DMC/DC/F.14/Comp.2943/2/2021/ 13th October, 2021

**O R D E R**

The Delhi Medical Council through its Executive Committee examined a representation from police station, Malviya Nagar, New Delhi, seeking medical opinion on a complaint of Shri Karampal, V.P.O Ranwar, Tehsil & District-Karnal 132001(Haryana), alleging medical negligence on the part of doctors of Akash Hospital, 90/43, Malviya Nagar, New Delhi-110017, Max Smart Super Specialty Hospital, Saket, New Delhi-110017, Max Super Specialty Hospital, in the treatment of complainant’s son Mr. Porus Bhangray, resulting in his death.

The Order of the Executive Committee dated 22nd September, 2021 is reproduced herein below:-

“The Executive Committee of the Delhi Medical Council examined a representation from police station, Malviya Nagar, New Delhi, seeking medical opinion on a complaint of Shri Karampal, V.P.O Ranwar, Tehsil & District-Karnal 132001(Haryana)(referred hereinafter as the complainant), alleging medical negligence on the part of doctors of Akash Hospital, 90/43, Malviya Nagar, New Delhi-110017, Max Smart Super Specialty Hospital, Saket, New Delhi-110017, Max Super Specialty Hospital, in the treatment of complainant’s son Mr. Porus Bhangray(referred hereinafter as the patient), resulting in his death.

The Executive Committee perused the representation from Police, copy of complaint of Shri Karampal, joint written statement of Dr. Rahul Trehan, Dr. Chandan Das, Dr. Saurabh Mohan, Dr. Kaukab Drakhshan, Dr. Nagesh Kumar Medical Superintendent of Aakash Hospital, joint written statement of Dr. Prashant Saxena and Dr. Sahar Qureshi Medical Superintendent of Max Smart Super Specialty Hospital, Saket, Delhi, joint written statement of Dr. Prakash Singh and Dr. Amrita Gupta, Medical Superintendent, Max Super Specialty Hospital (West Block), Saket, Delhi, copy of medical records of Aakash Hospital and Max Smart Super Specialty Hospital and other documents on record.

The following were heard in person:-

1. Dr. Nagesh Kumar Medical Superintendent, Aakash Hospital
2. Dr. Rahul Trehan Senior Consultant Medicine, Aakash Hospital
3. Dr. Chandan Das Senior Consultant Surgery, Aakash Hospital
4. Dr. Saurabh Mohan Consultant Anesthesia, Aakash Hospital
5. Dr. Kaukab Drakhshan RMO, Aakash Hospital
6. Dr. Sahar Qureshi Medical Superintendent, Max Smart Super

 Speciality Hospital

1. Dr. Prashant Saxena Associate Director & Head Pulmonology, Max Smart Super Speciality Hospital
2. Dr. Pranav Shankar Medical Superintendent, Max Super Speciality Hospital
3. Dr. Prakash Singh Director Neurosurgery,Max Super Specialty

 Hospital

10) Shri Ankit Malhar Administrative Department, Max Super Specialty Hospital

It is noted that the police in its representation has averred that a complaint was received in Police Station, Malviya Nagar from Sh Karampal s/o Shri Phool Singh r/o VPO Ranwar, Tehsil & Distt Karnal Haryana. In his complaint complainant Karampal had alleged that on 03.08.2021 his son Porus Bhengrey was admitted Aakash Hospital, Malviya Nagar, New Delhi due to severe headache and since his situation deteriorated on 04.08.2019 his son was referred to Max Hospital, Saket, New Delhi. Complainant Shri Karampal further told that on 05.08.2019 his son Porus Bhengrey was operated by the doctor of the Max Hospital and later situation of his son deteriorated which caused his death. Complainant Karampal had further alleged that the doctor of Aakash Hospital and Max Hospital had wasted valuable time in diagonising the exact medical condition of his son and did not gave proper treatment and this had led to the death of his son Paras Bhangery. Complainant Shri Karampal is making allegations of medical negligency on the doctors of Aakash Hospital and Max Hospital. During the further course of enquiry notice was issued to Aakash Hospital, Malviya Nagar and Max Hospital, Saket, New Delhi and they were asked to provide the documents related to treatment of deceased Poras Bhengery. A reply of the same was received. The doctors of Aakash Hospital and Max Hospital who gave treatment to deceased Paras Bhangery told that they had given the best possible treatment and denied the allegation of medical negligencey. From the enquiry made so far it was found that the complainant Shri Karampal is making allegations of medical negligency on the part of doctors of Aakash Hospital and Max Hospital and on the other hand doctors are also claiming that they had given the best available treatment and there is no negligency on their part. All the documents have been collected from both the hospital and hence an expert opinion is required to find whether the deceased Paras Bhangery had died due to medical negligency or otherwise.

It is noted that as per the complaint of Shri Karampal, it is averred that in the night of 03.8.2019, his son suddenly suffered from severe headache so he was taken to Aakash Hospital Malviya Nagar New Delhi by his wife at near about 11pm where the duty doctor namely Dr. Rohit Trehan and others after some treatment advised bed rest and sent them back home. But, after arriving at home the severe headache started again ultimately his son was again taken to the said hospital by his wife and his friend whereas per the discharge summary of the hospital his son got admitted at 1.30am on 04.8.2019 by treating a normal patient instead of emergency case by the Dr. Rohit Trehan and other staff and no test related to diagnose the cause of headache i.e. CT scan or MRI (Brain) were advised or performed which caused delayed to diagnose the disease, resulting in the death of his son. Thereafter, he also arrived at the Aakash Hospital in the morning and talked to the lady doctor who was on duty at that time regarding the medical condition of his son but she assured him that there is no need to worry, intermittently the headache was severe as it is and his son was given a Dramadol injection which resulted in him falling asleep for some time. But suddenly at about 4.00pm severe headache, body pain, vomiting etc. started again and his son became unconscious, then the hospital staff started body shaking forcibly and put his son on ventilator but all in vain. Thereafter, in a haste the doctors of Aakash Hospital without diagnosing the disease at 5.10pm referred his son in very critical condition to the higher centre for further management (Max Smart Hospital), where the doctor after checking at once admitted his son to ICU and the CT scan of the brain was got conducted and after getting the report the doctor concerned diagnosed some brain disease accordingly. Due to the non availability of Neurosurgeon the doctor of the Max Smart Hospital at about 1.30am referred his son to Max Health Care Centre for further treatment where the doctor concerned decided to perform emergency operation but, during the operation which was performed in the morning his son Pogus Bhangray died. The doctor who performed the operation of his son told him that “you are too late to reach here”.

It is therefore, humbly and respectfully prayed that a case of the medical negligence may kindly be got registered against Dr. Rohit Trehan, lady doctor and other responsible staff of the Aakash Hospital for causing medical negligence which resulted responsible for the death of his son Pogus Bhengray.

Dr. Rahul Trehan, Dr. Chandan Das, Dr. Saurabh Mohan, Dr. Kaukab Drakhshan and Dr. Nagesh Kumar Medical Superintendent of the Aakash Hospital in their joint written statement averred that at around 8.20pm on 3.8.2019 the patient presented himself to the hospital in casualty ward complaining of severe headache, recurrent vomiting, nausea and giddiness since morning. Upon inquiry the patient and his attendant stated that there was no significant past or immediate history of this or any other illness. The patient was examined by the resident doctor, Dr. Kaukab Drakhsan and was found to be conscious, oriented and responding to verbal and motor stimuli. His vitals were recorded as follows pulse rate 78/minute, BP 120/80 mmhg, 96% Oxygen saturation on room air with a GCS score of E4 V5 M6. He was administered paracip(paracetemol) injection 1mg, Emset injection 4mg, and Pan (pantoprozole) injection 40mg IV. He responded to the treatment given and preferred to go home. He was advised oral medication Tablet Ultracet SOS, Tablet Pan 40, Tablet Domstal, Cap. Absolute alongwith investigations and told to revert in case of any difficulty. The patient again came to the hospital at around 1.30am on 4.8.2019. Dr. Kaukab Drakhshan, the duty doctor attended to him. The patient this time complained of pain in the whole abdomen especially in the upper region, recurring vomiting, nausea, fever, severe body ache, headache and inability to retain food/water. Upon examination by the duty doctor, the patient’s vital were recorded as follows (which were all within normal range) body temperature 99.80F, Pulse rate 102per minute, BP 100/70mm Hg and SPO2 97% at room air. Patient did not have any previous history of headache, seizure or loss of consciousness. There was no previous history of any illness. The patient was admitted by the duty doctor under Dr. Rahul Trehan and Dr. Chandan Das, jointly and shifted to recovery room/ward. They would like to point out that Dr. Rahul Trehan is a highly qualified doctor who has done his MBBS from GRMC, Gwalior in 2002, and MD (Medicine) from SSMC, Rewa in 2007. He has been practicing medicine since then and has worked in various hospitals. He has been working as a Senior Consultant in Aakash Hospital for the past 10years. Dr. Chandan Das is a highly qualified surgeon who has done his MBBS from University of Guwahati in 2005 and MS (General Surgery) from University of Guwahati in 2008. He has been performing open and laproscopic surgeries at various hospitals. He is working as Senior Consultant, Department of Surgery for the last three years at Aakash Hospital. There has been no complaint against either of the aforementioned doctors of any nature whatsoever till date. They have been sincerely treating their patients with expertise and utmost care. Upon examination at 1.45 am by the nursing staff, it was noted that the patient was found to be conscious, oriented, alert in sensation with no problem in speech, hearing and vision. The patient’s treatment was started on the lines of Acute Febrile illness with acute gastritis with dehydration. Based on the clinical diagnosis, the patient was started the following treatment IV Pantoprazole infusion, Injection Tramadol 100mg IV Stat, Injection Perinorm 1amp IV Stat, Injection Emset 4mg IV TDS, Injection Monocef 1gm IV BD, Injection Pantocid 40MG IV BD, IV Fluid-NS/Rl@100ml/hour, NPO (nil per oral) till further orders. In order to investigate the patient’s condition further, Dr. Kaukab Drakshan, advised the following tests-kidney function test, liver function test, ultrasound of the whole abdomen, complete blood count, ESR, urine routine, random blood sugar, typhi-dot and Dengue NS-1 antigen. Between 1.30am to 6.00am in the morning, the patient remained stable and his vitals were normal. He did not express any further discomfort upon regular checks by the doctor and nursing staff. At 6am patient’s vitals and important indicators of health were again recorded and there was no major fluctuation in the same. His vitals were recorded as follows (which were all within normal range) BP-100/70mmHg, Temperature 980F, Oxygen Saturation 98% at room air, Pulse rate 100per minute. At 8.20 am Dr. Fatima Parveen Duty doctor again examined the patient and observed that the patient was conscious and oriented. He complained of headache. His temperature was found to be 980F, pulse rate was 82 per minute, oxygen saturation was recorded as 97% at room air and BP found to be 130/80mmHg. The nurse on duty, on advice of duty doctor also administered an injection of Dynapar(1amp) in 100ml NS IV Stat to the patient. Around this time, the reports pertaining to the investigations ordered at the time of admission were received and were found to be within normal limits. Again at 10am duty nurse assessed the general condition of the patient and recorded his vitals including temperature, blood pressure and respiration and found no major fluctuation. The patient complained of pain in the abdomen. Accordingly, the patient was administered injection Tramadol 1amp in 10ml NS IV stat as per the advice of the Resident Medical Officer. Around 10.30 am, the patient was reexamined and was found to be feeling better and responding positively to the treatment. At 11.30 am the duty doctor again evaluated the patient. The patient was found to be conscious and fully oriented. The patient at that time complained of mild abdominal pain, nausea and a mild headache. Thereafter, the vitals were assessed again and the blood pressure was found to be 100/60mmHg, pulse rate was 82 per minute and oxygen saturation was 98% at room air (which were all within normal range). Pursuant to the investigations directed at the time of admission of the patient, ultrasound test revealed that the patient was suffering from Cholelithiasis  with excessive bowel gases. This ultrasound report was in line with our clinical diagnosis. Dr. Chandan das, Senior Consultant (Department of Surgery) evaluated the patient at 12.30pm. Upon examination Dr. Das found the patient conscious and oriented. The patient’s abdomen was soft, with tenderness in epigastrium and right hypochondrium. The patient’s pulse rate was 102/minute, BP 100/70mmHg. Dr. Das advised surgical removal of gall bladder i.e. Cholescytectomy, under general anaesthesia. However, taking into consideration the reports and upon thorough examination of the patient, Dr. Das advised continuation of the same line of treatment, as the patient had been undergoing. The surgery was advised once the patient was to settle down from the current disease. Again at 2 pm the nurse evaluated the vitals of the patient, which were found to be as follows BP-100/60mmHg, Temperature 980F, Oxygen Saturation 97% at room air, Pulse rate 78 per minute. Nothing abnormal was seen or noticed. Around this time, since the patient was in a stable condition, responding positively to treatment and no immediate surgical intervention was required, the patient’s father i.e. the complainant requested the hospital administration to prepare the discharge. Suddenly, around 4.30pm, the patient developed a sudden onset of vomiting, fall in blood pressure and fall in oxygen saturation. The patient experienced tachycardia with a pulse rate of 182 per minute. In accordance with standard operating procedure code blue (emergency situation announced in hospital) was activated and resuscitation was started. Dr. Saurabh Mohan (Anaesthesiologist) attended the patient for emergency resuscitation since the patient was collapsing. CPR(Cardio Pulmonary Resuscitation) was started. The patient was ventilated with the help of Ambu bag and was intubated with 8.5mm CETT and fixed the tube at 22cm in first attempt. Emergency drugs were given during resuscitation alongwith continuous CPR. SPO2 was restored to 100 percent with ambu bag ventilation. Patient was started on inotropic support. Uretha was catheterized and there was adequate urine output. Post CPR vitals were recorded as follows heart rate was 100 per minute and blood pressure was recorded as 112/78mm Hg (on inotropic support). Human body is a complex structure and can sometimes react in a way that we cannot foresee. Despite their best efforts and treatment in line with standard protocol according to his symptoms presented during his short stay in Aakash Hospital, the patient collapsed suddenly and without any prior clinical warning signs/ symptoms. At this stage, since the patient was in a serious condition, his attendant was thoroughly explained about the gravity of the situation and told that the patient would have to be shifted to a higher centre for further management. Given the emergent circumstances, the patient was accompanied in an ambulance by a doctor and paramedical staff and was taken to Max Hospital after making arrangements for the same. The allegation of the complainant that there was negligence in not conducting the MRI/CT scan of the patient is misconceived. The patient had complained of abdominal pain and showed symptoms that he was suffering from acute gastritis and severe dehydration. Since the patient did not report any immediate or past history of any illness, various investigations were ordered, in order to identify the cause of his primary complaint of abdominal pain. An ultrasound test of the whole abdomen showed that the patient had cholelithiasis with excessive bowel gases. Based on the aforementioned symptoms and test results, the patient was administered treatment in line with established medical practices and the patient responded well to the treatment. Further, since the patient had no previous medical history of any illness and no neurological signs or symptoms of any disease, there was no immediate cause to order to CT scan /MRI (brain). As is well settled by medical science and literature, most patients who suffer from fever, gastritis, vomiting and dehydration are likely to suffer from headache and nausea as well. However, without any neurological signs or symptoms, it would not be reasonable to assume an underlying serious condition/cerebral abnormlity. In the present case, at he time of admission in the hospital the patient was fully conscious, oriented and did not have any abnormalities far as his central nervous system was concerned. The allegation of the complainant that no CT scan/ MRI scan was done in unfounded since the patient remained in Aakash Hospital for less than 24 hours and was given adequate medical treatment in line with his symptoms at the time and the patient was showing improvement with the treatment. There was no emergent clinical indication to conduct an MRI/CT scan (brain).

Dr. Prashant Saxena and Dr. Sahar Qureshi Medical Superintendent of Max Smart Super Specialty Hospital, Saket in their joint written statement averred that the patient, a 29 year old male, was brought to emergency department of the Hospital on 04.08.2019 at around 06:15 pm in an intubated state by ambulance from Aakash Hospital for Dr. Prashant Saxena. As per the history provided by attendants of the patient and the doctor who came along with the ambulance, the patient was complaining headache and dizziness off and on since 1 month. He had started developing frequent episode of vomiting since yesterday (i.e. 03.08.2019) morning, for which he was taken to Akash hospital. The patient was given symptomatic management; however his headache and vomiting had persisted (It has been stated by the complainant in his complaint that when the patient was taken to Akash Hospital in the evening of 03.08.2019, doctor at Akash Hospital had advised some treatment and sent back home with the advice of bed rest. After arriving at home, severe headache had started again, for which the patient was again taken to Akash Hospital). The patient was admitted to Akash Hospital at around 01:30 am on 04.08.2019 as a case of headache and vomiting. In afternoon, the patient had got episode of vomiting and developed sudden onset rigidity of all limbs followed by altered sensorium, after which he was intubated (Iow glasgow coma scale (uGCS") with low saturation of 36 per cent) and later brought to the Hospital. The Patient was non - hypertension and non-diabetic with no history of fever, pain abdomen and chest pain. The patient was immediately examined by the emergency doctor on duty. His temperature was 980F, Pulse was 112/minute and Blood Pressure was 110/70. His pupils were fixed, dilated and non-reactive. Plantar reflex was mute and GCS score was E1VTM1. Based upon clinical history and examination of the patient, CT head was advised and supporting treatment was given (inj. Pantocid, inj. Emest and inj. Levipill). CT head was suggestive of dilated ventricles with parenchymal edema. CT head findings were discussed with Dr. Prashant Saxena at around 07:55 pm, who had advised administration of inj. Mannitol and inj. Monocef. Suggestive clinical condition of the patient had required neurological intervention; however, neurosurgery dept. is not available at the Hospital and therefore, it was planned to shift the patient in adjacent Max Super Speciality Hospital, Saket (Max Saket Hospital"). The patient was in extremely sick condition and before he could be shifted to Max Saket Hospital for further treatment, he was required to be stabilised and brought in a condition in which he could be transferred to Max Saket Hospital. Accordingly, in view of extremely sick condition of the patient, the patient was planned for shifting to the Hospital lCU. At around 08:50 pm in emergency, temperature was 98.20F, Pulse was 98/minute and Blood Pressure was 110/70. The patient was transferred to ICU at around 09:25 pm for further care and management. Critical condition of the patient can be evidenced from the fact that during the process of shifting the patient from emergency to the ICU of the Hospital, his blood pressure came down from 110/70 to 80/60. Central and arterial line insertion was performed in the ICU along with ventilator and supportive essential care was given. The patient was hemodynamically unstable and was started on noradrenaline infusion after fluid challenge. Till 10:00 pm, blood pressure had remained unstable requiring increased dosage of noradrenaline infusion. Blood pressure was 80/50 mm hg until 10:00 pm and started improving later on with increased dose of noradrenaline. Case was discussed telephonically with Dr. Prakash Singh (neurosurgeon), who had advised for external ventricle drain (EVD). Upon stabilisation he was shifted to Max Saket Hospital. It submitted that Hospital is totally committed in providing the best possible care to their patients with sincerity and diligence. In the instance case also, the patient was given the best possible treatment as per his prevailing clinical condition. Clinical of the condition patient and prognosis were duly explained to the attendants of the patient. It is further submitted that the doctors, nurses and other para-medical staff at the Hospital are highly qualified and immensely experienced in their respective fields. They have consecrated their lives to the service of humanity. They maintain utmost respect for human life and practice their medical profession with conscience and dignity. Health of their patient is their first consideration. They prescribe regimens for the benefit and good of the sick according to the best of their ability and judgment within the set medical protocols. They never do injustice or harm anyone. They always keep themselves far from all ill-doings. In the instant case also, treating doctors and other staff performed their duties bona-fide, promptly and diligently and to the best of their ability and judgement. In the present case too, the treating doctors and other staff had performed their duties bona-fide and to the best of their ability and judgment.

Dr. Prakash Singh and Dr. Amrita Gupta, Medical Superintendent of Max Super Specialty Hospital (West Block), Saket, in their joint written statement averred that at around 00:30 am on 05.08.2019, Duty doctor of ICU at Max Smart Hospital had informed Dr. Prakash Singh about the patient and requirement of neurosurgical intervention. At that time, Dr. Prakash Singh was engaged in life saving brain surgery of another patient. Dr. Prakash Singh had advised to shift the patient to the Hospital for further treatment and care. The patient was shifted to ICU of the Hospital at around 02:40 am on 05.08.2019. As per the history given, the patient was complaining headache and dizziness off and on since 1 month. He had started developing frequent episode of vomiting since 03.08.2019, for which he was admitted in Akash hospital on the said evening; however his headache and vomiting had persisted. He had developed sudden onset rigidity of all limbs followed by altered sensorium on afternoon of 04.03.2019, after which he was intubated and later brought to the Max Smart Hospital. CT scan of the patient was done at Max Smart Hospital, which had revealed hydrocephalus. At the time of receiving the patient at the Hospital, his blood pressure was 161/112. The patient was duly examined by team member of neurosurgical team. Clinical condition of the patient was very poor, and he was hemodynamically unstable. His blood pressure was dropped to 70/40 and therefore, he was started on inj. Noradrenaline. His pupils were dilated and non-reactive. Plantar reflex was mute and GCS score was E1VTM1. In view of poor neurological status and young age of the patient, external ventricular drain ("EVD") was suggested to look for any improvement in neurological condition of the patient and MRI brain to be done, if neurological condition improves, to look for posterior fossa pathology. Critical condition of the patient, proposed procedure and prognosis was duly explained to the attendants of the patient. After understanding all aspects of the proposed procedure, father of the patient had given his written consent for EVD procedure. The patient was shifted to OT at around 04:00 am for right frontal EVD. OT finding were "Ventricle was hit at the depth of 5 cm and catheter was inserted upto the depth of 7 cm. Clear colourless cerebra spinal fluid ("CSF'J came out with high pressure". CSF sample was sent for routine microscopic and culture sensitivity. He was kept intubated and was shifted to ICU at around 05:45 am for further management. He was electively ventilated and given other supportive care. The patient was continued to be examined by the critical care team. Post operatively, there was no change in neurological condition of the patient. His pupils remained dilated and non-reactive. Plantar reflex was mute and GCS score was E1VTM1. The patient needed inotropic support to maintain his Blood pressure. CT head was done, which was suggestive of reduced ventricle size with ground glass appearance and ischemi/hypoxic brain injury. Poor prognosis was explained to the attendants of the patient, and supportive care was continued. Attendants of the patient had decided to take leave against medical advice ("LAMA"). The patient was discharge at around 08:45 am on 06.08.2019.

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

1. It is noted that the patient Mr Porus Bhangray, 29 years male was admitted in Aakash Hospital at 01.30 am on 04.08.2019 under Dr. Rahul Trehan with complaints of pain abdomen, recurrent vomiting and nausea, not able to retain anything orally; since morning; severe bodyache and headache, fever off and on for 2 days, marked weakness/giddiness, unable to walk/sit. There was no significant history of any other illness. He was examined, investigated and put on conservative line of treatment. As per the 08:20 am notes (04-08-2019) patient is noted to be conscious, oriented with complaint of headache. He was prescribed inj. Dynapar 75mg. Again as per 11:30 am (04.08.2019) notes, patient is conscious/oriented, complained of nausea, mild headache, mild abdominal pain. At 12:30 pm (04.08.2019) patient is seen by Dr. Chandan Das who on examination notes per abdomen soft, tender epigastrium, right hypochondrium, ultrasound Cholelithiasis . He advises cholecystectomy. At 04.30 pm (04.08.2019) patient is noted to complaint of sudden onset of vomiting, sudden fall of saturation, SPO2 (34 %), tachycaradia (pulse -182 per/minute). Resuscitation measures were initiated. He was ventilated with help of Ambu bag and intubated. Patient was started on inotropic support. Uretha was catheterized, urine output was adequate, post CPR, pulse rate- 100/min, BP-112/78mm/Hg. Patient attendant was explained about grave prognosis and was referred to higher Centre for further management, in hospital ambulance accompanied by doctor and paramedical staff at 5:10 pm on 04.08.2019. The patient presented to the emergency of Max Smart Super Specialty Hospitala, Saket at around 06:15 pm (04.08.2019) in an intubated state. On examination pulse was 89/min, BP -110/70mm/Hg. Pupils were fixed, dilated and non reactive. GCS was E1VTM1, planters mute. CT head was advised and supporting treatment was started. The CT head was suggestive of dilated ventricles and parenchymal edema. Patient was shifted to ICU for stabilization and planned to be shifted to near by Max Super Specialty Hospital (west Block), Saket, for neurosurgical intervention (as the same is not available at Max Smart Hospital). The patient was admitted in Max Super Specialty Hospital (West Block), Saket at 02:44 am ( 05.08.2019). He was diagnosed as case of hydrocephalus and underwent right frontal EVD procedure at 04:30 am on 05.08.2019 which was performed by Dr. Prakash Singh. Post operatively there was no change in neurological condition GCS E1VTM1, pupil dilated and fixed. Post operatively CT head done on 05.08.2019 showed bilateral cerebral oedema with effaced ventricles and ground glass appearance of the brain tissue suggestive of hypoxic ischaemic damage. Grave prognosis was explained to the attendants and supportive care was continued. Patient went LAMA on 06.08.2019 at 08:46 am. No death related records have been submitted to the Delhi Medical Council, by the police, however it is mentioned in the police representation and in the complaint of Shri Karampal that the patient Shri Porus Bhangrey has expired.
2. It is observed that the medical condition viz:- pain abdomen, recurrent vomiting and nausea, not able to retain anything orally, bodyache, headache, with which the patient presented to the Aakash Hospital and further USG findings confirming cholithisis, the doctors treating him on line of epigastric ailment, cannot be said to have made an incorrect diagnosis under the prevailing condition and without the wisdom of hindsight. At that stage there were no clinical symptoms to relate a classical intracranial problem and hence line of initial treatment was focused on epigastrium. It was only subsequently discovered on CT scan that patient had hydrocephalus (of not known etiology) which led to perhaps deterioration in his condition, for which there was no warning symptom or sign. Unfortunately the sudden deterioration in his condition proved to be fatal, inspite of adequate treatment by the doctors, as the same carries high mortality.

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 Akash Hospital, Max Smart Super Specialty Hospital and Max Super Specialty Hospital, in the treatment of complainant’s son Mr. Porus Bhangray.

Matter stands disposed.

 Sd/: Sd/: Sd/:

(Dr. Arun Kumar Gupta) (Dr. Raghav Aggarwal) (Dr. Ashwini Dalmiya)

Chairman, Member, Member,

Executive Committee Executive Committee Executive Committee

 Sd/: Sd/: Sd/: (Dr. Saudan Singh) (Dr. Daljit Singh) (Dr. Anupam Prakash)

Member, Expert Member Expert Member

Executive Committee Executive Committee Executive Committee

The Order of the Executive Committee dated 22nd September, 2021 was confirmed by the Delhi Medical Council in its meeting held on 23rd September, 2021.

By the Order & in the name of Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

 Copy to:

1. Shri Karampal, V.P.O Ranwar, Tehsil & District-Karnal 132001(Haryana)
2. Dr. Prakash Singh, Though Medical Superintendent, Max Super Specialty Hospital, 1, Press Enclave Road, Saket, New Delhi-110017.
3. Medical Superintendent, Max Super Specialty Hospital, 1, Press Enclave Road, Saket, New Delhi-110017.
4. Dr. Prashant Saxena, through Medical Superintendent, Max Smart Super Specialty Hospital, Saket, New Delhi-110017.
5. Medical Superintendent, Max Smart Super Specialty Hospital, Saket, New Delhi-110017.
6. Dr. Kaukab Drakhshan, through Medical Superintendent, Akash Hospital, 90/43, Malviya Nagar, New Delhi-110017.
7. Dr. Saurabh Mohan, through Medical Superintendent, Akash Hospital, 90/43, Malviya Nagar, New Delhi-110017.
8. Dr. Chandan Das, through Medical Superintendent, Akash Hospital, 90/43, Malviya Nagar, New Delhi-110017.
9. Dr. Rahul Trehan, through Medical Superintendent, Akash Hospital, 90/43, Malviya Nagar, New Delhi-110017 .
10. Medical Superintendent, Akash Hospital, 90/43, Malviya Nagar, New Delhi-110017 .
11. SHO, Police Station, Malviya Nagar, South District, New Delhi-110017.(w.r.t No. DD No. 33B, dated 21.08.2019, PS Malviya Nagar

 (Dr. Girish Tyagi)

 Secretary