DMC/DC/F.14/Comp.3374/2/2024/ 14th October, 2024

**O R D E R**

The Delhi Medical Council through its Executive Committee examined a complaint of Shri Dinesh Gupta, r/o- 29-B, Pocket L, Dilshad Garden, Delhi-110095, alleging medical negligence in the treatment of complainant’s mother Smt. Chandrakala Gupta at St. Stephen Hospital.

The Order of the Executive Committee dated 04th September, 2024 is reproduced herein below:-

“The Executive Committee of the Delhi Medical Council examined a complaint of Shri Dinesh Gupta, r/o- 29-B, Pocket L, Dilshad Garden, Delhi-110095, alleging medical negligence in the treatment of complainant’s mother Smt. Chandrakala Gupta(referred hereinafter as the patient) at St. Stephen Hospital(referred hereinafter as the said hospital).

The Executive Committee perused the complaint, joint written statement of Dr. Rajendra Kumar, Dr. Abhishek Kaushik, Dr. Ras Bage Medical Superintendent St. Stephen’s Hospital, copy of medical records of St. Stephen’s Hospital and other documents on record.

The complainant Shri Dinesh Gupta, s/o Chandrakala Gupta (Senior Citizen Female resident of Delhi), in his complaint alleged regarding the unfair and improper treatment care taken towards his mother and patient name Chandrakala Gupta (Senior Citizen Female admitted in Cubical Ortho ward (female 2021) Bed No.28 (Chandarakala Gupta) and POST ICU ROOM in St. Stephen's Hospital, St. Stephen's Marg, Tis Hazari, Delhi-110054 on 09/07/2021. Patient was admitted because of the dislocation of her right leg out of the pelvic socket, the surgery was done under Dr. Mathew Varghese.

Please look into the matter and do the needful at the earliest. They are highly demoralized with-the care which makes them doubt-the-competence of doctors itself. Following are the major complaints and problems they are facing:

* No supervision of nurses during motion of the patient, denied their duty numerous times.
* No supervision of providing and feeding food to the patient after operation, denied duty after reminding numerous times.
* Patient had severe headache for hours, nurse only said they are consulting the doctors but no reply for hours even after reminding them, no proper care for hours after reminding them that she is in extreme pain.
* NO DOCTOR SUPERVISED THIS WHOLE FACADE,couldn'tcare less about the ongoing treatment of patient and didn't listen and take action to our complaints regarding all this.
* No information about taking patient to ultrasound and other procedures beforehand, they told them to feed the patient before ultrasound and they had to shift the patient in leg operation to other stretcher.
* No doctor visits during ICU especially of surgical and senior doctors.
* There was no information given to them regarding patient's health, no specialist doctor of cardio, pulmonologist consulted to them, no main consultant after surgery came to check up on patient's health until she was shifted to ventilator and even after that they had to stop the cardiologist and ask about the condition, no effort from their side to consult the family “this is not our responsibility" and we had to come at midnight and take our attendant to emergency.
* They asked them to feed and care for the patient in case they become late, no food was given to the patient, and she became really weak eventually worsening her condition.
* In the ICU, the nurse took our patient's leg and shoved the pillow under the leg operated without her concern that the patient is screaming and is in full discomfort.
* The patient had severe mouth ulcers for days but was not given proper medication so she couldn't eat and drink eventually worsening her condition
* They told the nurses and doctors about the ulcers, pain, headache, they couldn't care less if the good care is taken of the patient and she has less discomfort
* The attendant was made to sit in extreme heat without fan and proper shade outside the hospital while the patient was in ICU and if the attendant got sick, they denied helping her
* The main consultant who was supposed to supervise the patient came once or twice only during when she was about to shift to the ventilator and ICU.
* Following this, they went to the hospital's R.P.O and told them their grievances, they arranged a meeting with Dr. Rajendra and all this came into his light although they already had discussed few issues with him and others earlier but no action was taken.

Dr. Rajendra Kumar, Dr. Abhishek Kaushik and Dr. Ras Bage Medical Superintendent St. Stephen’s Hospital in their joint written statement averred that the patient Mrs. Chandrakala Gupta, aged about 81 years, was brought to the St. Stephen's Hospital on 24.06.2021, during the peak of Covid-Delta wave, with a history of a fall at home and pain in the left hip joint. She was a known case of Coronary Artery Disease, Hypertension, Diabetes, Hypothyroidism, deranged Renal Function & DM on treatment. Her LVEF was 30% and Oxygen saturation was 93% on room air. The relatives were clearly informed that she needed to undergo Proximal Femoral Nail but on account of her history of pre-existing coronary artery disease, with deranged renal function and with low oxygen saturation of 93%, her operation would be a high risk one and she may require ICU stay and ventilatory support. Informed consent was given by her son after understanding the pros and cons and complications and the risk involved as explained by the treating doctor. She was operated upon on 29.06.2021. Post-surgery she became tachypnoeic and was shifted to the ICU. She was ventilated on non-invasive ventilation. A provisional diagnosis of Left Ventricular Failure with Type-1Respiratory failure was made. Her condition continued to deteriorate and she had to be mechanically ventilated. Her renal failure worsened with decrease in urine output. The patient's relatives were counseled about the poor prognosis. However, despite the multiple complications on 10.07.2021, the relatives chose to take the patient away against medical advice. The complete Hospital records including the Discharge Summary are annexed herewith. The Hospital provided the best possible care and treatment to the patient. She was attended to at all times. A reply to the averments made in the Complaint is set out hereunder:

It is denied that there was a lack of supervision by the concerned nurses or that the nurses had denied their duties numerous times. The patient was provided with the utmost nursing care by our nurses and there was no lapse on their part in performing their duties.

It is denied that there was no supervision while giving diet to the patient after the surgery. The record of the Patient reveals that she was operated on 29.06.2021in the General OT and was received at 5:20 pm in the ICU. After surgery, the Patient was advised a salt restricted soft diet. Accordingly, the Patient was put on oral liquids (recorded in the ICU sheet).Patient was given the prescribed intake of H2O in a timely manner. It is also to be noted here that at 07:45pm (post-operative), the Patient herself refused dinner.

It is denied that no proper care to the patient for headache was given. Timely and proper consultations had been given by the concerned Doctors and proper nursing care was given by the on-duty nursing staff. On 26.06.2021, post-surgery, Inj.Tramadol BD was administered to the patient for pain management, as is evident from the ICU chart of the Patient.

It is denied that no Doctor supervised this case. At the initial stage, when the patient was brought to the Hospital, she was suffering from multiple disorders and consultations from various respective specialties (Dr. Madhu Kanodia - s10066Respiratory Consultant, Dr.Gautam Sharma - s10507Specialist, Cardiology, Dr.Shamin Akhtar - s1945,Respiratory Consultant, Dr.Deepak Chopra, s10555Consultant, Cardiology and other junior and senior Doctors etc.) were obtained. It is evident from the record that regular patient consultations and check-up were carried out in a timely manner. Prior to the surgery, the Patient's condition was explained by the concerned doctors regularly to the Patient's attendant. It is also to be noted that keeping in view of Patient's health, strict I-O (intake and output) & ICU charting was done by the on-duty nurses. Additionally, all queries of the Patient's attendant were addressed promptly and pre-emptively.

It is denied that information was not given to the Patient's attendant about taking the Patient for an ultrasound and other procedures. The Patient was advised USG on 26.06.2021 after breakfast. However, the USG was not clear and the Patient was sent back to the ward. The Doctor advised for Inj. Perinorm and after an hour the Patient was sent for the USG again.

It is denied that no Doctor especially surgical and seniors Doctors visited the Patient during her stay in the ICU. The allegation of the Complainant is baseless and untenable. It is a well-known fact that an ICU patient requires the highest level of care and treatment. It is completely unfathomable that a patient admitted in an ICU is not attended to by any Doctor. The Patient's record reveals that the patient was attended to by the concerned doctors, which included junior doctors, senior doctors and consultants, as and when required. As per the ICU sheet records Consultant Dr. Abhishek, Senior Specialist Dr. Rajender (Orthopaedician),Dr. Atul Phillips, Consultant, Critical Care, Dr. Manu Gupta,Consultant, Critical Care and many other doctors have always attended to the patient as per the protocols.

It is denied that no information was given to the Patient's attendant regarding the health of Patient or that no specialist/consultant checked the Patient before or after her surgery, until she was put on the ventilator. The Hospital records clearly show that Patient's attendant was given prior information regarding patient's health pre and post-operative. As per the records, High Risk Consent was also obtained from the Patient's son after explaining Patient's current health. In so far as the Cardio and Pulmonologist's consultation are concerned, it is submitted that timely information on account of patient's health was given by the Senior Cardiology Consultants and Pulmonologist, the same is evident from the Doctor's consultation sheets. From the clinical condition explanation sheet, it is also evident that regular health condition of the Patient was explained to the attendants.

It is submitted that as per the protocols, if the Patient's attendant falls sick while staying with patient in the ward, they can always approach the OPD/Casualty for medication/treatment. The on-duty nurses are assigned for admitted patients and do not have the authority to give medicines to the attendants of the patients, as medicines can only be prescribed by the Doctors.

It is denied that no food was given to the patient. The patient was given proper and timely diet as prescribed. It is evident from the intake and output chart that regular diet was being given to the Patient.

The Patient was operated CRIF (closed reduction and internal fixation) of fracture IT femur left with PFN. As per the Doctor's advice, the Patient was required to keep her leg elevated to prevent swelling. It is to be noted here that a pillow was placed very carefully under the operated leg of the patient and proper care was given by the assigned nurses. Sometimes the patient may feel discomfort, but the protocols have to be followed to avoid any complication that may arise due to faulty positioning.

It is denied that patient was not given proper medication for mouth ulcers. The assigned nurse administered Zytee Lotion twice a day for treating mouth ulcers as per the Doctor's advice. This is evident from the ICU sheet notes.

It is denied that the complaints of the patient were not attended to by the nurses and doctors. The complaints raised by the patient/attendant have been attended to in a timely manner. It is evident from the Patient's hospital records that she was given best possible care and treatment by all the concerned nurses and doctors.

The Hospital has a designated waiting area for the patients' attendants, wherein there is a proper provision of fans and coolers in the summers. If any attendant ever gets sick, they are free to visit the OPD/Casualty for medication and treatment.

It is denied that the main consultant visited the patient only once or twice only when the Patient was about to be shifted to the ventilator and ICU. The patient was continuously under the care and treatment of Dr. Rajender Kumar, Senior Specialist and Dr. Abhishek Kaushik, Consultant. As per the protocols, timely rounds were taken by the team of concerned Doctors as well as Senior Doctors. The same is evident from the notes of ICU sheet.

It is denied that patient's attendant's grievance were not resolved. Patient's attendants approached PRO office regarding their grievances. Subsequently, the Public Relation Officer arranged a meeting with the Senior Specialist, Dr. Rajendra Kumar, wherein their grievances were attended to by the concerned Doctor.

The Patient was admitted to the Hospital during the peak of the Covid Delta wave. Despite the difficulties posed by the Delta wave, the Hospital operated upon such a high-risk patient and took very good care of her. The best possible treatment, as per the accepted medical practice, was provided to the Patient. The complications that arose were on account of the Patient's old age coupled with the co-morbidities that she was suffering from. There were no shortcomings on the part of the doctors or the nurses in treating and caring for the Patient, as is evident from the averments made above. It is, therefore, humbly, submitted that the Complaint merits rejection.

In view of the above, the Executive Committee makes the following observations:

1. It is noted that the patient 81 years old female was admitted in the said hospital on 24.06.2021 with complaints of pain in left hip with alleged history of fall at home. She was a known case of CAD, Hypertension, thyroid disorder and Diabetes Mellitus. She was examined, investigated and diagnosed as a case of fracture intertrochanteric femur. She was operated with PFN on 29.06.2021 under consent after clearance from respiratory/nephro/cardio/ and Endo department for surgery. Post-operative patient become tachypneic in ward on 05.07.2021 and shifted to ICU was ventilated on non invasive ventilation. Provisional diagnosis of left ventricular failure with type-1 respiratory failure was made (high pro BNP-20,000) with low EF-30), patient continued to deteriorate and had to mechanically ventilate due to worsening of shock and increase in vasopressor requirement. The patient developed renal failure with decrease in urine output (diuretic resistant) after nephrology consult, hemodynamics was started. Cardiology consultation was also taken. The patient continued to be on ventilator (VCF/FIO2-70 percent)/peep -8 on noradrenaline 4ml/hr maintaining BP of 118/26mmHg and saturation of 98 with nil urine output patient attendants were counseled about poor prognosis of patient but they wanted to take second opinion and wanted to leave against medical advice. Patient attendants were informed about the need of mechanical ventilator support while shifting the patient and need for vasopressor support. The patient went LAMA on 10-07-21.
2. The Executive Committee reviewed the case of an 81-year-old female patient admitted with a hip fracture and multiple pre-existing conditions. Despite surgery and treatment, her condition worsened, leading to her being placed on a ventilator and requiring vasopressors. The family chose to leave the hospital against medical advice.
3. It is observed that the various issues raised in the complaint have been adequately answered by the doctors in their joint reply and the same is found to be satisfactory.
4. It is also noted that from time to time the attendants have been prognosticated about the condition of the patient as is borne out from the clinical condition sheets of the said hospital.

1. The patient was examined, investigated and treated during the challenging times of COVID pandemic as per accepted medical practices.

1. After reviewing the medical documentation and responses from the doctors, the Committee finds no evidence of negligence and concludes that the care provided was appropriate given the challenging circumstances, including the COVID-19 pandemic.

In light of the observations made hereinabove, it is the decision of the Executive Committee that primafacie no case of medical negligence is made out on the part of doctors of St. Stephen Hospital in the treatment of complainant’s mother.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Arun Kumar Gupta) (Dr. Ashwini Dalmiya) (Dr. Raghav Aggarwal)

Chairman, Member, Member,

Executive Committee Executive Committee Executive Committee

 Sd/:

(Dr. Ajay Bahl)

Expert Member,

 Executive Committee

The Order of the Executive Committee dated 04th September, 2024 was confirmed by the Delhi Medical Council in its meeting held on 03rd October, 2024.

By the Order & in the name of Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to:

1. Shri Dinesh Gupta, r/o- 29-B, Pocket L, Dilshad Garden, Delhi-110095.
2. Medical Superintendent, St. Stephen Hospital, Tis Hazari, Delhi-110054.
3. Officer in Charge, PG Cell, Directorate General of Health Services,
(Public Grievance Cell) Govt. NCT of Delhi, F-17, Karkardooma, Delhi-110032 (w.r.t. No. F-23/9/PG Cell/DGHS/2015/1119 dated 09.08.2021)- for information.
4. Medical Superintendent Nursing Home, Directorate General of Health Services, Govt. of NCT Of Delhi, (Nursing Home Cell) 3rd Floor, Delhi Government Dispensary Building , S-1 School Block, Sharkarpur, Delhi-110092(w.r.t. F.23/196/Comp/East/DGHS/NHC/2021/1383 dated 23.03.2022)- for information.

 (Dr. Girish Tyagi)

 Secretary