DMC/DC/F.14/Comp.2803/2/2021/ 22nd November, 2021

**O R D E R**

The Delhi Medical Council through its Executive Committee examined a representation from Police Station, Najafgarh, New Delhi, seeking medical opinion in respect of death of Smt. Kiran w/o Shri Roop Singh, allegedly due to medical negligence in the treatment administered to Smt. Kiran at Vikas Hospital, 1629-H, Thana Road, Najafgarh, Delhi-110043, resulting in her death at Deen Dayal Upadhyay Hospital on 28.12.2014, where she was subsequently treated.

The Order of the Executive Committee dated 08th October, 2021 is reproduced herein below:-

“The Executive Committee of the Delhi Medical Council examined a representation from Police Station, Najafgarh, New Delhi, seeking medical opinion in respect of death of Smt. Kiran (referred hereinafter as the patient) w/o Shri Roop Singh, allegedly due to medical negligence in the treatment administered to Smt. Kiran at Vikas Hospital, 1629-H, Thana Road, Najafgarh, Delhi-110043(referred hereinafter as the said Hospital), resulting in her death at Deen Dayal Upadhyay Hospital on 28.12.2014, where she was subsequently treated.

The Executive Committee perused the representation from Police, written statement of Dr. Kuldeep Singhal Medical Superintendent Vikas Hospital, enclosing therewith written statement of Dr. Neeru Saxena, copy of medical records of Vikas Hospital, Artemis Hospital, Deen Dayal Upadhyay Hospital, post mortem report No.1660/2014 dated 30.12.2014 of DDU Hospital, subsequent opinion dated 19.03.2019 in respect of post-mortem report No.1660/20214 and other documents on record.

The following were heard in person -:

1. Shri Ravinder Patient’s Brother
2. Dr. Neeru Saxena Gynaecologist, Vikas Hospital
3. Dr. Kuldeep Singhal Medical Superintendent, Vikas Hospital
4. Shri Sandeep Bhardwaj HR, Vikas Hospital

It is noted that the police in its representation has averred that on 28th December, 2014 an information from the DDU Hospital, Hari Nagar, New Delhi vide DD No.23A at 06.15 p.m. was received at Police Station Najafgarh regarding Ms. Kiran w/o Shri Roop Singh aged 24 years was admitted on 22nd April, 2014 in ICU of DDU Hospital vide C.R.71583 who was referred from Vikas Hospital Najafgarh. The patient expired during the treatment and MLC No.12495/14 was prepared by the doctor after death. The same information was marked to ASI Nand Kishor for enquiry. During the enquiry, it was revealed that on 20th December, 2014, the deceased (the patient) Kiran had bleeding from vagina with pain abdomen with pregnancy for 31 weeks. On the same, she was brought to Vikas Hospital, wherein admitted and emergency operation was done and one dead foetus was delivered. During the stay in the Vikas Hospital, the deceased had developed anuria. On 22nd December, 2014, the deceased was referred to higher centre for dialysis. The deceased was admitted in Artemis Hospital, Sector-20, Dwarka, New Delhi. As per ultrasound whole abdomen report :-small septated collection is seen in pelvic region wall near fundus of uterus. Areas of edematous bowel wall with mesenteric and omental thickening is noted in abdomen. Shri Ravinder s/o Shri Jai Kishan r/o VPO Mundela Kalan, New Delhi (brother of the deceased) and Sh. Roop Singh (husband of the deceased) leveled allegations that the patient died due to medical negligence of the doctors of Vikas Hospital. During enquiry U/s 174 CrPC, post-mortem vide 1660/14 was conducted by the Medical Board at mortuary DDU Hospital, Hari Nagar, Delhi. During post-mortem examination, exhibits were given to I.O. for histopathology report and chemical analysis and report. The same were sent to concern labs and results/reports had got. Subsequent opinion has been got from the Medical Board, DDU Hospital, Hari Nagar, New Delhi. The enquiry report from the Medical Council regarding negligence of the doctors of Vikas Hospital is required for finalizing the inquest U/s 174 CrPC. It is, therefore, requested that enquiry may kindly be conducted and report be provided.

The complainant Shri Ravinder (Patient’s brother) alleged that on 20.12.2014 his sister Smt Kiran had bleeding from vagina with pain abdomen with pregnancy of 31 weeks and thus she was brought to Vikas Hospital. His sister underwent emergency operation and dead fetus was delivered. Post cesarian due to the negligence of the doctors she developed anuria, which the doctors were unable to managed hence they referred her to higher Centre for treatment on 22.12.2014. She was taken to Artemis Hospital and thereafter to Deen Dayal Upadhyay Hospital where she was admitted on 22.12.2014. She died on 28.12.2014. He alleged that his sister Smt Kiran expired due to the medical negligence committed by the doctors whiles performing the cesarian procedure at Vikas Hospital. He thus request that strict action be taken against the guilty doctors

Dr. Neeru Saxena, Gynaecologist, Vikas Hospital in her written statement averred that the patient Smt. Kiran 24 years/female was admitted in Vikas Hospital on 20th December, 2014 at 11.00 a.m. The patient was G3P2A0L1 with amenorrhea 30 weeks 4 days with loss of fetal movements, pain lower abdomen and profuse bleeding P/V (per vagina); Pallor ++. The patient had severe PIH (blood-pressure-190/130 mmHg, urine alb++). The patient’s look was toxic. Uterus was 30 weeks, tense, FHS-not localized on auscultation. P/V-OS closed, clots++, PP high up. Hb was 8.7 g/dl. IUD at 31 weeks with multiple retro-placental clots was diagnosed on USG. All essential investigations were sent. High risk consent was taken. Prognosis was explained and the patient was shifted to ICU. Three units PRBC were arranged. The patient was managed in ICU. EM LSCS (Emergency Lower Segment Caesarian Section) was done on 20th December, 2014 and a preterm macerated female baby was delivered. Placenta and RP clots were delivered macerated. Uterus was well contracted. Complete haemostatis was obtained. Vitals were stable. SRC draining was clear urine (300 ml). The patient was again shifted to ICU for good post-op care. PRBC transfusion was started. 800 ml urine was emptied at 05.45 a.m. on 21st December, 2014. After that, the patient developed oliguria. Only 100 ml urine was emptied at 04.30 p.m. on 21st December, 2014. Investigations were sent; management of ARF was started. Blood urea was 50 mg %, S. creatinine was 1.8 mg%. Prognosis was explained to the attendant and advised to take the patient to higher centre since the dialysis facility was not available. The attendant refused and gave consent to continue the treatment at Vikas Hospital only on 22nd December, 2014. Blood urea was 80 mg%, S. creatinine 2.8 mg% and the patient had anaemia. The attendant was again counseled and advised to take the patient to higher centre with dialysis facility. Till then, the best treatment and care were provided to the patient in ICU. On 22nd December, 2021 at 11.30 a.m., the attendants shifted the patient to higher centre.

Dr. Kuldeep Singhal, Medical Superintendent Vikas Hospital reiterated the stand taken by Dr. Neeru Saxena

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

1. It is observed that the patient Smt. Kiran, 24 years/female was G3P2A0L1 with seven months pregnancy presented in the said Hospital as APH (Antepartum haemorrhage) with previous normal delivery with severe PIH (blood pressure-190/130 mmHg) with anaemia (pallor ++) with non-localized fetal heart on 20th December, 2014 at 11.30 a.m. Her blood-pressure was 220/120 mmHg at 02.00 p.m. and 190/120 mmHg at 02.15 p.m. USG showed intrauterine fetal death with multiple retroplacental clots at 31 weeks of gestation. Emergency LSCS was done on 20th December, 2014 with general anaesthesia at 02.15 p.m. The LSCS was done by Dr. Neeru Saxena. At 04.00 p.m., the patient was received in post-operative ICU after LSCS. Her blood-pressure was 160/80 mmHg. At 05.00 p.m., the blood-pressure was 170/110 mmHg and urinary catheter was draining clear urine (300 ml urine emptied in OT and 50 ml in bag), NTG drip was on. Blood transfusion was given post-operatively.

On 21st December, 2014 at 08.45 a.m., the patient’s blood pressure was settled (140/90 mmHg). Input was 2400 ml and output was 800 ml. In the day of 21st December, 2014, urine output was found to be 100 ml same morning. At 07.15 p.m., blood urea was 50, S. creatinine was 1.8. On 22nd December, 2014 at 09.30 a.m., no urine was in the urobag x 24 hours, blood urea was 80 mg and S. creatinine was 2.8 mg %. The patient was planned to be shifted to higher centre for management of renal failure and dialysis with proper counseling.

Subsequently, the patient was seen in the Artemis Hospital on 22nd December, 2014 but went LAMA. The records of Artemis Hospital had the diagnosis of post-LSCS peritonitis, ARF, severe anaemia and sepsis.

Thereafter, the patient was admitted in DDU Hospital on 22nd December, 2014 at 10.00 p.m. She was intubated, dialysis done on 24th December, 2014 and 26th December, 2014. The patient was planned for laparotomy but died before that. Post-mortem showed empty uterus and no foreign body. As per the subsequent opinion dated 20th March, 2019 in respect of post-mortem report No.1660/2014 dated 31.12.2014, the cause of death was due to complications of acute renal failure.

1. It is observed that suspicion of foreign body on CT may be because of presence of clots. Evidence of foreign body is not verified on post-mortem even, and death is due to acute renal failure and its complications (as per post-mortem report). ARF (Acute Renal Failure) is a known complication of severe PIH. In this case, abruptio placental with retro placental clots with severe anemia further complicated the case and were contributory factors to ARF. ARF and the aforementioned complications can result in death, which happened in the present case. The patient had been dialyzed twice for ARF and had been provided treatment accordingly.

In light of the observations made herein-above, it is the decision of the Executive Committee that no medical negligence can be attributed on the part of the doctors of Vikas Hospital, in the treatment administered to the patient Smt. Kiran at Vikas Hospital.

Matter stands disposed. “

Sd/: Sd/: Sd/:

(Dr. Arun Kumar Gupta) (Dr. Saudan Singh) (Dr. Ashwini Dalmiya)

Chairman, Member, Member,

Executive Committee Executive Committee Executive Committee

Sd/: Sd/:

(Dr. Anupam Prakash) (Dr. Ashok Kumar) Expert Member Expert Member

Executive Committee Executive Committee

The Order of the Executive Committee dated 08th October, 2021 was confirmed by the Delhi Medical Council in its meeting held on 02nd November, 2021.

By the Order & in the name of Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to:

1. Shri Roop Singh, r/o Village Rohana, PS Kharkhoda, Distt. Sonepat, Haryana.
2. Shri Roop Singh, through SHO, Police Station, Najafgarh, New Delhi-110043.
3. Dr. Neeru Saxena, through Medical Superintendent, Vikas Hospital, 1629-H, Thana Road, Najafgarh, Delhi-110043.
4. Medical Superintendent, Vikas Hospital, 1629-H, Thana Road, Najafgarh, Delhi-110043.
5. SHO, Police Station, Najafgarh, New Delhi-110043 (w.r.t. No. 834/SHO/Najafgarh dated 22.04.2019)-for information.

(Dr. Girish Tyagi)

Secretary