

Office of the West Bengal Clinical Establishment Regulatory Commission  
1<sup>st</sup> Floor, 32 B.B.D Bag, West Bengal, Kolkata – 700001.  
Phone:- (033) 2262-8447 , Email: [wbcerc@wb.gov.in](mailto:wbcerc@wb.gov.in) Website: [www.wbcerc.gov.in](http://www.wbcerc.gov.in)

**Case Reference: INT/BIHAR/2023/168**

Mr. Anand Kumar Jha ..... Complainant

vs

Renaissance Hospital, Teghoria.....Respondent/ Respondents

**ORDER SHEET**

Office Note	Order No.	Date	Order
	1.	04/10/2023	<p>The complaint would relate to hospital negligence and misbehaviour. The complainant is present online. The complainant's wife, the patient, is also present online.</p> <p>Preeti Kumari was admitted at the CE with history of fever that ultimately turned out to be Dengue. At the time of admission, the complainant, the husband of the patient, wanted to have his wife admitted in the general ward however, on the insistence of the doctor the patient was admitted at the ICU. According to the patient, the ICU was so chilled she was shivering. She demanded additional blanket that was given after about 30 minutes.</p>



Subsequently, the patient was shifted to general ward wherefrom she was discharged. He would complain, at the time of discharge the nursing staff did not explain the discharge summary on the plea, it would be the duty of the RMO who was not available at that time.

On the day of discharge, the complainant wanted to register his complaint and demanded Grievance Redressal Register that was not provided. He has shared with us the video made during the time of discharge.

We asked for response from CE.

According to the CE, the treating doctor evaluated the patient's health status and advised ICU admission that was given.

CE denied delay in providing blanket. According to them, as per protocol, one bed sheet and one blanket was given at the time of admission. Additional blanket was also given on demand.

On the discharge episode, the concerned doctor tried to explain that he protested making of the video when



female doctor, nursing staff and non-medical staff were present near the emergency where it was being made.

We have heard the parties at length. The patient herself would explain how she was shivering. She asked for switching off the Air conditioner that was not adhered to. On another day, while she was in general ward no blanket was given. On protest, she refused to take medicine. Next day morning the concerned nursing staff apologised.

We have considered the issue.

Whether a patient would be admitted in ICU or general ward would solely depend upon the evaluation of the health status by the treating doctor. The hospital has no hand in it. The treating doctor is present online. He would assert, on evaluation of the patient's condition he thought it to get her admitted in the ICU. We accept his version.

On the blanket issue, we are unable to accept the explanation offered by Ms. Chakraborty, representing the





CE. We rather rely on the statement made by the patient before us. However, we make it clear, her demand to switch off the Air-Conditioner was rightly not adhered to as ICU is always kept under a temperature of 22-24 degree centigrade and that is possible only by the running Air-Conditioner. Demand of blanket is just and proper. It is the boundant duty of the CE to adhere to such demand as and when the patient would make.

Ms. Chakraborty would try to defend, there were other patients who did not complain. Our esteemed Member of the panel, Ms. Madhabi Das, being an expert on the issue, would categorically make it clear, the condition of various patients undergoing treatment in ICU might not be same. Hence, their demand for blanket would vary. We deprecate the CE on that score.

On the discharge summary issue, we are with the CE. It is the duty of the RMO and / or the treating doctor to explain the discharge summary to the patient. It is not the duty of the nursing staff. If she has refused we cannot blame her. However the complainant at the hearing would



submit, there was no doctor who could explain the discharge summary.

The discharge episode that we noticed from the video, would represent an unpleasant situation that could have been and should have been avoided by the CE.

It is true that a grievance may not be necessarily be recorded in a particular register. The complaint could also be made on a plain paper. The complainant could have demanded receipt for the same. However, the situation could be appropriately dealt with and that, in our view, CE has miserably felt.

We direct the unit head of the CE to send a letter of apology for the entire episode to the patient herself at once.

We also direct them to pay a token compensation of Rs. 5,000/- to the patient herself on sharing of her bank details.

Such amount of compensation is not to compensate her for the miseries but to acknowledge her miseries and



sufferings that she had on the relevant date.

We direct the complainant's wife, Mrs Preeti Kumari to share her bank details with the CE so that money could be transferred to her at once.

The complaint is disposed of accordingly.

Sd/-

The Hon'ble Chairperson

Sd/-

Prof. (Dr.) Sukumar Mukherjee – Member

Sd/-

Prof. (Dr.) Makhan Lal Saha – Member

Sd/-

Dr. Maitrayee Banerjee – Member

Sd/-

Sri. Sutirtha Bhattacharya, IAS (Retd)- Member

Sd/-

Smt Madhabi Das – Member

*Authenticated*  
*[Signature]*  
Secretary  
West Bengal Clinical Establishment  
Regulatory Commission