DMC/DC/F.14/Comp.2770/2/2023/ 23rd November, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station, Greater Kailash-I, New Delhi-110048, seeking medical opinion on a complaint of Smt. Jyoti Sharma, r/o- 86A, 2nd Extension, Gandhi Nagar, Jammu, alleging medical negligence in the treatment of the complainant husband Shri Kaushal Sharma at SCI International Hospital, M-4 Greater Kailash, Part-1,New Delhi-110048 and National Heart Institute, 49-50, Community Centre, New Delhi-110065, resulting in his death.

The Order of the Disciplinary Committee dated 17th October, 2023 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a representation form Police Station, Greater Kailash-I, New Delhi-110048, seeking medical opinion on a complaint of Smt. Jyoti Sharma, r/o- 86A, 2nd Extension, Gandhi Nagar, Jammu (referred hereinafter as the complainant), alleging medical negligence in the treatment of the complainant husband Shri Kaushal Sharma (referred hereinafter as the patient) at SCI International Hospital, M-4 Greater Kailash, Part-1,New Delhi-110048 (referred hereinafter as the said Hospital) and National Heart Institute, 49-50, Community Centre, New Delhi-110065, resulting in his death.

The Disciplinary Committee perused the representation from Police, copy of complaint of Smt. Jyoti Sharma; written statement of Dr. Adit Mathur Deputy Medical Superintendent, SCI International Hospital enclosing therewith written statement of Dr. Shilpi Singh; written statement of Dr. Himanshu Shekhar, Medical Director, SCI International Hospital; written statement of Dr. Sukriti and Wg (cdr) B Jena, Director Operations, National Heart Institute; copy of medical records of SCI International Hospital and National Heart Institute and other documents on record.

The following were heard in person :-

1) Smt. Jyoti Sharma Complainant

2) Shri Dipankar Sharma Brother of the Complainant

3) Dr. Shilpi Singh Gynaecologist, SCI International Hospital

4) Dr. Himanshu Shekhar Medical Superintendent SCI International Hospital

5) Dr. Sukriti Attending Consultant Cardiology, National Heart Institute

6) Shri S.K. Shailly G.M. (F&C), National Heart Institute

7) Wg (cdr) B Jena Director Operations, National Heart Institute

The Disciplinary Committee noted that the police in its representation has averred that the complainant Smt. Jyoti Sharma has alleged that on 02nd August, 2017, her husband (the patient) Shri Kaushal Sharma had cervical pain, for which, he went to the SCI International Hospital, GK-1, New Delhi where he was under-treatment. The doctor prescribed injections which were administered in SCI Hospital. Immediately, after getting injections, his condition deteriorated, then, he was shifted to National Heart Institute, EOK(East of Kailash) where he was declared brought dead. The complainant alleged medical negligence by the doctor of SCI Hospital. It is, therefore, requested that kindly opine whether any medical negligence was occurred or not on the part of SCI Hospital.

The complainant Smt. Jyoti Sharma alleged that on 02nd August, 2017 her husband Shri Koushal Sharma (the patient) had gone to SCI Hospital at around 10:30 p.m. with pain on left side. He was given injection. They had a video call with him at 10:50 p.m. and he seemed to be perfectly fine by then. After sometime, he had foaming and blood vomiting, after which, he was sent to the National Heart Institute in the front seat of a swift car without any medical aid or medical attendant. In the National Heart Institute, he was declared brought dead. They were informed that he had a heart attack but on enquiring from the hospital, they got to know that he had blood vomiting and foaming. Her husband had a liver transplant in February, 2012, the reason being crytptogenic. He was perfectly fine after the liver transplant and had no problems from that side. He had consulted at SCI Hospital on 21st July, 2017 for pain on the left side which was diagnosed to be cervical pain. Since he used to have pain in the left side, he had a heart checkup at Shri Mata Vaishno Devi Narayana Hospital in Jammu where he was told that his heart is perfectly normal and pain was muscular, as he was attending his father who was bedridden. She would like to know why the hospital sent her husband in a car to the other hospital without any medical attendant in an unconscious state. He could be sent with medical aid. She hopes that the case would be analyzed and justice be provided to them.

Dr. Shilpi Singh of SCI International Hospital in her written statement averred that the patient Shri Kaushal Sharma, an adult male came to emergency with an unknown male attendant with complaints of severe neck pain. On examination, his vitals were stable with : BP-140/90 mm of Hg, PR-95 bpm, SPO2-98% at room air. The patient was carrying a prescription of Apollo Hospital, New Delhi for treatment for cervical spondylitis in which he was advised tablet Tramadol for neck pain. The patient gave history of liver transplantation surgery. He had given no history of hypertension, COPD or heart disease. The patient was given symptomatic treatment in the form of injection Tramadol 50 mg in 100 ml of normal saline as a slow intravenous infusion along with injection Rantac 50 mg and injecton Emset 4 mg both given slow intravenously. During the treatment, the patient was agitated, non-cooperative and had sweating. They attempted to do an ECG 2-3 times, but failed due to patient non-compliance. The patient was given tablet Sorbitrate 5 mg sublingually as prophylaxis. In view of the history of liver transplant and as their hospital does not have the facility of medical ICU, transplant medicine or tertiary care, the patient and his attendant were counseled and told that he should take the patient to the nearest tertiary care centre for assessment. It was decided by the patient and attendant that the patient should go to National Heart Institute, East of Kailash which was the nearest tertiary care centre. The patient’s attendant requested that the hospital arrange for transportation for the patient to National Heart Institute, as he was unfamiliar with the area and did not know the directions. At the time of leaving the hospital, the patient was conscious, oriented and ambulatory with stable vitals.

On enquiry by the Disciplinary Committee, the complainant stated that at the time of this incidence i.e on 02nd August, 2017, she was not present with her husband, as she was in Jammu. She further stated that the ECG was not provided to them by the Hospital. She filed her written submission; the same was taken on record.

Dr. Himanshu Shekhar, Medical Director, SCI International Hospital in his written statement averred that the patient Shri Kaushal Sharma, adult male, presented in the emergency to the IPD ward 03rd Floor at SCI International Hospital in the night of 02nd August, 2017, accompanied by an unknown male attendant. Due to non-availability of the emergency services at the hospital at that time, the patient was attended by the resident doctor and the patient coordinator on duty at the time. The patient was complaining of severe pain in the neck on the left side. The patient’s vits were as : blood pressure was 140/90 mmHg, pulse rate was 95 BPM and SPO2 was 98% @ room air. The patient had given history of cervical spondylitis and liver transplant. The patient was carrying documents showing that the patient was undergoing the treatment under Dr. Ajay K Sinha, Consultant Internal Medicine at Apollo Hospital, New Delhi for the same. Dr. Ajay K Sinha was, therefore, consulted telephonically and he (Dr. Ajay K Sinha) advised injection Tramadol 50 mg transfused intravenously slowly over thirty minutes in 100 ml of normal saline alongwith injection Pantocid 40 mg and injection Emeset 4 mg both were given slowly intravenously. During the above treatment, the patient got increasingly agitated and started sweating. An ECG was ordered immediately to rule out any cardiac issue, however, the patient was being non-cooperative and multiple ECGs were attempted, but could not be completed, as the patient was not lying still. In view of the patient’s condition, suspected cardiac event, non-availability of cardiology department and the ICU at the hospital, and the patient’s history of liver transplant surgery recently, the patient was given tablet Sorbitrate 5mg sublingually and was referred for the treatment at a higher centre with emergency facilities. The patient’s attendant was told about the patient’s condition and suspected cardiac event and agreed to shift the patient. The patient and the attendant had conveyance of their own, but refused to transport the patient to a higher centre using their vehicle and requested the hospital to arrange transportation to shifting the patient to National Heart Institute, Kailash Colony. Due to non-availability of ambulance and clinical condition of the patient, the patient was transported to National Heart Institute, accompanied by the patient’s attendant in a hospital vehicle to avoid any delays in the treatment. As per the hospital’s records, no payment was charged from the patient for initial treatment received at the hospital.

Dr. Adit Mathur, Deputy Medical Superintendent, SCI International Hospital in his written statement averred that the SCI International Hospital is registered with DGHS, Govt. of NCT of Delhi with approved bed strength of 49 beds and utilized bed strength of 25 IPD beds + 10 NICU beds. They have recently been granted full accreditation from National Board of Hospitals and Healthcare providers (NABH) which is a testament to the quality of care provided at the Hospital. The scope of services not offered by the hospital is : burns, neurology, cardiology, organ transplant, nephrology, psychiatry. These are clearly mentioned inside and outside the hospital premises. He has prepared a case summary as per his discussions with the available hospital staff and doctor on duty as well as the medical records available with them pertaining to the treatment of patient on the night of 2nd August, 2017. He is fully confident that Delhi Medical Council will find the treatment given to the patient satisfactory and as per established clinical protocols.

He further averred that the Mr. Kaushal Sharma, adult male, presented in emergency at SCI International Hospital on the night of 02nd August, 2017, accompanied by an unknown male attendant. The patient was attended by Dr. Shilpi Singh, who was the resident doctor on duty at the time, staff nurses on duty and Shri Sanjeev Singh who was the patient care coordinator on duty. The patient was complaining of severe pain in the neck on the left side. On examination, the patient’s vital parameters including blood-pressure, pulse and SPO2 were stable. The patient had given history of cervical spondylitis and liver transplant surgery recently. The patient was carrying documents showing that he (the patient) was undergoing treatment at Apollo Hospital, New Delhi for the same. Injection Tramadol 50 mg was transfused intravenously slowly in 100 ml of normal saline along with injection Pantocid 40 mg and injection Emset 4 mg both was given slowly intravenously as symptomatic treatment. During the above treatment, the patient was agitated and had sweating. Multiple ECG’s were attempted, but could not be completed, as the patient was being non-cooperative. The patient was given tablet Sorbitrate 5 mg prophylactically. In view of the patient’s history of liver transplant, non-availability of cardiology, medical ICU, transplant medicine or tertiary care services at the hospital, the patient and his (the patient) attendants were counseled and advised for getting assessed at a higher centre where tertiary care was available. The patient and the attendant requested the patient care coordinator to arrange for transportation to National Heart Institute, Kailash Colony, as they were unfamiliar with the area and the location of the hospital. The patient and his (the patient) attendant were provided transport to National Heart Institute in the hospital vehicle available at the time. The patient was conscious and oriented with stable vital parameters at the time of leaving the hospital. All original documents including prescription and ECG’s were handed over to the attendant.

Dr. Sukriti, Attending Consultant Cardiology, National Heart Institute in her written statement averred that she was on duty on 02nd August, 2017 from 08.30 a.m. to 10.00 a.m. (following day) in National Heart Institute. She attended to one patient Shri Kaushal Sharma who was brought to National Heart Institute in an unresponsive and unconscious state at around 11.35 p.m. on 02nd August, 2017. The history, as given by his attendant (Shri Raghav), the patient had chest pain in neck discomfort for two days that worsened on that day. The patient went to SCI International Hospital. The ECG done at SCI International Hospital showed anterior wall myocardial infraction (major heart attack). The ECG showed ST elevation in I, AVL, V1-V5 (lead V6 was not done) with reciprocal changes in inferior leads. The treatment received in SCI International Hospital-some I/V medications which included injection Tramadol, injection Emset, injection Pantop and tablet Sorbitrate sublingually. While on duty in the ICU-1 at around 11.35 p.m., she was informed that a sick patient has arrived. She immediately rushed to the bed where the patient was laid down. On examination, the patient clinically, she found him unresponsive and unconscious with no pulse. His bilateral pupils were fixed and dilated. Immediately she alongwith her ICU team started CPR as per the ACLC protocol, as ECG showed asystole. As the patient was young and had come from nearby hospital, they tried their level best to resuscitate the patient but despite all of their efforts, the patient could not be revived and was declared brought dead at 12.15 a.m. on 03rd August, 2017.

Wg (cdr) B Jena, Director Operations, National Heart Institute in his written statement averred that the patient Shri Kaushal Sharma,45 years male, was brought to National Heart Institute at 11.35 p.m. on 02.08.2017 in emergency. The hospital’s doctor on duty, on arrival, and presentation of the patient, Dr Sukriti attended to the patient. Dr Sukriti was informed that the patient was having pain in chest + neck discomfort for last two days, more so since today. The patient was taken to SCI Hospital and the patient’s ECG was done there and the same was shown to the duty doctor; as per which, acute anterior wall myocardial infarction and S televation in I, aVL, Vl -V5 with reciprocal changes in inferior leads was there. It was observed by Dr. Sukriti that the patient was unconscious and was in unresponsive state. The patient’s blood pressure and pulse were not readable, B/L pupil-fixed and dilated. No breath sounds heard. The patient’s ECC was done at NHI (National Heart Institute) which showed asystole. CRP was given as per ACLS protocol. Inspite of all resuscitative measures done, the patient could not be revived and was declared dead at 12.15 a.m. on 03.08.2017. Hence, from the above, it is apparently clear that when the patient was brought to NHI, the patient was already dead.

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

1. The patient Shri Kaushal Sharma, 45 years male, presented to the SCI International Hospital on 02nd August, 2017 at around 10.30 p.m. with complaint of severe neck pain left side. He gave history of cervical pain and was a patient of liver transplant. The patient was examined by Dr. Shilpi Singh. The patient’s blood pressure was 140/90 mmHg, pulse rate was 95/minute, SPO2 was 98% at room air. The patient was given injection Tramadol, injection Emset, injection Pan 40 and tablet Sorbitrate. An ECG was attempted but could not be done properly. Subsequently, the patient was transferred to a higher centre in transport provided by the hospital.

Thereafter, the patient reached National Heart Institute at around 11.35 p.m. and was attended by Dr. Sukriti who reported the patient to be unresponsive and unconscious. Blood-pressure and pulse were not recordable; B/L pupil-fixed and dilated. No breath and heart sounds were heard. As per Dr. Sukriti, the ECG patient was carrying revealed acute anterior wall myocardial infraction(major heart attack). The ECG changes were -ST elevation-I, AVL, V1-V5 (lead V6 was not done) with reciprocal changes in inferior leads. Repeat ECG showed asystole. CPR was initiated. Depsite of all resuscitation, the patient could not be revived and was declared dead at 12.15 a.m. on 03rd August, 2017.

1. The patient presented at SCI International Hospital at on 02nd August, 2017 at around 10.30 p.m. where he received initial treatment as per protocol in such cases and was transferred to National Heart Institute at around 11.35 p.m. on 02nd August, 2017 where patient could not be revived, despite following standard resuscitation protocol.

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of the doctors of SCI International Hospital and National Heart Institute, in the treatment of the complainant’s husband Shri Kaushal Sharma.

Matter stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Satish Tyagi) (Dr. Shiva Narang)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 17th October, 2023 was confirmed by the Delhi Medical Council in its meeting held on 06th November, 2023.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Smt. Jyoti Sharma, r/o- 86A, 2nd Extension, Gandhi Nagar, Jammu, J&K.
2. Dr. Shilpi Singh. F-21, 03rd Floor, Preet Vihar, East Delhi-110092.
3. Medical Superintendent, SCI Hospital, M-4 Greater Kailash, Part-1, Near M Block Market, New Delhi-110048.
4. Medical Superintendent, National Heart Institute, 49-50, Community Centre, New Delhi-110065.
5. SHO, Police Station, Greater Kailash, New Delhi-110048-w.r.t letter No.429 SHO/GK, dated Delhi the 15/04/2019-**for information.**

(Dr. Girish Tyagi)

Secretary