DMC/DC/F.14/Comp.2663/2/2020/ 08th September, 2020

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from the Police Station, Bindapur, Delhi, seeking medical opinion regarding alleged medical negligence in the treatment administered to late Smt. Asha at Sunand Hospital, G-17, Kiran Garden, Uttam Nagar, New Delhi and Mata Chanan Devi Hospital, C-1, Janakpuri, New Delhi-110058, resulting in her death on 18.05.2015.

The Order of the Disciplinary Committee dated 07th August, 2020 is reproduced herein below:-

The Disciplinary Committee of the Delhi Medical Council examined a representation from the Police Station, Bindapur, Delhi, seeking medical opinion regarding alleged medical negligence in the treatment administered to late Smt. Asha (referred hereinafter as the patient) at Sunand Hospital, G-17, Kiran Garden, Uttam Nagar, New Delhi and Mata Chanan Devi Hospital, C-1, Janakpuri, New Delhi-110058, resulting in her death on 18.05.2015.

The Disciplinary Committee perused representation from Police, written statement of Dr. Sudha Kumari, Medical Superintendent, Sunanad Hospital, joint written statement of Dr. Sunita Lamba, Dr. Sudhir Chhabra, Dr. Ashish Kalra, Dr. Simmy Chopra, Dr. Moonish Aggarwal, Dr. Vikram Kalra, Dr. Pramod Mangwana, Dr. Roma Sharma, Dr. Chander Shekher Devnath and Dr. A.C. Shukla, Medical Superintendent, Mata Chanan Devi Hospital , copy of medical records of Sunand Hospital & IVF Centre, Mata Chanan Devi Hospital, Post Mortem report No,657/2015 dated 19.05.2015, subsequent opinion in respect of Post Mortem No. 657/2015 dated 19.05.2015, and other documents on record.

The following were heard in person :-

1. Shri Santosh Yadav Complainant
2. Dr. Sudha Kumari Medical Superintendent, Sunand Hospital
3. Dr. Rajesh Aggarwal Anaesthetist, Sunand Hospital
4. Dr. Ram Anaesthetist, Sunand Hospital
5. Dr. PS. Marwah Paediatrician, Sunand Hospital
6. Dr. Sunita Lamba Sr. Consultant/HOD, Obst. & Gynae.,

Mata Chanan Devi Hospital

1. Dr. Sudhir Chhabra Sr. Consultant, Medicine, Mata Chanan

Devi Hospital

8) Dr. Ashish Kalra Sr. Consultant/HOD, Nephrology, Deptt,

Mata Chanan Devi Hospital

9) Dr. Simmy Chopra Consultant (Obst. & Gynae.), Mata

Chanan Devi Hospital

10) Dr. Moonish Agarwal Consultant (Medicine), Mata Chanan Devi

Hospital

11) Dr. Vikram Kalra Sr. Consultant, Nephrology Deptt., Mata

Chanan Devi Hospital

12) Dr. Pramod Mangwana HOD Anaesthesia, Mata Chanan Devi Hospital

13) Dr. Roma Sharma Anesthetist, Mata Chanan Devi Hospital

14) Dr. Chander Shekher Devnath Anesthetist, Mata Chanan Devi Hospital

15) Dr. A.C. Shukla Medical Superintendent, Anesthetist,

Mata Chanan Devi Hospital

Shri Santosh Yadav husband of the deceased Smt. Asha stated that his wife (Smt. Asha) was admitted in Sunand Hospital in the morning of 16th May, 2015 for delivery. In the evening, the delivery of his wife was conducted by Dr. Sudha Kumari and a male baby was delivered and then, his wife suffered heavy bleeding, as her uterus had ruptured. Dr. Sudha Kumar transferred the patient to Mata Chanan Devi Hospital in the night where the patient’s life could not be saved and she died on 18th May, 2015. He alleged that his wife died due to negligence in her treatment.

It is noted that the police in its representation has averred that the information was received at PS Bindapur vide DD No. 8B dated 17th May, 2015, in which, it was informed that the patient Asha w/o Santosh Yadav was admitted at Mata Chanan Devi Hospital vide MLC No. 6243/15 with alleged history of health complications due to delivery from Sunand Hospital, G-17, Kiran Garden, Uttam Nagar, new Delhi. The information regarding her (the patient) death during treatment was received on the next day i.e. 18th May, 2015 vide DD No. 44A. During the course of inquiry, it was revealed that the patient was first taken to Sunand Hospital for delivery on 16th May, 2015. The delivery of a male alive baby was conducted and after sometime when condition of the patient deteriorated, then, she was referred to Mata Chanan Devi Hospital on the same day at 10.30 p.m. and was admitted there. On 18th May, 2015 at 07.10 p.m., the patient expired during the treatment. The post-mortem of the patient (the deceased) was conducted vide PM No.657/2015 dated 19th May, 2015 at DDU Hospital by board of three doctors i.e. Dr. B.N. Mishra, Dr. Anurag Thappar and Dr. Purendra Pratap Singh. After post-mortem, the cause of death was kept pending till the receipt of histopathology study report of kidneys and heart, as both organs were preserved in 10% for study. Thereafter, histopathology report of the specimen preserved i.e. heart and kidneys were received and subsequent opinion regarding cause of death and manner of death of the deceased was obtained from Dr. B.N. Mishra, HOD, Department of Forensic Medicine, DDU Hospital, Hari Nagar, New Delhi wherein it was opinined that “After considering the histopathology report and pm report contents, I am of considered opinion that the cause of death was due to cardiac arrest subsequent to excessive amount of IV fluids and infusion (over hydration). However, the final regarding negligency on the part of treating doctors may be obtained from the board of doctors appointed by Delhi Medical Council. Looking at the facts and circumstances explained above, it is requested that final opinion regarding negligence on the part of treating doctors may be opined.

Dr. Sudha Kumari, Medical Superintendent, Sunand Hospital stated that the patient Ms. Asha w/o Sh. Santosh, was admitted in the hospital vide IPD No.208/15 on 16.05.2015 at 7.15 a.m. At first examination, the patient was completely stable, vitals were within normal range and the patient was in labour. There was no history of any past illness like HTN/DN/seizure-disorder, thyroid problem. Thus, the patient was basically low risk patient as per as delivery is concern. Furthermore, since the hospital has got the requisite license to conduct delivery, caesarean section and MTA, the patient was admitted for normal delivery. The patient was administered in the necessary medication for normal delivery. The baby was delivered vaginally at 9:30 p.m. on the same day of admission just within the span of 14 hours, and the same was absolutely safe as per medical recommendations. The patient too was absolutely normal during the above mentioned period, vitals were within normal range, and there was normal labour pain which was increasing from time to time. There was no untoward complication during delivery. It is submitted that only after the delivery, the patient developed unconsciousness following seizure attack. Since in medical literature any seizure attack in pregnancy, or during delivery, or during postpartum is labelled as eclampsiaunless proven otherwise, hence, the patient was being treated in line of eclampsia*,* emergency anaesthetic was called immediately. The emergency anaesthetic reached within 10 minutes and after examination, he advised to shift the patient to higher centre. The patient was handed over to the anaesthetist Dr. Rajesh Agarwal at 09:50 p.m. and due to prompt action, at 10:05, the patient was in ambulance and in the presence of the anaesthetist and her. She and the anaesthetist were accompanying the patient throughout the ambulance journey and also at the higher center. The patient being accompanied with anaesthetic was referred to Mata Chanan Devi Hospital. The patient was admitted in ICU within half an hour that is 10:30 p.m. on same day i.e. on 16.05.2015. Thereafter, the patient survived for almost 48 hours In Mata Chanan Devi Hospital. Each and every step taken by the Sunand Hospital and its doctors during the delivery in instant case was in accordance with the standard laid down by the modern medical science; there was no negligence on her part or Sunand Hospital.

On enquiry by the Disciplinary Committee, Dr. Sudha Kumari stated that she has a post graduate qualification in M.D. (physiology) but she has done many deliveries in the past including breech delivery, hence, she considers herself to be competent to conduct delivery of such nature. She further stated that the patient had H.B. of 10 g/dl prior to the delivery. On being asked to explain the fall in the H.B. from 10 g/dl to 3.9 g/d, as noted at the time of admission of the patient at Mata Chanan Devi Hospital, Dr. Sudha Kumari stated that she cannot explain the same, as at the time of delivery, there was only normal bleeding.

On enquiry by the Disciplinary Committee as to why, she had administered the drugs Megasulf as well as Midazolam, Dr. Sudha Kumari stated that because after delivery, the patient had one episode of seizure and had become unconscious.

Dr. Rajesh Aggarwal, Anaesthetist, Sunand Hospital stated that he was the anesthetist who attended on emergency call from Sunand Hospital and the patient had seizure after delivery. He transferred the patient who already had been intubated, on IPPV with Ambu Bag and oxygen support from Sunand Hospoital to Mata Chanan Devi Hospital.

Dr. Sunita Lamba, Sr. Consultant/HOD, Obst. & Gynae., Mata Chanan Devi Hospital stated that patient Mrs. Asha Devi age 26 years, female delivered at Private Nursing Home(Sunand Hospital), was brought in intubated critical conditions in ICU of Mata Chanan Devi Hospital on 16.05.2015. On admission at 11.51 p.m., the patient was not responding to verbal commands, her general condition was very poor, pallor ++, BP-90/50 mm of Hg, pulse rate-170/minute, chest showing bilateral crepts. According to the doctor who conducted the delivery, the patient had sever postpartum haemorrhage during breech delivery, following eclamptic seizure on the labor table. On obstetric examination, the uterus was well contracted; vaginal packs were in situ, same removed and per vaginum examination done, no vaginal tear, cervical tear or haemotoma felt, there were no blood clots and no active bleeding. Immediate, ultrasound was done, which showed no intra abdominal bleed or retained products in the uterine cavity; hence, no obstetrics intervention was required. The patient’s relatives were explained about very poor condition of the patient on admission to this hospital. The relatives were willing for further treatment in the ICU of this hospital and consent for the same was taken in their own language. At the time of admission:- haemoglobin 3.9 gm%, TLC-24,120/cu-mm, coagulation profile-derange-FDP>20-INR>5.23, urine albumin-++, urine RBC-15-60/HPF, S. protein-2.82 decreased, blood urea-18 mg/dl, S. creatinine-0.72/mg dl and x-ray-normal pulmonary vasculature. The provisional diagnosis of DIC(secondary to eclampsia); septicemia with shock, with anaemia and hypoprteinemia was made. The patient was managed by ICU team comprising of specialists and super specialists. Under supervision of team of anesthetist, the patient was put on ventilator with inotropic Support. Ventilatory settings were monitored and fluid balance was done accordingly. Inotropic support (Dopamine and Noradrenaline) was started and dose titrated from 10 ml /hour which had to be increased gradually up-to 20 ml to hour to maintain the blood pressure. 6 units of FFP and 2 units of PRBC given, Inotropic support continued and ventilatroy setting changed according to ABG reports. By 04.00 a.m. on 17.05.2015, the urine started to be blood tinged 200 ml (in preceding 4 hours) BP became un-recordable, P-136/minutes, inotropic dose increased. At 07.30 a.m.on 17.05.2015, BP came up to 90/60, PR-140/minutes. Total IV fluid intake since admission 1120 ml, urine out-put was 1420 ml. The patient was maintained by ICU team on restricted fluid of 75 ml/hour. TLC started increasing 24860/cu.mm, post blood transfusion haemoglobin rose to 7.9 gm%, but blood urea increased to 36 mg/dl, S. creatinine increased to 1.1 mg/ dl. The patient now developed high grade fever of 102.8 degree F. The physician reference was taken, seen by medicine Unit-1 and higher order antibiotics were started and blood culture was sent. Two more FFB transfused. D-Dimer showed reactive report > 3200 mg/ dl, so the patient was diagnosed to be in DIC with septic shock. The x-ray chest still showed normal pulmonary vasculature and cardiac configuration. In view of irritability and history of seizure at private nursing home, neuro physician reference was sought. On 18.05.2015, the urine out-put decreased, blood urea increased 106 mg/dl and S. Creatinine increased to 2.66 mg/ dl, nephrology reference was taken. The patient was diagnosed to be progressed to AKF due to septicemia and DIC. The patient’s relatives were briefed about her grave conditions periodically and poor prognosis consent was taken in their own language. By evening of 18.05.2015, the patient developed high grade fever of 106 degree F. The patient was managed by all concerned super specialist and specialist in view of multi organ involvement. Patient had cardio respiratory arrest around 06.40 p.m. on 18.05.2015. Cardiopulmonary resuscitation was done, unfortunately, inspite of tireless day, night effort of team of doctors; she could not be saved and declared dead at 07.10 p.m. on 18.05.2015. The cause of death - DIC (secondary to eclampsia and PPH) with septic shock with acute kidney failure. With respect to query of cause of death as raised in the post mortem report, being excessive amount of IV fluids infusion, It is humbly submitted that there is no clinical or radiologic findings to correlate with fluid overload. The date wise chest x-Rays and input-output records are attached herewith to substantiate that there was no volume overload, rather the team of the doctors worked relentlessly to save the life of a patient who was brought to this hospital in a moribund condition.

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

1. It is observed that late Smt. Asha, age 26 years, female was full term antenatal patient. She had history of eclamptic fit in previous pregnancy with breech delivery. Her antenatal heamoglobin was 10.5gm%. She had uneventful breech vaginal delivery and at 09.30 p.m. (16-05-2015), a male baby was delivered. However, at 09.40 p.m. (16-05-2015), the patient developed seizure and became unconscious. She was given Magnesium Sulphate loading dose of 14 gm alongwith Midazolam I.V. Anaesthetist attended the patient at 09.50 p.m. and intubated her. She was ventilated with ambu with oxygen and shifted to Mata Chanan Devi Hospital for ICU and ventilator care in ambulance at 10.05 p.m. (16-05-20215).

As per the initial assessment notes of 10.45 p.m. (16-05-2020) at Mata Chanan Devi Hospital, the patient’s general conditions was sick, not responding to commands. As per 11.15 p.m. ICU notes, on local examination, the patient was noted to be lying in pool of blood, Pervagina notes---uterus well contracted, no vaginal/cervical tear or hematoma was felt, no active bleeding was noted, 3 vaginal packs in situ were removed. The USG abdomen revealed no intra-abdominal collection or retained products in the uterus. A diagnosis of DIC secondary to ? massive PPH ? Eclampsia was made. ICU critical care management treatment was initiated. The patient’s condition continued to remain sick and she succumbed at 07.10 p.m. on 18th May, 2015.

As per the subsequent opinion in respect of post mortem report No. 657/2015 dated 19.05.2015 the death was due to cardiac arrest subsequent to excessive amount of IV fluids and infusion (over hydration).

1. As per the records of Sunand Hospital, the patient did not suffer from post-partum hemorrhage, but when she was received at Mata Chanan Devi Hospital, her haemoglobin was 3.8 g/dl, coagulation profile was deranged and later, she also developed acute kidney injury. Fall of haemoglobin is not being explained, if PPH has not occurred, as claimed by Sunand Hospital. The case records and clinical condition did not match.

It seems that patient had atonic PPH which is not mentioned in the case records. Husband of the deceased also claimed about loss of lot of blood post-delivery. As per the statement of doctor of Mata Chanan Devi hospital, the clothes of deceased were totally soaked with blood and there were pads in the vagina which were removed to check for any tears. The deranged coagulation profile is pointing towards haemorrhagic shock.

1. As per the autopsy report, the patient had fluid overload. However, the records of the Mata Chanan Devi Hospital do not show evidence of excess fluids being given. As per the records IV fluids were given as per the output, however in a patient of eclampsia due to constriction of intravascular compartment there can be extravasation of fluid in extravascular compartment.
2. It is observed that for control of fits Injection Magnesium sulphate was given which is the first line of management of eclampsia. Along with magnesium sulphate Injection Midazolam was also given which is used in the event of status eclampticus. As per the records available patient had only one fit. Dr. Sudha Kumari did not act according to standard eclampsia protocol
3. Dr. Sudha Kumari claims herself to be gynaecologist, as is reflected in the letter head of Sunand Hospital wherein she has suffixed M.B.B.S., M.D. Obst. & Gynaecologist to her name. As per the information available in the State Medical Register of the Delhi Medical Council, Dr. Sudha Kumari is holder of post-graduate qualification of M.D. (Physiology) and not M.D. (Obst & Gynaecology). Dr. Sudha Kumari action of claiming herself to be an obstetrician and gynaecologist are in violation of Regulation 1.4.2. of Indian Medical Council (Professional Conduct, Etiquette and Ethics), Regulations, 2002 which mandates that “*a physician shall display as suffix to his/her names only recognized medical degrees or such certificates / diplomas and memberships/ honours which confer professional knowledge or recognizes any exemplary qualification / achievements*.” as the aforementioned act on the part of Dr. Sudha Kumari is not only misleading to the general public but is also highly unprofessional.

In light of the observations made hereinabove, the Disciplinary Committee recommends that the name Dr. Sudha Kumari (Dr. Sudha Anand, Delhi Medical Council Registration No.28570) be removed from the State Medical Register of the Delhi Medical Council for a period of 15 days and she is directed to refrain from venturing into field of medicine which is beyond her competence.

Matter stands disposed.

Sd/: Sd/: Sd/:

(Dr. Subodh Kumar), (Dr. Ashwini Dalmiya) (Shri Rajesh Gupta)

Chairman, Delhi Medical Association M.L.A.

Disciplinary Committee Member, Member,

Disciplinary Committee Disciplinary Committee

Sd/: Sd/:

(Dr. Vijay Zutshi) (Dr. Debashish Chaudhary)

Expert Member Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 07th August, 2020 was confirmed by the Delhi Medical Council in its meeting held on 02nd September, 2020.

The Council further confirmed the punishment of removal of name of Dr. Sudha Kumari (Dr. Sudha Anand, Delhi Medical Council Registration No. 28570) awarded by the Disciplinary Committee for a period of 15 days.

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. Shri Santosh Yadav, Through S.H.O. Police Station Bindapura, New Delhi-110059-**with a request to serve this Order upon Shri Santosh Yadav (Ref : DD No. 8B DT. 17.05.2015 PS BINDAPUR).**
2. Dr. Sudha Kumar, Medical Superintendent, Sunand Hospital, G-17, Kiran Garden,Uttam Nagar, New Delhi-110059.
3. Dr. Sunita Lamba, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
4. Dr. Sudhir Chhabra, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
5. Dr. Ashish Kalra, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
6. Dr. Simmy Chopra, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
7. Dr. Moonish Agarwal, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
8. Dr. Vikram Kalra, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
9. Dr. Pramod Mangwana, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
10. Dr. Roma Sharma, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
11. Dr. Chander Shekher Devnath, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
12. Medical Superintendent, Through Medical Superintendent, Mata Chanan Devi Hospital, New Delhi-110058.
13. S.H.O. Police Station Bindapura, New Delhi-110059-(**Ref : DD No. 8B DT. 17.05.2015 PS BINDAPUR)-for information.**
14. Registrar, Bihar Council of Medical Registration, Road No. 11/D, Rajendra Nagar, Patna-800016, Bihar (**Dr. Sudha Kumari is also registered with the Bihar Council of Medical Registration under registration No.31606 dated 13th March, 2000)–for information & necessary action.**
15. Secretary, Medical Council of India, Pocket-14, Sector-8, Dwarka, Phase-1, New Delhi-110077-**for information & necessary action.**

(Dr. Girish Tyagi)

Secretary