DMC/DC/F.14/Comp.2089/2/2021/ 30th September, 2021 **O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Shams Alam r/o N-89, Abul Fazal Enclave–I, Jamia Nagar, New Delhi-110025, alleging medical negligence on the part of Dr. Ashok Seth and Dr. Vijay Kumar, in the treatment administered to the complainant’s father late Shri Amir Alam at Fortis Escort Heart Institute, Sarai Jullena, Okhla Road, New Delhi-110025.

The Order of the Disciplinary Committee dated 20th September, 2021 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Shams Alam r/o N-89, Abul Fazal Enclave–I, Jamia Nagar, New Delhi-110025, alleging medical negligence on the part of Dr. Ashok Seth and Dr. Vijay Kumar in the treatment administered to the complainant’s father late Shri Amir Alam (referred hereinafter as the patient) at Fortis Escort Heart Institute, Sarai Jullena, Okhla Road, New Delhi-110025.

The Disciplinary Committee perused the complaint, joint written statement of Dr. Vijay Kumar, Dr. Ashok Seth and Amrita Gupta, Medical Superintendent of Fortis Escort Heart Institute, copy of medical records of Fortis Escort Heart Institute and other documents on record.

The following were heard in person :-

1) Shri Shams Alam Complainant

1. Shri Javed Alam Brother of the complainant
2. Dr. Vijay Kumar Additional Director Cardiology, Fortis Escort ` Heart Institute
3. Dr. Amrita Gupta Medical Director, Fortis Escort Heart Institute

The Disciplinary Committee noted that Dr. Ashok Seth failed to appear before the Disciplinary Committee, inspite of notice.

It is alleged in the complaint that the complainant Shri Shams Alam took his father Shri Amir Alam for routine check up with Dr. Ashok Seth on 26.12.2016 at Fortis Escorts Heart Institute. Dr. Ashok Seth referred his father to Dr. Vijay Kumar. Dr. Vijay Kumar after examining the patient advised admission for certain tests. The doctors never gave a proper diagnosis or prognosis of the patient. They kept on giving false assurance that he would be alright but on 31.01.2017 he was put on ventilator and was declared dead on 2.02.2017. The hospital refused to release the dead body unless the exorbitant bill of rupees Twenty Six Lakhs was first cleared. It was only on intervention of police that dead body was released. It is further alleged that the patient died because of negligence of doctors, as they were only interested in inflating the bills and not saving the patient. It is therefore, requested that strict action be taken on his complaint.

Dr. Vijay Kumar, Consultant, Dr. Ashok Seth, Chairman and Dr. Amrita Gupta, Medical Superintendent of Fortis Escorts Heart Institute, in their joint written statement averred that the patient aged about 72 years old presented to emergency of Fortis Escorts Heart Institute on 26th December, 2016 at 8.30pm and was admitted in heart command center under Dr. Vijay Kumar with complaints of recurrent chest pain and orthopnoea. According to triage patient history, he was advised angiography on 24th December, 2016. Patient also had history of coronary artery disease with CABG (Coronary Artery By-Pass Graft) done on 1999, PTCA (Percutaneous Transluminal Coronary Angioplasty) done on 1997 and 2008, diabetes Mellitus Type 2, Hypertension. After admission he was treated medically on lines of unstable angina and mild heart failure. His Left Ventricular Ejection Fraction on ECHO was 40-45% and grade III diastolic dysfunction. His chest x-ray had bilateral fluffy shadows which raised the suspicious of LRTI (Lower Respiratory Tract Infection) in addition to the cardiac problem. The patient was clinically better after i.v Lasix the next morning i.e. 27th December, 2016 and was planned for Coronary Angiography on the same day. Coronary Angiography done on 27th December, 2016, revealed native triple vessel disease, patent LIMA (Left Internal Mammary Artery) to LAD (Left Anterior Descending) graft and the RCA (Right Coronary Artery) stent re-stenosis had chronic total occlusion. He was advised optimization of medical therapy for his CAD (Coronary Artery Disease). He was subsequently referred to the pulmonologist for consultation and review of the x-ray chest raised suspicion of the LRTI. Patient was shifted to ward on 28th December, 2016 at about 12.40pm in stable condition. On 29th December, 2016 at around 12.30am, patient had an episode of acute breathlessness with dip in oxygen saturation and then the patient was shifted back to heart command centre. Patient was free of chest pain but his shortness of breath with occasional bouts of cough persisted. Nephrologist consultation was done on 29th December, 2016 to evaluate his rise in creatinine level. There was a plan to do CT scan for ruling out remote possibility of pulmonary embolism if his breathlessness did not improve. Patient was seen by pulmonologist in view of the rising trend of white blood cell count and bilateral fluffy shadows on the chest x-ray which was non-resolving and getting worse. Pulmonologist put him on broad spectrum antibiotics. There was a suspicion of an evolving ARDS (Acute Respiratory Distress Syndrome). There was no evidence of pulmonary embolism on 2 D ECHO done on 29th December 2016 and CT scan pulmonary angiography was cancelled as patient’s creatinine was rising. Patient’s condition became more critical on 30th December, 2016 and decision for intubation and elective ventilation was made, his family members were apprised of it. In view of breathlessness, patient was kept on BIPAP ventilation. As the patient’s ventilation did not improve he was intubated on 1st January, 2017 at 10.30am because of gross de-saturation and worsens chest x-ray consistent with bilateral pneumonia and ARDS. From 2nd to 3rd January 2017 there was sudden rise in creatinine level and drop in urine output. Nephrologist consultation was done and opinion given by them was an acute kidney injury due to multiple factors like infection, ARDS and frailty and contrast. The Nephrologist and pulmonologist initially managed the patient conservatively but the patient was waxing and waning and further deteriorated. The patient was put on dialysis on 5th January, 2017 and he needed repeated dialysis subsequently for the acute renal shutdown. The patient was completely under the care of a multi disciplinary team involving, cardiologist, pulmonologist, Nephrologists and Critical Care intensivist looking after him every day and making decision of treatment accordingly. The family/attendants were posted about the gravity of his lung condition from the beginning. The problem of acute kidney injury was also discussed and the treatment given to the patient was also conveyed to the family. It was difficult for extubating the patient because of difficulty in weaning him from ventilator. Tracheostomy was done 14th January 2017 after complete discussion of the patient’s condition with his relatives and were explained clearly about the difficult weaning process and the risk of infection and sepsis due to further prolongation of the hospital stay. The clinical condition continued to worsen despite all antibiotics on board. His endotraecheal secretions was positive for Klebsiella pneumonia for which appropriate antibiotics were covered. Patient’s family was briefed about the clinical condition and management instituted for the patient’s illness at every stage at least twice a day, from the time of admission till his death. Multidisciplinary team consultation meeting was held on 19th January, 2017 in which the treating physician namely Dr. Vijay Kumar, Nephrologist and the critical care team member explained the grave condition of the patient to the patient’s attendants Mr. Javed Ali and Mr. Shams Alam(Sons). Again on 30th January, 2017 multidisciplinary team consultation meeting was done with Dr. Vijay Kumar and critical care team member, Mr. Javed Ali, Mr. Shams Alam(sons) and Ms. Shiba(daughter). They were apprised with medical condition of the patient and discussed with his family members all the serious issues regarding the nature of their patient’s illness. The poor prognosis was conveyed to the patient’s family despite the beat treatment given to him. Patient though improved marginally from his ARDS but did not recover from multi-organ dysfunction and sepsis. Subsequently he became haemodynamically unstable requiring high inotropes. On 2nd February, 2017 he continued to drop his blood pressure despite escalation of inotropes, patient developed bradycardia and hypotension and subsequently asystole, CPR was given according to ACLS guidelines but patient could not be revived and declared dead at 10.50am. His cause of death was sepsis with septic shock with MODS (multi organ dysfunction syndrome) with ARDS with acute kidney injury. It is further stated that the patient was in hospital for almost 38 days and was under treatment of multidisciplinary team and as such ran a total bill of Rs.25,88,269/-. All sincere, ethical and standard of care clinical practices were instituted to treat the patient and attempts were made to save his life from serious multi organ dysfunction. It is stated that it is difficult to given any estimation for a patient who suffers from multiple disease/illness yet the attendants and relatives were briefed by the concerned billing department from time to time as per hospital policy and they were fully aware of the bill. The detailed bill was also made available to the attendants and the bill raised is purely for the services rendered. It is pertinent to note that the complaint under reply is an afterthought and reaction to the recovery proceedings initiated against the attendants of the patient. The legal notice seeking recovery of outstanding amount of Rs.7,50,269/- was issued to the attendants/legal heirs of patient on 6th April 2017 and the present complaint was filed by the complainant on 25th April 2017, which clearly shows that the complaint has been filed in reaction to the legal proceedings being initiated by the hospital for recovery of the balance amount legitimately due to the company and payable by the complainant. It is pertinent to mention that the attendants/relatives of the patient were unruly and violent in their conduct during the stay of the patient at the hospital, causing not just inconvenience to other patients and their attendants but also hampering the operation of the hospital. The behavior of the attendants/relatives prompted the hospital authorities to lodge a police complaint on 03rd February, 2017. In view of the facts enumerated hereinabove and circumstances of the case, it is submitted that there was no negligence whatsoever and the patient was treated as per the well accepted standard protocols. It is humbly prayed that complaint may kindly be dismissed.

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

1. Shri Amir Alam a 72 years male was a known case of DM/HTN/CAD/Post PTCA/Post CABG/Hiatus Hernia. He was admitted to Fortis Escorts Heart Institute with history of chest pain on 26.12.2016. Coronary angiography done on 27.12.2016 showed TVD with LIMA to LAD graft patent. On 29.12.2016 patient has sudden onset breathlessness and was shifted to ICU and was put on NIV. Patient was diagnosed to have pneumonia and developed ARDS, patient’s ventilator requirement were escalated. Antibiotics were added. Patient was intubated on 01.01.2017, patient developed VT that was reverted to sinus with CPR for more than 1 minute. Dialysis was done in view of worsening renal function. Patient’s condition continued to remain critical. HRCT chest shows bilateral lower zone consolidation with ILD. MRI brain showed acute embolic infarct. Antibiotics were modified according to culture reports. Tracheostomy was done on 14.01.2017 in view of prolonged mechanical ventilation. Intermittent haemodialysis was done. Attempts to wean from mechanical ventilation failed multiple times. Guarded prognosis was explained to relatives. On 02.02.2017, 10.30am patient developed cardiac arrest for which CPR initiated but inspite of all resuscitative measures patient could not be revived and was declared dead at 10.50am on 02.02.2017.
2. The patient had history of heart condition, developed multi organ complications viz.?LRTI, ARDS, Acute Kidney injury, sepsis due to his underlying condition during admission; was treated by multi disciplinary team of consultants of pulmonology, nephrology, cardiology, as per accepted professional practices in such cases.
3. It is noted that prognosis of the patient had been explained to the attendants from time to time as is borne out from multi disciplinary team consultation form dated 2.01.2017, 19.01.2017, 30.01.2017.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of Dr. Ashok Seth and Dr. Vijay Kumar; in the treatment administered to the complainant’s father late Shri Amir Alam at Fortis Escort Heart Institute.

Complaint stands disposed.

Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Anil Kumar Yadav)

Chairman, Eminent Publicman,

Disciplinary Committee Member,

Disciplinary Committee

Sd/: Sd/:

(Dr. G.S. Grewal) (Shri Bharat Gupta)

Delhi Medical Association, Legal Expert,

Member, Member,

Disciplinary Committee Disciplinary Committee

Sd/: Sd/:

(Dr. Brijesh Sharma) (Dr. Vimal Mehta)

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 20th September, 2021 was confirmed by the Delhi Medical Council in its meeting held on 23rd September, 2021.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Shams Alam r/o N-89, Abul Fazal Enclave–I, Jamia Nagar, New Delhi-110025.
2. Dr. Vijay Kumar, Through Medical Superintendent, Fortis Escort Heart Institute, Sarai Jullena, Okhla Road, New Delhi-110025.
3. Dr. Ashok Seth, Through Medical Superintendent, Fortis Escort Heart Institute, Sarai Jullena, Okhla Road, New Delhi-110025.
4. Medical Superintendent, Fortis Escort Heart Institute, Sarai Jullena, Okhla Road, New Delhi-110025.
5. National Medical Commission, Pocket-14, Sector-8, Dwarka, New Delhi-110077-w.r.t. letter No.MCI-211(2)(20)(complaint)/2017/Ethics./109011 dated 10.05.2017-**for information**.

(Dr. Girish Tyagi)

Secretary