the patient has requested the doctor for preterm induction labour. She was counseled by doctor about possible side effects of the procedure and was given enough time to think. Patient came back for admission after five days for pre-term induction of labour and was admitted in the Hospital on 6th October, 2003 at 11.30 am vide Hospital No. 232205730.

She was started with a standard protocol of pre-term induction of labour using the standard drugs along with prophylactic asthma management care as per the standard policy. She remained on induction treatment till 8 October 2003 when she experienced acute labour pain. She delivered a gasping baby at around 9:25 AM which was attended by the pediatrician on duty, as per the standard measures. The new born expired within a few minutes.

The patient was subsequently managed in the labour room for the delivery of the placenta. As the placenta did not deliver for up to one and half hour it was decided to shift her in the operation theatre at 10:30 AM for removal of placenta under general anesthesia.

However, before injection of anesthesia she had an attack of bronchial asthma along with copious vomiting which she aspirated. During the attack of vomiting she spontaneously expelled out placenta completely. The aspiration of vomiting which contained food particles resulted in acute lung injury with Mendelson's Syndrome.

Subsequently, intensive care management was done in the operation theatre, which included intubation, repeated bronchial lavage, ventilation and tracheostomy. In spite of the intensive care management she died at 6:56 PM on 9 October 2003.

After hearing it was decided that there was no act of negligence. As per the doctor's statement the pre-term induction of labour was done on the repeated patient's and her husband's request and after obtaining consent. Enough time was given to the parents to rethink as a part of pre induction counseling. The patient was admitted only after 5 days of initial counseling by the gynaecologist.

The patient delivered after induction using standard drugs developed complications of retained placenta which was followed by broncospasm, vomiting and aspiration. Taking a person for Manual removal of placenta after one & a half hour delay is justifiable even in the absence of bleeding. The stress of labour itself can precipitate brochospasm.

The procedure planned was pre-term induction of labour and not MTP. The indication of preterm termination was because of single umbilical artery and the short term arm of chromosome no. 22. There is no negligence in the management of this case. The complaint is hereby disposed off and dismissed.

(Dr. V.K. Arora)

Chairman, Disciplinary Committee

(Dr. Gauri Gandhi)
Expert Member

(Dr. Deepak Tempe) Expert Member

Manalc Manaletala (Dr. Usha Maniktala)

Expert Member

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(Dr. K.K. Aggarwal) Member

Arun Maitri)

Legal Member