DMC/DC/F.14/Comp.4032/2/2024/ 14th October, 2024

**O R D E R**

The Delhi Medical Council through its Executive Committee examined a complaint of Shri Mohammad Ather, r/o- House No. V-257, Street No.20, Vijay Park, Maujpur, Delhi-110053, alleging medical negligence on the part of Dr. Piyush Sharma, Brijaanit Child Clinic, F-14/15 B, Ground Floor, Krishna Nagar, Delhi-110051, in the treatment administered to complainant’s son Master Mohammad Ibrahim Ather.

The Order of the Executive Committee dated 30th August, 2024 is reproduced herein below:-

“The Executive Committee of the Delhi Medical Council examined a complaint of Shri Mohammad Ather, r/o- House No. V-257, Street No.20, Vijay Park, Maujpur, Delhi-110053, alleging medical negligence on the part of Dr. Piyush Sharma, Brijaanit Child Clinic, F-14/15 B, Ground Floor, Krishna Nagar, Delhi-110051, in the treatment administered to complainant’s son Master Mohammad Ibrahim Ather.

The Executive Committee perused the complaint, written statement of Dr. Piyush Sharma and other documents on record.

The following were heard in person:

1. Shri Mohammad Ather complainant
2. Dr Piyush Sharma Pediatrician

The complainant alleged that his son Master Mohammad Ibrahim Ather, aged 8 years, weighing 30kg, was suffering from fever and pain in his neck since 06.12.2023. The complainant has given him Syrup Calpol 250 two times on 06.12.2023 and one time on 07.12.2023 (05ml in each dose). However, due to no relief, his relative visited Dr. Piyush Sharma, MD (Peds.), Brijaanit Child Clinic, on 07.12.2023 evening alongwith child for consultation.  Dr. Piyush Sharma prescribed Gel Voveran (local application), Tab Mefkinf Forte (TDS), and Tab Zincovit (OD) for three days to the child. The prescribed medicines have been purchased from nearby local chemist (Dr. Khan Medicos). As per doctor’s advice, he had given Tab Mefkind Forte to the child on 07.12.2023 (one tablet at night) and two tablets on 08.12.2023 (one each in the morning and noon). In the evening of 08.12.2023, his child complaints of burning sensation and difficulty while passing urine and also red colour in urine. After some time, he noticed that the child was passing dark blood colour urine. He was shocked and afraid and immediately rushed to the nearby Panchsheel Hospital Yamuna Vihar at around 9.30 pm. However, the treating doctor at the Emergency Room advised to go to a higher centre for management, as there was no specialist facility available to handle such cases. He, therefore, immediately took his son to Max Hospital, Patparganj Delhi in an emergency. The Hospital admitted his son in HDU for required treatment and discharged the child on 10.12.2023. After discussing the matter with Max Hospital doctors and other sources, it has been revealed that the treating doctor Dr. Piyush Sharma had given a very high dose of the drug Mefenamic Acid to the child which could have resulted in any fatality if more dose had been taken by the child. In fact, the Tab Mefkind Forte contains. Mefenamic Acid 500mg and paracetamol 325mg, and the recommended dose for Mefenamic Acid is 4 to 6.5mg per kg body weight. The drug should be avoided for children less than 14 years of age or persons having renal issues. Thus the maximum recommended dose of Mefenamic Acid for his child (weight 30kg) was 195mg (TDS) i.e. 585mg daily. However, the treating doctor i.e. Dr. Piyush Sharma had given Mefenamic Acid 500mg TDS i.e. 1500mg daily to the child which is approximately three times higher than the recommended dose. It may be seen that the treating specialist Dr. Piyush Sharma who is said to be MD (Gold Medalist) doesn’t have basic knowledge about drugs and due to his negligence and poor medical knowledge, the life of his little kid was put in danger by him. Due to the grace of God, he gave only three doses of the prescribed drug to the child, and his body gave signal in the form of blood in urine. Had more doses been given to him, there might have been kidney damage of the child or any other fatal complication. In view of the above, it is evident that due to negligence and poor knowledge, Dr. Piyush Sharma had put the life of his little kid Master Mohammad Ibrahim in danger. His kidney might be damaged or there could be fatal complications if more prescribed drugs had been given to him. He, therefore, requests that the matter be thoroughly investigated and necessary and appropriate action be taken against Dr. Piyush Sharma so that he does not put the life of any other kid in danger.

Dr. Piyush Sharma in his written statement averred that the patient Master Mohammad Ibrahim Ather aged approximately 9 years male, presented on 07.12.2023 evening at Brijaanit Child Clinic accompanied by his attendant with complaints of fever and headache for the past two days. After relevant history and clinical examination of the patient, he prescribed Tab. Mefkind Forte x three times a day (Paracetamol + Mefenamic acid), Tab. Zincovit x once daily, and Voveran Gel for local application for the patient. It is pertinent to note that he chose Mefenamic acid in place of Ibuprofen as an analgesic and antipyretic as Dengue fever was rampant in Delhi at that point of time and Ibuprofen being a drug with known antiplatelet properties has the potential to cause hemorrhage in the patient. Further, he had to go for paracetamol and Mefenamic acid FDC (fixed drug combination) for adequate relief from fever and pain for the child. At this point in time, the patient’s attendant did not provide him with a history of any significant past medical illness or any treatment history for any medical condition, whatsoever.  As per the complainant in the complaint letter addressed to the DMC, the patient developed dark-coloured urine after about 24 hours. Despite having instructions to contact him for any problem, the complainant did not come to him or did not contact him on the phone for this issue and rather chose to go to Max Hospital, Patparganj on his own. On being admitted to Max Hospital on 08.12.2023, at about 11.30 pm the patient was admitted with complaints of hematuria and high grade fever; which was managed conservatively with IV fluids and IV Monocef (Ceftriaxone), from where the patient preferred to take Leave Against Medical Advice (LAMA) on 10.12.2023 at 11:25 am due to personal constraints. As per records of Max Hospital, the patient remained in the hospital for only 35 hours and was clinically stable at the time of discharge. The child’s KFT (Kidney Function Test) was normal as per Max Hospital records, implying that there was no biochemical injury to the kidneys. It is pertinent to mention here that the Max Hospital records mentioned “past medical history: the patient is known case of Left Hydronephrosis since birth was on regular follow up with pediatric surgeon and pediatrician.” The complainant telephoned him on 11.12.2023 at about 12 noon and told him about his son’s hospital admission at Max Hospital. He told him that he(the complainant) should have come to him if there was any problem as he, being the treating doctor, understood the condition of the child better. He also said that if he wished to speak with him, he could just come to him and share the issues being faced by his child. However, the child’s father did not turn up at his clinic for follow-up. Further, he (Dr. Piyush Sharma) called him up in the evening at 6.25 pm but he did not answer his calls. After a few calls, his phone was answered and he told him that he would come to him on the next day, but he never turned up.  As per the complaint, the child suffered from a burning sensation and difficulty while passing urine and also red colour of urine. The same is not corroborated by facts as per Max Hospital records where the child was taken to, as the same mention that the child had high-grade fever with chills and rigors, and pain on the right side of the neck. The records clearly mention that there was ‘no history of pain during micturition’. The same is not only an exaggeration of facts but also an attempt to malign the respondent.  It is falsely averred that Max Hospital doctors revealed that the dose of Mefenamic acid could cause fatality. As per facts available from Max Hospital records, there is no mention of any such words to that effect. There is no mention of any overdose of any drug whatsoever. The Max Hospital records, however, do mention that the patient had a past history of left hydronephrosis since birth for which he was under regular follow up with pediatric surgeon and pediatrician, a fact that was hidden from the knowledge of the respondent for reasons best known to the complainant. The patient was advised to follow up with the pediatric surgeon Dr. Abhishek at the time of discharge. It is a well known fact that pre-existing kidney disease can present with hematuria at any time in the future, a fact that has not been divulged and kept deliberately hidden by the complainant.  The respondent hereby submits that the Mefenamic acid does not cause dose related hematuria, Mefenamic acid is not contraindicated in children< 14 years of age as no standard  textbook mentions that mefenamic acid cannot be administered in children less than 14 years of age. Further, no standard textbook mentions ‘hematuria’ as an adverse effect of mefenamic acid.  The patient has been under constant follow-up at Max Hospital the records of the hospital reflect serial reports of urine analysis and complete hemogram, indicating that the child has had a chronic case of kidney disease in the past. The decision to prescribe the FDC (Tab. Mefkind Forte) is based on the FDC of paracetamol + mefenamic acid. Normally, paracetamol is given @ 15mg/dose, while Mefenamic acid @ 25mg per kg per day (Reference- (1) IAP Pediatric Drug Formulary by Jeeson C. Unni, 7thEdition, page 150. (2) The Short Textbook of Paediatrics by S. Gupte, 12thEdition page 893). Tab Mefkind Forte contains Mefenamic acid 500mg + Paracetamol 325mg. If it is prescribed as an anti-pyrtic in accordance with paracetamol, then paracetamol per dose requirement is 450-500mg, which amounts to about 1 1/2 tablet of Mefkind forte which is a higher dose for mefenamic acid. If it is prescribed in accordance with mefenamic acid, then 1/2 tab is required, which amounts to only 165 mg of paracetamol which would remain sub-therapeutic for the patient. Further, as mefenamic acid has some known antipyretic action [Reference- Essentials of Medical Pharmacology by K. D. Tripathi, 4th edition, page 201.], it was used for its anti-pyretic effect to complement the anti-pyretic effect of paracetamol given in a slightly low dose. The same is the logic for using mefenamic acid with paracetamol in the FDC. This FDC is duly approved by the DCGI under the Ministry of Health & Family Welfare, Govt. of India [Reference-https://drugs.delhi.gov.in/drugs/banned-drugs].If a Syrup formulation containing Paracetamol 250 mg + Mefenamic acid 100mg/5ml is used, then it would amount to 10 ml per dose or 30ml/day, which amounts to 2x100x3=600 mg of Mefenamic acid/day which happens to a much lesser dose for a child weighing about 30.5 Kgs. In summary, to choose between the dilemma of the FDC of syrup formulation versus that of the tablet form, the tablet form is often chosen. It helps give adequate amounts of anti-pyretic effect and relief to the child with high grade fever with mefenamic acid complementing the effect of paracetamol.

In light of the above the Executive Committee makes the following observations:

1. It is noted that the patient Master Ibrahim a 9 years old boy, weighing 30.5 kg, presented to Dr Piyush Sharma clinic on 7-12-23, with complaints of fever for 2 days and headache. Dr Piyush Sharma who is qualified pediatrician after examining the patient prescribed voveran gel for local application BD, tablet Mefkind forte - one tablet TDS for 3 days and tablet Zincoit - one tablet OD for 3 days. Subsequently the patient was admitted in Max SuperSpeciality Hospital, Patparganj, on 8-12-23, with complaints of fever 3 days, neck pain right side 3 days, blood in urine since one day. There was no history of pain during micturation. The patient was a known case of hydrnephrosis since birth. His blood investigations showed evidence of blood in the urine along with increased CRP. The patient was started on IV fluids and antibiotics and other supportive medication. His fever subsided. His renal function was reported normal. No presence of Dismorphic RBC in urine. Patient became clinically stable and went LAMA on 10-12-23.
2. The initial treatment by Dr. Piyush Sharma aimed to manage his fever and headache, likely to provide symptomatic relief. However, upon admission to Max SuperSpeciality Hospital, further investigation and management were necessary due to the persistence of symptoms and the additional finding of blood in the urine.The decision to start IV fluids, antibiotics, and supportive medication was appropriate given the presentation of fever, neck pain, and hematuria (blood in urine), which could indicate a possible urinary tract infection or another underlying issue related to his hydronephrosis.
3. It is observed that the complainant erred in not sharing the information regarding patient being a known case of hydronephrosis with Dr Piyush Sharma in his consultation on 7-12-23.

The omission of crucial medical history, such as the patient being a known case of hydronephrosis, can significantly impact the diagnosis and treatment plan. When patients visit healthcare professionals, providing a complete medical history, including any known conditions or previous diagnoses, is essential for accurate assessment and management.

In this case, if the information about Master Ibrahim's hydronephrosis had been shared during the consultation with Dr. Piyush Sharma on 7thDecember 2023, it might have influenced the initial treatment plan. Knowing about a pre-existing condition like hydronephrosis could prompt the doctor to consider potential complications or related issues that could contribute to the patient's current symptoms.

It underscores the importance of open communication between patients and healthcare providers. Patients should always strive to disclose all relevant medical history during consultations to ensure the most appropriate care.

1. Mefenamic acid, the active ingredient in Mefkind Forte, is a nonsteroidal anti-inflammatory drug (NSAID) commonly used to relieve pain and inflammation, including menstrual pain. While NSAIDs like mefenamic acid can have side effects such as gastrointestinal irritation, renal impairment, and even bleeding disorders in some cases, hematuria (blood in the urine) is not typically listed as a common adverse effect of mefenamic acid in medical literature.

However, it's essential to recognize that every individual may react differently to medications, and rare or idiosyncratic reactions can occur. In the case of Master Ibrahim, his presentation of hematuria may have been due to factors other than the medication prescribed by Dr. Piyush Sharma, such as an underlying urinary tract infection or issues related to his known condition of hydronephrosis.

1. Dr. Piyush Sharma admitted that he made a mistake in prescribing high dose because of following fixed dose combination. We are of the opinion that fixed dose combination should ideally be avoided.

In light of the observations made hereinabove the Executive Committee advises Dr Piyush Sharma to exercise due diligence whilst prescribing dosage to his patients, for future.

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. Sunil Gomber)

Expert Member,

Executive Committee

 The Order of the Executive Committee dated 30th August, 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 Mohammad Ather, r/o- House No. V-257, Street No.20, Vijay Park, Maujpur, Delhi-110053.
2. Dr. Piyush Sharma, Brijaanit Child Clinic, F-14/15 B, Ground Floor, Krishna Nagar, Delhi-110051.

 (Dr. Girish Tyagi)

 Secretary