DMC/DC/F.14/Comp.2425/2/2021/ 05th October, 2021

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Ms. Kavita Kumari d/o Shri Ram Charan Meena r/o H.No.552/2B, Veer Bazar Road Wali Gali, Kapashera, Delhi, forwarded by Delhi Commission for Women, alleging medical negligence on the part of doctors of Safdarjung Hospital, Ansari Nagar, New Delhi-110029, in the treatment of complainant.

The Order of the Disciplinary Committee dated 26th August, 2021 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Ms. Kavita Kumari d/o Shri Ram Charan Meena r/o H.No. 552/2B, Veer Bazar Road Wali Gali, Kapashera, Delhi (referred hereinafter as the complainant), forwarded by Delhi Commission for Women, alleging medical negligence on the part of doctors of Safdarjung Hospital, Ansari Nagar, New Delhi-110029 (referred hereinafter as the said Hospital), in the treatment of complainant.

It is noted that the similar matter was also referred by the S.H.O., Police Station Safdarjung Enclave.

The Disciplinary Committee disposed both the matters through a common Order.

The Disciplinary Committee perused the complaint of Ms. Kavita Kumari, representation from police, written statement of Shri Ashish Kumar, Dy. Director Admn., Safdarjung Hospital enclosing therewith written statement of Dr. Davinder Singh, Professor, CIO, Dr. Ankit Kumar Jain, Senior Resident Orthopaedics, Dr. Rahul Kumar, Senior Resident, written statement of Dr. Keshav Goel, Ex- Senior Resident, Dr. Kumar Keshav, Assistant Professor, Dr. Kanishk, Ex- Senior Resident, Dr. Shashank, Senior Resident Orhto. and Dr. Arun Kumar, S.R. Ortho, copy of medical records of Safdarjung Hospital and other documents on record**.**

The following were heard in person :-

1. Ms. Kavita Kumari Complainant
2. Smt. Rumali Devi Mother of the complainant
3. Shri Ramcharan Meena Father of the complainant
4. Shri Samay Singh Meena Chacha of the complainant
5. Shri Ravinder Meena Brother of the complainant
6. Shri Hukan Chand Uncle of the complainant
7. Shri Pankaj Meena Cousin Brother of the complainant
8. Dr. Ankit Kumar Jain Ex. S.R., Safdarjung Hospital
9. Dr. Rahul Kumar Ex. S.R., Safdarjung Hospital
10. Dr. Kanishk Ex. S.R., Safdarjung Hospital
11. Dr. Keshav Goel Ex. S.R., Safdarjung Hospital
12. Dr. Davinder Singh Director Professor, Sport Injury

 Centre,V.M.M.C. & Safdarjung Hospital

13) Dr. Kumar Keshav Assistant Professor, Ex. S.R., VMMC &

14) Dr. Shshank S.R. Ortho. Safdarjung Hospital

15) Dr. Arun Kumar S.R. Ortho. Safdarjung Hospital

16) Dr. Vikas Gupta Consultant Ortho.(Unit Head) Safdarjung Hospital Safdarjung Hospital

17) Dr. Loveneesh G. Krishna Director (HOD Orthoaedic), CIO, VMMC & Safdarjung Hospital

18) Dr. Anubhav Gupta Head, CTVS Department Safdarjung Hospital

19) Shri Hardeep Singh Medical Records Technician, Safdarjung Hospital

Dr. Ashish of CTVS Department, Safdarjung Hospital did not participate in the Disciplinary Committee proceedings.

It is noted that as per the police representation a PCR call vide DD No. 24A was received at PS SJ Enclave on 19th March, 2018 regarding negligence of doctor during the treatment at Safdarjung Hospital, New Delhi. The police reached the spot and met the complainant Kavita Kumari who was admitted in the hospital for the treatment and her left hand was blackish in colour. The complainant said that she would give the statement in the presence of her father. Later, information regarding MLC was received from Trauma Centre vide DD No. 58A, on which, the police reaching at the spot found the complainant admitted at Trauma Centre vide MLC No. 500084824/18. During enquiry, it was found that the complainant came for the treatment at Safdarjung Hospital on 12th March, 2018 where her elbow was operated on 13th March, 2018; she was shifted to Ward no. 28 where her left hand turned blackish in colour. Then, on 14th March, 2018, the senior doctors checked her hand and scolded the doctor who treated her hand on dated 13th March, 2018. After that, the senior doctors directed the previous doctor to take her to operating theatre. During the treatment, nerves on her left hand were replaced by nerves taken out from her leg. Aft the treatment, the doctors had been troubling her for various other treatments and check-up and advised that it will be recovered. However, her hand started turning blackish again with severe pain. Then, on 19th March, 2018, the doctor said that her hand needs to be amputated, as it has gone worst, and the doctors tried to forcefully get her father Ram Charan signed the documents, but the complainant’s family refused. Moreover, the doctors also offered money for further treatment, but they refused to take any money from them. The same day i.e. on 19th March, 2018, she was taken to Trauma for the treatment vide above-mentioned MLC. during the treatment, the doctors amputated the left hand of the complainant. The complainant is alleging the negligence of the following doctors (1) Dr. Ankit (2) Dr. Rahul (3) Dr. Devendra and other doctors and to take necessary action against the said doctors. Hence, the Delhi Medical Council is requested to fix whether there is negligence on the part of the doctors or otherwise during the treatment of the complainant Ms. Kavita Kumar d/o Sh. Ram Charan or otherwise.

The complainant Ms. Kavita Kumari alleged that on 11th March, 2018, she suffered a fall, which resulted in an injury to her left elbow, causing pain. She underwent an x-ray in Gurgaon, and was informed of having suffered a fracture. On 12th March, 2018, in the afternoon, she was admitted in Safdarjung Hospital and in the night, she underwent surgery. On 13th March, 2018, she was shifted to the ward. In the evening of 13th March, 2018, she started experiencing acute pain in her left hand with blackening of the fingers. She informed the duty nurse, who told her that the doctor would see her on the next day. She was given a pain killer injection. In the morning of 14th March, 2018, her hand had become much more black in colour. The senior doctor in the morning round, on examining her hand, advised another surgery. Thus, around 3.00 p.m. on 14th March, 2018, second operation was carried on her left arm. During the surgery, the vein from the right leg was grafted in the arm. The pain continued to persist and the fingers became black. On 17th March, 2018, she underwent C.T. angiography at Mahajan Sports Injury Centre. On seeing the C.T. angio films and reports, the doctor assured the complainant that she will be alright. The pain, however, became very acute. The doctor then told her that she would require amputation. On being asked to provide the medical records, so that the second opinion may be sought, the file was not made available by the doctors. Thereafter, the matter was reported to the police. She was got admitted in JPN Trauma Centre on 19th March, 2018, where MLC was initiated and her treatment was started. In the night of 20th March, 2018, the doctors of Trauma Centre apprised her that due to wrong operation at Safdarjung Hospital, her upper limb above the elbow needed to be amputated or else there was risk of infection spreading in her body endangering her life. Under these circumstances, she gave her consent and her arm was amputated above elbow. It is alleged that the she had to undergo amputation because of medical negligence committed by the doctors of the Safdarjung Hospital and strictest action be taken against them.

She further alleged that the surgery done on 14th March, 2018, was done without proper informed consent. She was never informed that it was a major surgery where a vein from her leg was to be taken out for grafting purpose.

The complainant’s mother Smt. Rumali Devi stated that all the averments made by her daughter in her (daughter) complaint which has been forwarded by the Delhi Commission for Women and her submissions made before the Disciplinary Committee meeting held on 17th February, 2020 be taken cognizance by the Disciplinary Committee and action be taken against the doctors who were guilty of committing medical negligence, so that justice is done to her daughter.

Dr. Davinder Singh, Professor, CIO, VMMC & Safdarjung Hospital in his written statement averred that he is professor of orthopaedics working at Central Institute of Orthopaedics, VMMC and Safdarjung Hospital, New Delhi since, 2009. He is posted in unit III B (now unit 5) under Dr. Vikas Gupta as unit head. They had five senior residents and six post-graduate students posted in unit on March, 2018. The complainant Ms. Kabita, 1997 years female bearing IP No. 201814772 was brought to New Emergency Block on 12th March, 2018 with the history of fall and injury to left elbow one day back. The complainant was examined by the senior resident (Orthopaedics) posted in casualty on 12th March, 2018 at around 12.00 noon as per casualty slip No. 40209 dated 12th March, 2018 and was advised x-ray of left elbow region. X-ray left elbow AP and lateral was done vide number 9955/12/3. The complainant was examined by Dr. Ankit Jain, Senior Resident (Ortho) on duty in new emergency block. The complainant was diagnosed as a case of fracture intercondylar left humerus without any neurological/vascular deficit. Approximately about 3.30 p.m., on rounds, the complainant’s case was presented by on duty senior resident to him as a case of fracture intercondylar left humerus without any neurological/vascular deficit and was planned for open reduction and internal fixation after immediate admission. The complainant was admitted on 13th March, 2018 at 12:37:16 a.m. as per ID No. 201814772, the complainant was again examined by on duty postgraduate student/senior resident and history as well as clinical examination findings were recorded. The distal neurovascular status was satisfactory as per record. As per standard practice followed in the department, on duty, senior resident on emergency duty, Dr. Rahul Kumar performed the procedure. The complainant was operated with open reduction and internal fixation using bicolumnar plating with TBW for olecranon osteotomy using posterior approach without tourniquet on 13th March, 2018 at 2.30 a.m. Dr. Rahul, senior resident was chief operating surgeon and was assisted by Dr. Shashank post-graduate student. Immediately, when enquired during rounds in new emergency block at 9.00 a.m. on 13th March, 2018, he was conveyed by on duty senior resident that post-operative status of the complainant is satisfactory without any complications and she has been shifted to Ward 28. The complainant was shifted to Ward 28 at 08.10 a.m. on 13th March, 2018 without any prior information to him. As per practice followed in unit as well as in department, the complainant was again examined by other senior residents namely, Dr. Keshav, Dr. Knishak, and Dr. Keshav Goel posted in wards. The complainant postoperative status was assessed including vitals and neuro-vascular status including complications, if any. In ward, the complainant was presented to him as a case of post-oprative intercondylar fracture of left humerus without any complications. Intra-operative period was also uneventful as per record and nothing abnormal was communicated to him. The complainant was monitored by three senior residents namely Dr. Kehsav, Dr. Knishak, and Dr. Keshav Goel as per protocol followed till 4.00 p.m. on 13th March, 2018. Nothing abnormal was communicated to him till 4.00 p.m. then. Even none of the complainant’s attendant approached him regarding this. Post-operative period was uneventful, as no complaints/abnormality was communicated to him either by the nursing sister on duty/senior resident/PG on ward duty. The residents were instructed to record the findings in the file. The complainant did not have any complaints in the post-operative periods on 13th March, 2018 as per record. Ward call register did not show any calls being sent to any of the doctors (neither to unit’s doctors or doctors present in emergency). No communication/call was intimated to him by the nursing sister on duty either. However, as per record, Dr. Arun Kumar, 2nd Year PG on duty examined the complainant at 4.00 a.m. on 14th March, 2018 and found the complainant vitals as well as neurovascular status satisfactory. Capillary refilling time was found to be normal. On 14th March, 2018 in morning, post-operative dressing was done by duty senior resident/post graduate student and nothing abnormal was reported. It was only he(Dr. Davinder Singh) who examined the complainant again on morning rounds and noticed that the complainant has delayed capillary filling and absent radial pulse. Finger movements, however, were present. The complainant was immediately referred to CTVS department for assessment and further intervention, if any. The complainant was examined by Dr. Ashish, consultant on call, CTVS department and was planned for immediate CTVS intervention on 14th March, 2018. The complainant was taken to OT at 2.40 p.m. on 14th March, after taking due consent venous interposition graft with brachial artery repair was done on 14th March, 2018. The complainant was shifted to Ward 28, as directed by operating surgeon. The treatment record of the complainant showed that injection Heparin was not given to the complainant on 14th March, 2018. When inquired by the senior resident (ortho), it was found that injection Heparin was not mentioned in postoperative treatment, hence, not given. When the senior resident of CTVS was communicated in this regard, he promptly added injection Heparin in post-operative treatment. The complainant was regularly followed up by the senior resident of CTVS department on 15th March, 2018 and 16th March, 2018 and advised to continue treatment as advised. The complainant was seen by the senior resident on duty and the case was discussed with Dr. Ashish, Consultant, CTVS on 17th March, 2018. Hand held Doppler examination performed by them showed flow in brachial artery. CT angiogram to left upper limb was advised by them. The complainant was immediately referred to Mahajan Imaging Centre in Sports Injury Centre situated in premises of Safdarjung Hospital for CT angiogram of left upper limb and the same was done on 17th March, 2018. The senior resident (CTVS) was immediately consulted alongwith the CT-angio report. The senor resident (CTVS) advised to continue the same treatment and review on Monday (19/03/2018) for discussion with consultant CTVS. CTVS and plastic surgery referral was obtained regarding viability of limb. The case was seen by Dr. Shalabh Kumar, consultant plastic surgery and advised poor prognosis of hand. He (Dr. Shalabh Kumar) ruled out any active plastic surgery intervention. The case was discussed with Dr. Ashish, Consultant CTVS. He (Dr. Ashish) advised that limb cannot be salvaged. The complainant was advised amputation as per advice of CTVS department and the complainant was asked to give consent for the same. The complainant was planned for immediate above elbow amputation of left upper limb so as to avoid any risk to life whatsoever. However, the complainant disappeared from ward and was declared absconded from wards on 19th March, 2018 at 4.30 p.m. The police was informed about the same on 20th March, 2020, as the complainant did not return.

He further averred that the Senior Residents are qualified residents with postgraduate degree, who are entitled to perform the surgeries independently. They are also supposed to take care of the patients in wards, noting their vitals, checking pre and post-operative status, and noting down any deviations if any so as bring to the notice of faculty. They are supposed to maintain case sheets of the patients and record everyday progress of the patients. Morning rounds are taken by the consultants alognwith full team of the Residents whereas afternoon rounds are taken by the Senior Residents on duty and report to consultant about pre-operative and post-operative status of the patients admitted including any deviations from normal. The number of patients attending OPD, emergency and in wards are huge. Hence, as consultant/faculty, they have to rely on the Senior Resident who is a qualified orthopaedics surgery. It is impossible for any consultant to check basic vitals status of each patient including pulse, blood pressure, and distal neurovascular status before and after the surgery. They as a routine reply on their finding, if any abnormal is reported, appropriate action is taken. Nothing of that sort was reported at any time in this particular patient. He takes utmost care of his patients in OPD, wards, emergency and while operating. Till now, none of patients has complained against him regarding deficiencies in patient’s care or any negligence. The patient was repeatedly examined by different Senior Residents and postgraduate students. Postoperative dressing was also done. Nothing abnormal was communicated to him. It was only he who detected vascular insufficiency and promptly refer the patient to CTVS department. The nursing sister on duty informs duty doctors about the patient’s complaint. Nothing was communicated to him in this regard. This case appears to be rarest of rare case. A patient with brachial artery injury can present with good ipsilateral radial pulse. Numerous case reports are available in literature. There are literature available where good results of delayed vascular repair of brachial artery have been documented. The CTVS surgeon had performed anastomosis of brachial artery. Vascular repair is done where limb has potential to survive and irreversible tissue changes have not occurred. There is no mentioning of gross ischemic changes/gangrene in operative notes. Injection Heparin is integral part of post-operative therapy in cases of vascular repair and should be started immediately. In this case, injection Heparin was given only on 15th March, 2018 by CTVS surgeon. There was no mention of injection Heparin in post-operative notes and was added later on. This resulted in failure of procedure and may have ultimately led to gangrene of limb leading to amputation.

Dr. Ankit Kumar Jain (Senior Resident) Orthopaedics, Safdarjung Hospital in his written statement averred that the complainant Ms. Kabita (Kavita), 19 years female was brought to New Emergency Block (NEB), Safdarjung Hospital on 12th March, 2018, with history of fall and injury to left elbow on 11th March, 2018. On same day of trauma (11-03-2018), the complainant went to some private hospital where some treatment was given (documents not available). At NEB (Safdarjung Hospital), the complainant was initially examined by casualty SR at around 12 noon as per casualty slip no.40209 dated 12.03.2018 and was advised for x-ray of left elbow. X-ray left elbow AP and lateral was done. The complainant presented to orthopaedic emergency hall-3 around 3.00 p.m. on 12th March, 2018 alongwith x-ray. The complainant was examined by him and on duty residents in ER-03. After clinical and radiological examination, the complainant was diagnosed as a case of closed fracture intercondylar left humerus without any distal neurovascular deficit (distal radial pulse was palpable and active finger movements were present) Around 3.30 p.m. on 12th March, 2018, the complainant was also seen by consultant on around and was planned for open reduction and internal fixation. After pre-operative workup and taking written and informed consent, the complainant was shifted to OT 2nd Floor of NEB, where the complainant was operated by Dr. Rahul and Dr. Shashank and above elbow slab given after the surgery. The complainant was shifted directly to ward 285 from NEB and 2nd Floor around 7.30 a.m. and received by nursing staff around 8.10 a.m. dated 13th March, 2018. On 13th March, 2018, the complainant was again seen by whole unit alongwith consultant (Dr. Davinder) on morning ward around, where the complainant was having above elbow slab and active finger movements were present. Next day on 14th March, 2018 when, he was taking around in the morning as a part of unit, he noticed that the complainant had decreased finger movements, and then immediately slab was removed, radial pulse was not palpable at that time. However, sensations were intact (drain removed and dressing of wound was done). About this, he immediately informed to operating surgeon. He came to ward with consultant Dr. Davinder for evaluation and advised for urgent CTVS call for further evaluation and intervention if any. In CTVS department, the complainant was diagnosed with brachial artery injury and vascular repair was done from their side. The same day, the complainant was shifted to Ward 28 after clearance and medication were started, as prescribed by CTVS surgeon. Next day on 15th March, 2018, the colour Doppler was done as per advice of CTVS. In colour Doppler report, there was no flow. With this report CTVS call was done. They advised to start injection Heparin and injection NTG immediately. The repeat CTVS call was done on 17th March, 2018 and they advised CT angiography of left upper limb. The complainant was immediately referred to Mahajan Imaging Centre in Sports Injury Center situated in premises of the Safdarjung Hospital for CT angiogram of left upper limb and was done on 17th March, 2018. Senior resident (CTVS) was immediately consulted alongwith CT angiography report which showed vessel graft failure (re-thrombosis). The senior resident (CTVS) advised to continue same treatment and to review on Monday (19/03/2018) for discussion with consultant CTVS. On 19th March, 2018, the CTVS and plastic surgery reference was obtained regarding viability of limb. The case was seen by Dr. Salabh Kumar (consultant) plastic surgery and suggested poor prognosis of hand. He (Dr. Salabh Kumar) ruled out any active plastic surgery intervention. The case was discussed with Dr. Ashish (consultant) CTVS. He (Dr. Ashish) advised that limb is not salvageable. The complainant was advised for amputation in emergency on same day but, the complainant went missing from ward and was declared absconded from wards at 4.30 p.m. on 19th March, 2018. The police was informed about the same on 20th March, 2018, as the complainant did not return.

He further averred that when he assessed the complainant, there was palpable pulse and active finger movements were present. As pulse was palpable and x-ray was suggestive of fracture intercondylar humerus, diagnosis kept at that time as closed fracture intecondylar humerus left without distal neuro-vascular deficit. But later, the complainant was diagnosed with brachial artery injury. As he was not the part of operating team, he is not able to comment about intra-operative events. Post-operative day one i.e. on 13th March, 2018, the complainant was seen on round with whole unit in ward 28 bed No.23 and was not having any complaints. Active finger movements and capillary refill was normal. After round, the complainant was under monitoring of senior residents on duty namely Dr. Kumar Keshav, Dr. Kanishk, Dr. Keshav Goel as per duty roster on 13th March, 2018.

Dr. Rahul Kumar, SR, Safdarjung Hospital in his written statement averred that complainant Kabita (Kavita), 19 years female bearing IP no. 201814772 was brought to new emergency block on 12.03.2018, with a history of fall and injury to left elbow on 11.03.2018. Initially, the complainant went to some private hospital on 11/03/2018 where primary treatment was given. At NEB (Safdarjung Hospital), the complainant was initially examined by casualty SR at around 12 noon as per casualty slip no. 40209 dated 12.03.2018 and was advised x-ray of left elbow. X-ray Left elbow AP and Lateral was done vide no. 9955/12/3. The complainant was then referred to ER-03 of NEB. The complainant was then examined by PG/SR ortho on duty in ER-03 of NEB. The complainant was diagnosed as a case of fracture intercondvlar left left humerus without any distal neurovascular deficit. Approximately about 3:30 pm on 12.03.2018, the complainant was discussed on round with consultant and was planned for open reduction and internal fixation. At around 2:30 am on 13.03.2018, the patient was shifted to second floor at NEB for operative intervention. He was posted on OT 2nd floor of NEB. After complete pre-anesthetic workup, the complainant was taken up for surgery. Regional anesthesia(supraclavicular block) was given to the complainant. Open reduction internal fixatin with bicolumnar plating and one CCS for intercondylar fracture along with TBW for olecranon osteotomy was done in right lateral position and tourniquet was not used. Intra-operative period was uneventful. By 5:30 a.m., the surgery was completed. Dr Shashank and he checked radial pulse before applying above elbow slab and it was palpable, then the complainant was shifted to recovery room. At 7:30 a.m. on 13.03.2018, the complainant patient was shifted to Ward 28 by the nursing officer on duty without any prior information to him. The complainant was received by nursing officer in ward 28 by 8:10 a.m, on 13.03.2018 as per nursing records. The complainant was again evaluated by the residents posted in wards and presented the case to consultant on round. The complainant had no complaints, active finger movements were present and capillary refill was normal. The complainant was monitored by the senior residents on duty namely Dr. Kumar Keshav, Dr Kanishk, Dr Keshav Goel as per duty roster followed till 4.00 p.m. on 13/03/2018. Postoperative period was uneventful, as the complainant did not have any complaints in postoperative period on 13/03/2018 as per records. Ward call register does not show any calls being sent to any of the doctors (neither to unit doctors or doctors presented in emergency). As per records, on 14/03/2018 at around 4:00 a.m., their resident Dr. Arun have seen the patient and she had no complaints, with normal capillary refill time and active finger movements were present. On 14/03/2018, the complainant was examined by the consultant and the residents on morning rounds. The complainant had decrease finger movements, then slab was removed and radial pulse was not palpable at that time. However, sensations were intact. The complainant was immediately taken-up to CTVS department for evaluation and further intervention if any. The complainant was examined by Dr. Ashish (consultant) CTVS department and hand held Doppler was done, which showed no flow in brachial, radial, and ulnar artery. The complainant was planned for immediate brachial artery exploration. The complaint was taken up for OT at 2:40 p.m. on 14/03/2018 after taking due consent. He was a part of the team who operated the patient along with Dr. Ashish (consultant} CTVS, chief surgeon. Brachial artery was found to be transected and retracted. Brachial artery was repaired using Reverse Saphenous Vein Graft from left lower limb and fasciotomy was done to prevent compartment syndrome. Intra operative findings included, muscles were healthy having oozing of blood, red in colour and they were contracting on touch. Skin was also bleeding through the incision sites. The complainant was shifted to Ward 28 after clearance and medication were started as prescribed by CTVS surgeon. The complainant was regularly followed up by orthopedic residents. Colour Doppler was done on 15/03/2018 which showed thrombosis at graft site. Then call was sent to CTVS department and they advised to start injection Heparin and injection NTG along with the previously prescribed medication. CTVS resident promptly added injection Heparin to previous day postoperative notes. He has a photograph of the post-operative notes by CTVS surgeon, in which injection heparin was not written. As per nursing records, injection Heparin was not given to the complainant in immediate post-op, it was started on 15/03/2018 after CTVS call. The complainant was again seen by the senior resident on duty and case was discussed with Dr Ashish (consultant) CTVS on 17/03/2018. Hand held Doppler examination performed bythem which showed flow in brachial artery, CT angiogram of left upper limb was advised by them. The complainant was immediately referred to Mahajan imaging centre in Sports injury Center situated in premises of Safdarjung hospital for CT angiogram of left upper limb and was done on 17/03/2018. The senior resident (CTVS} was immediately consulted along with CT angiography report which showed vessel graft failure (re-thrombosis). The senior resident (CTVS) advised to continue same treatment and to review on Monday (19/03/2018) for discussion with consultant CTVS. On 19/03/2018 CTVS and plastic surgery reference was obtained regarding viability of limb. The case was seen by Dr Salabh Kumar (consultant) plastic surgery and was advised poor prognosis of hand. He (Dr. Salabh Kumar) ruled out any active plastic surgery intervention. The case was discussed with Dr Ashish (consultant) CTVS. He (Dr. Ashish) advised that limb is not salvageable. The complainant was advised amputation as per advice of CTVS department and patient was asked to give consent for the same. The complainant was planned for amputation of left upper limb so as to avoid any risk to life whatsoever. However, the complainant went missing from ward and was declared absconded from wards at 4:30 p.m. on 19/03/2018. The police was informed about the same on 20/03/2018, as the complainant did not return.

He further averred that he was posted on or 2nd floor NEB, Safdarjung Hospital. The complainant came to or 2nd floor at around 2:30 a.m. on 13/03/2018 after pre-anaesthetic work up patient was taken up in O'T. After regional anaesthesia, slab was removed. He and Dr. Shashank checked radial pulse and it was palpable. Intra-operative period was uneventful. He did not use tourniquet and there was not a single incident of excessive bleeding during the surgery and no blood transfusion was done intra-operatively as well as postoperatively. The surgery was done by posterior approach using olecranon cheveron osteotomy and brachial artery was not encountered in this approach. After surgery before applying slab, he again checked radial pulse and it was palpable. The complainant was then shifted to recovery room. Post-op day 1 Hb was 1l.3mg/dl. Most likely, the complainant sustained brachial artery injury during the time of trauma 11/03/2018. Radial pulse can be present in brachial artery injury. Reference-Malaysian Orthopaedic Journal2016VoI10 No. 3 Vickash K.et al suggestive of a closed brachial artery injury can present with palpable distal pulses and good capillary refill because of the rich collaterals at the elbow which may mask the signs of arterial injury. Because of the rich collateral circulation at the elbow joint frank ischemia following brachial artery injury is rare. Ref; Journal of Orthopaedic Case Report 2015 Oct-Oec: 5(4): Page 27-29 Javanth Kumar B C et al suggestive of that vascular injury is usually evident from ischemic clinical picture that includes absence of distal pulse, pale hand, cold extremities and diminished sensation. However, sometimes complete brachial artery transection can be present with well perfused limb, palpable radial artery and normal capillary refilling time because of rich collateral circulation around the elbow. Ref; Int J Surg Case Rep. 2015; 8: 100-102. Patrick Harnarayan et al report a case of a complainant who sustained a fall onto the elbow, with dislocation and brachial artery injury, despite an ipsilateral radial pulse being palpable. Same reference page 4 suggestive of unfortunately, the diagnosis is often missed because the injuries are uncommon. The annual incidence of brachial artery injuries after closed elbow injuries has been reported to range from 0.47% to 0.5%. Additionally, the signs of ischemia are usually attenuated since there is rich collateral flow in the upper limb through the profundabrachii, ulnar and radial collateral arteries. Ref; American Journal of Emergency Medicine (2010) 28, 960-965 Sadie J. Carter MD et al page 3 suggestive of initial diagnosis of brachia artery disruption may not be clinically evident because collateral circulation around the elbow involves 7 vessels (Fig.3) and can provide residual flow. Infact, it is estimated that palpable pulses distal to the trauma may be felt in this situation approximately 10% of the time. This may be protective but can also complicate matters by masking findings and delaying diagnosis or arterial injuries. Ref; Management of Arterial Injuries M.O. Perry et al in their studies shows 69 patient with significant arterial injury and intact distal pulses were encountered. In 40 cases, the distal pulses were normal, where as in 29 patients they were decreased. Ref; Hong Kong Journal of Emergency Medicine F Guler et al suggestive of severe acute ischemia is not clearly evident in some cases and the diagnosis of arterial damage may not be realized because the collateral circulation around the elbow might mask signs of acute arterial disruption. The diagnosis of arterial injury was delayed because the hand was well perfused and radial pulse was present at initial presentation. In their study 20 yrs old young man, who got discharged after closed reduction and plaster application for elbow dislocation with good palpable pulse. But after four hour, he presented again with swelling in fingers and pressure sensation over the antecubital fossa. Long arm back slab was removed hand was warm and capillary refill was within normal limit(less than 2 sec), however, radial pulse was absent. Following a short period of observation, there was no improvement. Arterial Doppler ultra sound revealed a disruption of the distal brachial artery at the elbow joint. On surgical exploration, a total rupture of brachial artery was observed.

Post operative day one i.e on 13/03/2018, the complainant was seen on round in ward 28, bed no 23 and was not having any complaints. Active finger movements and capillary refill was normal. After round patient was under monitoring of senior residents on duty namely Dr. Kumar Keshav, Dr. Kanishk, Dr. Keshav Goel as per duty roster on 13/03/2018.) In this case, as the radial pulse was present both at the time of initial presentation and immediately after the operation, therefore, he assumed that there was no arterial injury. But on 14/03/2018 as a part of routine round, the complainant was seen and radial pulse was not palpable which could be due to collapse of collateral circulation around elbow due to swelling around elbow. References to support that collapse of collaterals can lead to absence of radial pulse in brachial artery injury are submitted.

On 14th March, 2018, the complainant was immediately referred to CTVS department where the complainant was operated for brachial artery injury in CTVS OT. As per documents CTVS surgeon did not give Heparin intra-operative nor prescribed in post-operative advice. As per their advice colour Doppler was done which showed no flow in brachial, radial and unlar artery. When the call was done with colour Doppler report on 15th March, 2018, then they started injection Heparin with injection Nitroglycerin. Later they added injection heparin to their previous post-op advice. Injection Heparin as per references should be given intra-operatively and post-operatively but in this heparin was started after around 24 hour of vascular repair. References of delayed vascular repair of brachial artery injury shows good results and Haparin is in integral part of the treatment in post-op period (as per medical literature).

Dr. Keshav Goel, Ex-S.R., Safdarjung Hospital in his written statement that the complainant Ms. Kabita (Kavita), 19 years old female, IP no.201814772 came to new emergency block on 12th March, 2018, with a history of fall on 11th March, 2018. The complainant was examined by PG/SR ortho. on duty in ER-03 of NEB. The complainant was diagnosed as a case of fracture intercondylar left humerus without any distal neurovascular deficit and was planned for open reduction and internal fixation. On 13th March, 2018, the complainant had undergone the surgery-open reduction internal fixation left distal humerus with bicolumnar plating and one CCS for intercondylar fracture alongwith TBW for olecranon osteotomy after complete pre-anaesthesia check-up in OT 2nd floor of NEB by orthopaedic Senior Resident on duty Dr. Rahul Kumar and team under regional-supraclavicular block. Immediate post-operative distal pulses were checked by the operating team (Dr. Rahul Kumar and Shashank Singh) and was found to be satisfactory and above elbow slab was applied. The complainant was shifted to recovery room and later to the Ward 28. His duty was post-emergency day one reported on time in the morning-took over of the patients post-emergency both operative and conservative alongwith other Senior Residents on duty. Ward rounds were taken by the whole team-all the Senior Residents, post-graduate residents in the presence of then unit in-charge Dr. Davinder Singh. The complainant had stable vitals, active finger movements and no complaints in the post post-operative period. In the follow-up evening rounds, the complainant was comfortable with no complaints. On 14th March, 2018, at the evening rounds-the complainant had decreased finger movements, slab was opened and dressing was done by Dr. Ankit and during this, pulse was checked and radial pulse was not palpable. Immediate CTVS opinion was taken. Colour Doppler showed no flow in brachial artery and distally, the complainant was planned for immediate brachial artery exploration by the CTVS department. Rest management of the complainant was done by coordination of CTVS and orthopaedic department as per the standard treatment which is in the best interest of the patient.

Dr. Kanishk, Ex. S.R., Safdarjung Hospital in his written statement that the complainant Ms. Kavita Kumari sustained injury to left elbow on 11th March, 2018, for which, she was initially managed at some private hospital. The complainant presented to Safdarjung Hospital emergency on 12th March, 2018 where the complainant was assessed by the emergency duty SR and PG. After taking proper written and informed consent, the complainant was operated in the morning of 13th March, 2018. In the immediate post-operative period, distal pulses was checked by the operating team (Dr. Rahul Kumar and Dr. Shashank Singh) and was found to be satisfactory and above elbow slab was applied. The complainant was shifted to Ward 28 and rounds were taken by whole team in the presence of consultant (Dr. Davinder Singh), all senior residents(including the operating team) and all post-graduates. The complainant had no complaints in the post-operative period, capillary refill and movements were satisfactory, as seen by the whole team. In the follow-up afternoon round also, the status was same as above. The complainant had no complaints. In evening and night duration, ward call register does not show any calls being sent to any of the doctors(neither to unit doctors or doctors presented in emergency). The operative day was uneventful. On 14th March, 2018, post-operative day one, morning rounds were taken by Dr. Ankit Jain, SR and other doctors in team, noticed decreased movements of fingers, while doing dressing, it was noticed that distal pulses of the complainant were not palpable. Immediate relevant investigations were done. Immediate CTVS team opinion was taken and followed and intervention done in the best interest of the complainant. He was posted in morning operation theatre duty in new emergency block on 14th March, 2018. Follow-up management was done done as per advice of CTVS team.

Dr. Kumar Keshav, Assistant Professor, Ex. S.R., VMMC & Safdarjung Hospital in his written statement averred that he was the Senior Resident and the complainant Miss Kabita (Kavita), 19 years old female sustained injury to left elbow on 11th March, 2018 to self fall on road (as per the case sheet), for which, she was initially managed at some private hospital. The complainant presented to Safdarjung Hospital emergency on 12/03/2018 where, the complainant was assessed by the emergency duty Senior Resident (Dr. Ankit Jain) and PG residents and made diagnosis of closed traumatic fracture of left tercondylar humerus without neurovascular deficit. After discussion with consultant on emergency rounds, the complainant was planned for the surgery. After taking proper written and informed consent from the complainant and her available relatives, the complainant was operated in NEB OT 4, on 13/03/2018 from 1:30 a.m. to 6:00 a.m. In the immediate post operative period, the distal pulses were checked by the operating surgeon (Dr. Rahul Kumar) and was found to be satisfactory and above elbow slab was applied, as informed by the operating surgeons though, it is not mentioned in operative notes. Whereas, the operative notes of CTVS team dated 14/03/2018reveals that the brachial artery was transected above the bifurcation of radial and ulnar artery and 7 to 8 cm retracted. The complainant was shifted out from post-op recovery room at around 7:30 a.m. and received at ward 28 at 8:10 a.m. and allotted bed No. 23. Later on shifted to bed No.40 after morning rounds, the complainant was found to be stable and was without any discomfort at that time. On 13/03/2018,morning rounds were taken by Dr. Davinder Singh (consultant In-charge). The emergency rounds were led by Dr. Ankit Jain. Post operative patients, operated in morning and night on 12/03/2018 and early morning of 13/03/2018were led by Dr. Rahul Kumar. For other ward patients, led by respective ward Senior Resident alongwith all post graduate residents. The slab was not removed, as the surgery had finished at approximately 6:00 am and complainant was shifted at 8.10 a.m. Dr. Rahul Kumar had confirmed that pulses were checked by him immediately after the surgery was finished. They believed in his clinical findings and, thus, capillary refill and active finger movements were checked at around which was satisfactory. There were no complaints from the complainant side. The consultant rounds took place as records of other patients show for reference: Praveen Kumar S/o Bajan Lal, 42 years, male MRD no. 201814319, ward 27. Miss Suhani Kumari, 6.5 yr / Female Child, d/o Pappu Shah MRD No. 201814636 ward 28. Mr. Sonu, 23 Yr Male s/oBhagwan Singh, MRD No.201814454, ward 29. As per the nursing record of morning, evening and night shifts, the complainant did not have any major complaints except pain which is common in post-op period. As per the Hospital Committee Report page 11. point D: when the complainant developed pain in fingers of left hand, she was given injection Dynapar by sister on duty at 7:00 p.m. on 13th August, 2018. No call was sent to doctor on emergency duty, or concerned unit doctor in that regard. However, he (Dr. Kumar Keshav) was there in hospital till around 8:30 pm on 13/03/2018managing other patient, Rishabh, 10 years old boy s/o Guddu. MRD No.-20180169731 had presented to ER at 8.00 a.m. with open fracture of left arm and was taken to OT at 3:40 pm, orthopedic and plastic surgery intervention was done and the complainant was shifted out of OT at 7:30 p.m. which was lead by him (Dr. kumar Keshav) and Dr Keshav Goel. The complainant was shifted to Ward 28 at around 10.00 p.m. As per records, on 14/03/2018at around 4:00 am, their resident Dr. Arun has seen the complainant and she had no complaints, with normal capillary refill time and active finger movements were present. On 14/03/2018, he was posted in the new emergency block where he was operating a fracture tibia patient. On 14/03/2018 after morning rounds as soon as the decreased movements and absent pulses were noticed; CTVS opinion were taken and an emergency vascular repair surgery was arranged in the best interest of the complainant in coordination with the CTVS team. The operative notes of CTVS team dated 14/03/201*8* reveals that the brachial artery was transected above the bifurcation of radial and ulnar artery and 7 to 8 cm retracted (Hospital Committee Report Page 7) which was then repaired by the CTVS team. As per the Hospital Committee Report page 11, point E : on 14/03/2018 when there was CTVS intervention for brachial artery exploration and grafting, the complainant was not shown to have been given injection Heparin till 15/03/2018 *,*6:00 p.m., as reflected in the injection book of nursing staff. The same has been highlighted in the previous replies given to the Delhi Medical Council by Dr. Rahul Kumar. In the best interest of the complainant, expert opinions were taken various times from the CTVS team and plastic surgery team from 14/03/2018 to 19/03/2018*.* Pre-operative informed, written and willful consent with explained risk was taken for both the surgeries performed for the complainant. The complainant and the attendants were regularly counselled for the risk and prognosis by the orthopedics team and the CTVS team on various occasions. As per the notes dated 19/03/2018 to decrease further risk of complications, the complainant was advised for amputation of left upper limb, but the complainant was found to be absconded from ward 28 with her belongings. As it was a highly sensitive case and there was a complication or amputation associated with the case and he was not part of both the surgeries performed for the complainant, the file and the complainant were directly being handled and checked by the pre-operative team Dr. Ankit .lain, Senior Resident, first year(doctor who attended the complainant in emergency), operative team Dr. Rahul Kurnar, Senior Resident (who operated upon the complainant) and consultant In-charge Dr. Davinder Singh, as they took the responsibility being the senior most and were involved in providing direct care to the complainant. He did not have the access to the file before submission, as the complainant was not being managcd. As during the post-operative period morning round for the complainant was led by Dr. Rahul Kumar, he (Dr. Rahul Kumar) was supposed to put further notes before leaving the hospital. So, Dr. Rahul Kumar can better inform about the post-op progress/round notes. He was not involved in providing preoperative, operative and post-operative care to the complainant. It is undeniable and inescapable responsibility of the chief operative surgeon. With the rest of the meticulous notes (with date and time) available in the file for the following days of the treatment and the high sensitivity of the case, it is highly unlikely that only the notes of 13/03/2018were just missed and, thus, he suspected that there has been some tampering done with the file and notes of 13/03/2018 have been removed from the file. As per the PDF file received from MRD it contains 92 pages though total of 94 pages are mentioned, page 88 and 89 are missing from PDF and not in sequence. However page 94 mentions some clinical notes about the complainant of 13/03/2018. Most likely vessel injury occurred intra operatively as the CTVS notes shows brachial artery transacted and retracted by 7-8 cm, and on morning rounds, they believed in clinical findings of present radial pulse informed by Dr. Rahul Kumar as immediate post-operative pulses were checked by Dr. Rahul Kumar and so only CRT and finger movement were checked by team during consultant rounds. The CTVS team repaired the injured vessel but did not mention to give injectin Heparin to the complainant in the post operative period till 15/03/2018,6:00 pm. He was not involved in managing the complainant directly either in pre operative, operative or post operative care of the complainant.

On enquiry by the Disciplinary Committee, Dr. Rahul Kumar, Senior Resident, Safdarjung Hospital stated that after the surgery done by him in the early morning at 02.30 a.m. of 13th March, 2018, he saw the complainant in the post-operative period in the morning rounds (09.00 a.m.-13/03/2018) and thereafter, again in the morning round (09.00 a.m -14/03/2018). Similarly, Dr. Kanishk, Senior Resident, Safdarjung Hospital stated that in the post-operative period, he saw the complainant in the post-operative period in the morning rounds (09.00 a.m.-13/03/2018) and again at 1.30 p.m. (13/03/2018). Dr. Keshav Goel, Senior Resident, Safdarjung Hospital stated that in the post-operative period, he saw the complainant in the morning rounds (09.00 a.m.-13/03/2018). Dr. Ankit Kumar Jain, Senior Resident, Safdarjung Hospital stated that he saw the complainant in the post-operative period in the morning rounds (09.00 a.m.-13/03/2018) and thereafter, in the morning round (09.00 a.m -14/03/2018). Similarly, Dr. Davinder Singh, Director Professor, Sport Injury Centre, Safdarjung Hospital stated that he saw the complainant in the post-operative period in the morning rounds (09.00 a.m.-13/03/2018) and thereafter, in the morning round (09.00 a.m -14/03/2018).

It was further informed that 04.00 a.m. notes of 14th March, 2018 was recorded by Dr. Arun. P.G. Resident.

Dr. Shashank (S.R. Ortho.), P.G. 2nd Year, Safdarjung Hospital in his written statement averred that the complainant Ms. Kabita (Kavita) presented to New Emergency Block on 12th March, 2018 with a history of fall and injury to left elbow on 11th Mach, 2018. The complainant was diagnosed as a case of fracture intercondylar left humerus left side without any distal neurovascular deficit. The complainant was planned for the surgery after the consultant round. He (Dr. Shashank) was posted in NEB OT. At around 02.30 p.m. on 13th March, 2018, the complainant was shifted to second floor at NEB for operative intervention. The regional anaesthesia (supraclavicular block) was given to the complainant. Open reduction internal fixation with bicolumnar plating and one CCS for intercondylar fracture alongwith TBW for olecranon obsteotomy was done in right lateral position and tourniquet was not used. Intra-operative period was uneventful. By 05.30 a.m., the surgery was completed. Radial pulse was checked by Dr. Rahul and it was palpable, then, above elbow slab was applied and the complainant was shifted to recovery room. OT notes and post-op orders were written by him (Dr. Shashank) and counter checked by Dr. Rahul Kumar(Senior Resident). At 07.30 a.m. on 13th March, 2018, the complainant was shifted to Ward 28. Then, he (Dr. Shashank) got involved in the pre-op preparation of next patient to be posted in emergency OT. The next OT case started at around 07.30 a.m. on 13th March, 2018. So, he (Dr. Shashank) could not attend the morning ward rounds on 13th March, 2018. During the morning ward round on 14th March, 2018 in the presence of whole unit, the complainant was found with discoloration of fingers and decreased sensation over fingers of left hand. Immediately call was sent to CTVS department and needful intervention had been done.

Dr. Shashank further informed that in the post-op period, he saw the patient in the morning round of 14th March, 2018.

Dr. Arun Kumar (S.R. Ortho), P.G. 1st Year, Safdarjung Hospital in his written statement averred that the complainant Ms. Kabita (Kavita), 19 years old female, sustained injury to left elbow on 11th March, 2018 due to self-fall, for which, she initially went to some private hospital and, then, brought to Safdarjung Hospital, New Emergency Block on 12th March, 2018 at 12.00 p.m. Then, the complainant was diagnosed with fracture intercondylar left humerus without any distal neurovascular deficit and was discussed on evening round with consultant and was planned for the surgery. Then, the complainant was operated in New Emergency Block OT at night and he was not part of the operative team, so, he is not able to comment about intra-operative events. Late night of 13th (early morning of 14th at around 04.00 a.m.) when the complainant was examined, above elbow slab was in place with normal capillary refilling time and active finger movements were present. With the team on round on 14th March, 2018, the complainant was examined and was found to have decreased active finger movements. Then, the slab was removed and found that pulse was not palpable. On consultant opinion, the complainant was referred to the CTVS department for operative intervention. Later on, the complainant developed gangrenous changes. But the complainant was found absconded.

Dr. Loveneesh G. Krishna (HOD Orthopaedic), Director, CIO, VMMC & Safdarjung Hospital stated that they do not have any written protocols for post-operative treatment/care, however, it is common accepted practice that post-operative care of the patient is primarily responsibility of the doctor who had performed the surgery.

Dr. Vikas Gupta, Consultant Ortho.(Unit Head) Safdarjung Hospital also affirmed the statement made by Dr. Loveneesh G. Krishna (HOD Orthopaedic), Director, CIO, VMMC & Safdarjung Hospital.

Dr. Anubhav Gupta, Head, CTVS Department Safdarjung Hospital stated that he was not aware of the facts of this case, hence, cannot offer any comments. He, however, informed that Dr. Ashish Bhavishkar who was the CTVS department doctor involved in this case, is no longer associated with Safdarjung Hospital and that Dr. Ashish has shifted to Maharasthra.

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

1. It is observed that the complainant Ms. Kavita, a 19 years old female reported to the casualty of Safdarjung Hospital on 12th March, 2018 at 12.00 noon with history of fall (11-03-2018) and injury to left elbow. She was examined and advised x-ray left elbow region. As per the 3.30 p.m. notes (12-3-2018), there was intercondylar fracture of humerous. Further, on local examination, there was swelling, tenderness, crepts, deformity, CRT N, pulse +, Active finger movement. The case was seen by the consultant on round who advised to prepare for OT.

The complainant was diagnosed as a case of fracture Intercondylar left humerus without any distal neurovascular deficit. The complainant was admitted and planned for the surgery. The complainant underwent open reduction and internal fixation using bicolumnar plating with TBW for olecranon osteotomy using posterior approach without tourniquet on 13th March, 2018 at 2.30 a.m. The surgery was performed by Dr. Rahul, Senior Resident Orthopaedics. Post-operative there are no notes of complainant till 4.00 a.m. 14-03-2018. As per the 04.00 a.m. (14-03-2018) notes, the complainant’s general condition was noted to be fair, B.P.-124/72 mmHg, pulse-74/minute, afebrile. On local examination-A/E POP slab in place, normal capillary refilling time, no swelling, limb elevated, active finger movement +. Then, in the morning rounds (time not mentioned) on 14th March, 2018, the complainant was examined by Dr. Davinder Singh, Consultant who noted active finger movement decreased, swelling over the finger +, drain about 50 ml +, slab removed-no sign of compartment syndrome, dressing removed, wound dry and healthy, ASD done, pulse was not palpable. Immediately, CTVS call was sent. The complainant was taken to CTVS operation theatre. The notes of 2.00 p.m. (14-03-2018) of CTVS dotor (Dr. Ashish Lal, Consultant on call) reveal absent distal pulse since morning, local examination- discolouration of the digits and pulse of upper limb, radial and ulna pulse absent, brachial absent. On hand held Doppler no flow heard in radial ulnar and brachial artery. The complainant was taken up for Brachial Artery Exploration. The complainant was diagnosed as a case of transaction of left brachial artery and underwent venous interposition graft and brachial artery repair on 14th March, 2018. The procedure was performed by Dr. Ashish; assisted by Dr. Rahul. The post op orders called to watch out for compartment syndrome, monitoring of potassium levels, to get colour Doppler done after 48 hours, review SOS, poor prognosis of limb salvage explained. The 9.00 p.m. notes of 14th March, 2018 record discolouration of index finger, left hand cold as compared to normal limb. Similarily, note of 15th March, 2018 record discoloration of index finger, distal pulse not palpable. The 10.30 a.m. 16th March, 2018 notes of SR CTVS notes limb status as cold, pulse not palpable continue heparin for five days. The 17th March 2018 hand held Doppler revealed flow in brachial artery. The CT angiogram of left upper limb was advised. The CT-angiography done at Mahajan Imaging Centre (UID No.243928) on 17th March, 2018 gave impression of CT findings suggestive of vessel graft failure (re-thrombosis) with no obvious arterial supply in middle-distal arm, entire forearm and hand. On review of the CT angio report, the SR CTVS advised continue Heparin/anti-platelets, as advised and review with consultant with CT angio report on Monday (i.e. 19-03-2018).

The complainant was thereafter reviewed by plastic surgeon on 19th March, 2018 who observed no active plastic intervention possible with poor prognosis. Similarily, CTVS consultant also observed no scope for re-embolectomy and advised amputation. The patient, thereafter, absconded Safdarjung Hospital at 04.30 p.m. on 19th March, 2018. The patient got admitted in J.P.N. Trauma Centre on 20th March, 2018 where she underwent left above elbow amputation (there was thrombosis of Brachial artery at mid arm level, vessels ligated and cut) on 21st March, 2018 and discharged on 23rd March, 2018.

1. It is observed that the transaction of left brachial artery which necessitated the brachial artery exploration surgical procedure done by CTVS doctor on 14th March, 2018, was result of the brachial artery injury which occurred most likely during the surgical procedure of ‘Open Reduction and Internal Fixation’ done on 13th March, 2018 by Dr. Rahul, Senior Resident, as limb was viable before surgery. However, it is apparent in this case that Dr. Rahul failed to detect the brachial artery injury per-operatively or in the post-operative phase. The most important post-operative phase is bereft of any doctor notes i.e. since the time of the surgery recorded to be 02.30 a.m. (13-03-2018) till 04.00 a.m. notes of 14th March, 2018. The O.T. notes also does not mention as to when the surgery actually concluded. Be that as it may, even if we take the assertion of Dr. Rahul, Senior Resident on the face value that the surgery was completed by 05.30 a.m., for almost 27 hours i.e. till the morning rounds (apparently 09.00 a.m.) of 14th March, 2018 when the complaint’s vascular compromise was noted and CTVS intervention was sought, none of the Senior Resident or the consultant detected the vascular compromise during the 27 hours. It is observed that any medical complication can occur during the surgery, is a medical reality, including the nature of complication i.e. brachial artery injury, in the present case, but the failure to timely detect it, through diligent monitoring, so that the same can be rectified within the salvageable time frame, was completely and utterly lacking in the present case. The golden hours in which such injury could have been repaired, were missed, as a result by the time, the complainant was taken-up for the surgery of ‘brachial artery repair’, the chances of salvaging limb had been severely compromised which happened in the present case was gangrene, necessitating amputation, which the complainant eventually had to endure.

The fact that there was no monitoring (as there are no doctor notes) of the complainant’s condition during the post-operative period, is given credence by the assertions of the complainant, that in the evening of 13th March, 2018, she started experiencing acute pain in her left hand with blackening of the fingers, but no one paid any heed to her acute condition. The blackening of the fingers are tell tale signs associated with the cases of brachial artery injury, of which, no cognizance was taken by the doctors. The 04.00 a.m. (14th March, 2018) notes of Dr. Arun who was a P.G. Resident, that there was normal capillary Refilling time, is incorrect assessment of a vascular compromised limb, as a limb which has suffered transaction brachial artery injury almost 27 hours prior, will not manifest such medical condition. Further, this note put in at 04.00 a.m., raises suspicion about its authenticity/genuineness and seems to be a vain attempt to mislead about the medical condition of the complainant.

1. All the Senior Residents who were on duty in the post-op period admittedly claim to have seen the complainant in the morning round of 13th March, 2018 with the consultant on round. It has been further emphasized that their duty timings are 09.00 a.m. to 04.00 p.m. and thereafter, it is the emergency doctor who looks after the patient, implying thereby that after 04.00 p.m. neither the Senior Resident of the Unit who have performed the surgery nor other Senior Residents of the Unit including the Consultant are expected to monitor the condition of the their patient’s, unless a call is sent to them. This post-op treatment roster system is highly unacceptable.

The HOD of Orthopaedic Department needs to formulate written protocols, which clearly defines the roles, duties of the doctors of the surgical team, so that it is ensured that in the post-op period, the surgical team which has performed the surgery take ownership of the patient and monitor his/her condition regularly, rather leaving it on to the doctors of emergency department.

1. Record keeping which is an integral part of good medical practice, in this case left much to be desired. The case sheet even though provide in printed format, the detail of the patient including the name, etc., which are to be filled, have been left blank. The O.T. notes of ‘open reduction and Internal fixation’, do not even mention the starting and conclusion of the surgery or the details of the surgeon and the anaesthetist, not even name of the patient and seems to be have been recorded in a very unprofessional manner. Similarly, the consent for the surgical procedures has also been recorded in very casual manner. The Medical Superintendent and the HOD of Orthopaedic Department of Safdarjung Hospital are advised to take necessary steps to rectify these irregularities, at the earliest. Further, in terms of Regulation 3.7.2 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics), Regulations, 2002) “*a physician shall write his name and designation in full along with registration particulars in his prescription letter head. Note: In Government hospital where the patient–load is heavy, the name of the prescribing doctor must be written below his/her signature”.*

In light if the observations made hereinabove, it is the decision of the Disciplinary Committee that amputation of left limb of the complainant was a result of failure to detect and treat in timely manner, the complication of brachial artery injury, which the complainant suffered most likely during the first surgery of open Reduction and Internal fixation. The Disciplinary Committee, therefore, recommends that the name of Dr. Rahul Kumar (Delhi Medical Council Registration No.DMC/R/8055) be removed from the State Medical Register of the Delhi Medical Council for a period of 90 days, as his actions during the surgery led to transaction and retraction of the brachial artery, the nature and extent of this injury reflected his lack of skill, knowledge and care and further, not exercising due diligence in the post-op period, compounded and exacerbated the medical condition of the complaint. Similarly, a warning be issued to Dr. Davinder Singh (Delhi Medical Council Registration No.19029) who was the consultant of the Unit as he failed in his duty as a Consultant, in supervising the conduct of the doctors under his charge and to ensure diligent monitoring of the complainant’s post-op condition. Dr. Arun Kumar’s act of interpolating the medical notes, was highly objectionable and unbecoming of a medical practitioner, hence, his name (Dr. Arun Kumar, Delhi Medical Council Registration No.DMR/R/15250) be removed from the State Medical Register of the Delhi Medical Council for a period of 15 days. Further, a warning be issued to Dr. Ankit Kumar Jain (Delhi Medical Council Registration No. 80733), Dr. Kumar Keshav (Delhi Medical Council Registration No.DMC/R/5400) and Dr. Kanishk Bansiwal (Delhi Medical Council Registration No.DMC/R/10998), Dr. Keshav Goel (DMC No.77639) and Dr. Shashank Singh (Delhi Medical Council Registration NoDMC/R/15026), for their casual approach towards the patient, which is unbecoming of medical professionals. In addition, all the above named doctors shall undergo 20 hours of C.M.E. (Continuing Medical Education) on the subject “Ortho Trauma Surgery”, within a period of three months and submit a compliance report the Delhi Medical Council. A copy of this Order be also sent to the Director General of Health Services, Govt. of India with a request to issue necessary directions, for ensuring better management of the patients admitted in the hospital.

Complaint stands disposed.

 Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. G.S. Grewal)

Chairman, Delhi Medical Association,

Disciplinary Committee Member,

 Disciplinary Committee

 Sd/: Sd/:

(Dr. Ajay Bahl) (Dr. Mohd. Abid Geelani)

Expert Member Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 26th August, 2021 was taken up for confirmation before the Delhi Medical Council in its meeting held on 23rd September, 2021 wherein *“whilst confirming the Order of the Disciplinary Committee, the Council observed that in the facts and circumstances of this case, the punishment of removal of name of Dr. Rahul Kumar awarded by the Disciplinary Committee from the State Medical Register of the Delhi Medical Council for period of 90 days was a bit harsh punishment and interests of justice will be served, if the name of Dr. Rahul Kumar is removed from the State Medical Register of the Delhi Medical Council for a period of 30 days; hence, the Council directs that the name of Dr. Rahul Kumar (Delhi Medical Council Registration No.DMC/R/8055) be removed from the State Medical Register of the Delhi Medical Council for period of 30 days. The Council also confirmed the punishment of removal of name of Dr. Arun Kumar (Delhi Medical Council Registration No.DMC/R/15250) for a period of 15 days awarded by the Disciplinary Committee. The Council further confirmed the punishment of warning awarded to Dr. Davinder Singh (Delhi Medical Council Registration No.19029), Dr. Ankit Kumar Jain (Delhi Medical Council Registration No.80733), Dr. Kumar Keshav (Delhi Medical Council Registration No.DMC/R/5400), Dr. Kanishk Bansiwal (Delhi Medical Council Registration No.DMC/R/10998), Dr. Keshav Goel (DMC No.77639) and Dr. Shashank Singh(Delhi Medical Council Registration NoDMC/R/15026) by the Disciplinary Committee. In addition, all the above named doctors shall undergo 20 hours of C.M.E. (Continuing Medical Education) on the subject “Ortho Trauma Surgery”, within a period of three months and submit a compliance report to this effect to the Delhi Medical Council.*

*The Council further observed that the Order directing the removal of name from the State Medical Register of Delhi Medical Council shall come into effect after 30 days from the date of the Order.*

*This observation is to be incorporated in the final Order to be issued. The Order of the Disciplinary Committee stands modified to this extent and the modified Order is confirmed”.*

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to :-

1. Smt. Rumali Devi (w/o Shri Ram Charan), Mother of Late Ms. Kavita Kumari, Village Beerpur, Thana Mahua, District Dausa, Rajasthan.
2. Dr. Ashish Baviskar, Plot No.17, Andumbar, Wayale Nagar, Kalyan (West), Thane, Maharasthra-421301.
3. Dr. Shashank Singh, A-284, PKT-00, SECTOR-2, ROHINI, Delhi -110085.
4. Dr. Arun Kumar, X-2/25 B, Street no-5 1/2, BRAHMPURI, Delhi -110053.
5. Dr. Kumar Keshav, Kh no-10/25, MAIN CHETAN BIHARI Mandir Marg, near Sharda Devi Public School, BLOCK - A1, KAMAL VIHAR, BURARI, Delhi-110084.
6. Dr. Kanishk Bansiwal, HOUSE NO-507, SECTOR-7, URBAN ESTATE GURGAON, HARYANA-122001.
7. Dr. Keshav Goel, 2A/61, Ramesh Nagar. New Delhi-110015.
8. Dr. Ankit Kumar Jain, C/o Rahul Fabrics, Main Market Tijara, Alwar, Rajasthan-301411.
9. Dr. Rahul Kumar, 91, DHIRPUR, NEAR NIRANKARI COLONY, Near Shiv Mandir, Delhi-110009
10. Dr. Davinder Singh, Through Medical Superintendent, Safdarjung Hospital, Ansari Nagar, New Delhi-110029.
11. Unit Head, Orthopaedic Department, Through Medical Superintendent, Safdarjung Hospital, Ansari Nagar, New Delhi-110029.
12. HOD, Orthopaedic Department, Through Medical Superintendent, Safdarjung Hospital, Ansari Nagar, New Delhi-110029.
13. Medical Superintendent, Safdarjung Hospital, Ansari Nagar, New Delhi-110029.
14. S.H.O., Police Station Safdarjung Enclave, New Delhi-110029-w.r.t. CC/278/19, PS-S J Enclave, Kavita Vs. Devender-for information.
15. Chairperson, Delhi Commission for Women, C-Block, IInd Floor, Vikas Bhawan, I.P. Estate, New Delhi-110002-w.r.t. letter D.O.No.DCW/734/FM/2018 dated 13/04/2018-for information.
16. Registrar, Rajasthan Medical Council, Sardar Patel Marg, Near 22 Godam Circle, C-Scheme, Jaipur-302001, Rajsthan **(Dr. Ankit Kumar Jain is also registered with the Rajasthan Medical Council under Registration No-32069 dated 04.01.2013)-for information & necessary action.**
17. Registrar, Maharashtra Medical Council, 189-A, Anand Complex, Second Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (W), Mumbai-400011, Maharashtra **(Keshav Goel is also registered with the Maharashtra Medical Council under registration No-2012/07/2099 dated 11/07/2012)-for information** **& necessary action.**
18. Registrar, Karnataka Medical Council, 16/6, Miller Tank Bund Road, Vasanth Nagar, Banglauru, Karnataka 560052 (**Dr. Davinder Singh is also registered with the Karnataka Medical Council under registration No.37807 dated 25th March, 1994**) -**for information & necessary action.**
19. National Medical Commission, Pocket-14, Phase-1, Sector-8 Dwarka, New Delhi-110077-**for information & necessary action**.
20. Director General of Health Services, Ministry of Health & Family Welfare, Govt. of India, Nirman Bhawan, Maulana Azad Road, New Delhi-110011-**for information & necessary action.**

 (Dr. Girish Tyagi)

 Secretary