

**THE WEST BENGAL CLINICAL ESTABLISHMENT
REGULATORY COMMISSION.**

Present: Justice Ashim Kumar Roy, Chairperson.

Dr. Sukumar Mukherjee, Member.

Dr. Madhusudan Banerjee, Member.

COMPLAINT ID: SPG/2017/000154.

Mr. Mridul Parui.....Complainant.

-versus-

The Calcutta Medical Research Institute (CMRI) & others.....Respondents.

Date of judgment: 06th December, 2017.

J U D G M E N T.

A letter of complaint has been received by the Commission from one Mridul Parui, the father of the service recipient, late Soumyadip Parui, a boy aged about ten years, alleging that his son died due to the negligent and deficient treatment meted out to him at the Calcutta Medical Research Institute (for the sake of brevity, hereinafter referred to as "CMRI").

2. After filing of the first complaint on 18th July, 2017, another complaint was filed on 11th October, 2017. The allegations made therein are as follows:-

On 17/06/2017, the son of the complainant fell from the bed in early morning and sustained injury on the head and became senseless at home. He was then brought to the Emergency of CMRI at around 07:20 am in the early morning and was admitted through ER under Dr. S.S. Nandy, a Neurologist. After his admission, CT Scan of brain was done immediately and he was told by the attending doctor that there was a hemorrhage in brain and a blood clot was formed and that needed a surgical operation. The complainant has agreed for such operation and signed on the consent form. But next day was a Sunday and

due to that, there was a lackadaisical atmosphere in the hospital and dearth of medical staffs. No arrangement for operation was available. Dr. Nandi visited the patient only once. The complainant was told by the hospital staff that operation would be done on the next day i.e., on Monday, 19/06/2017. However, on Monday morning i.e., on 20/06/2017 at around 03:30 am, his son suffered a further stroke and was put on ventilation. On the same day, X-rays were done and all the vital organs were found in order but on the next morning at around 08:00 am his son expired on second stroke. The complainant firmly believes if the operation could have been done on 18th June, 2017, Sunday, his son could have survived. His son died because of the negligence of the doctor and the CMRI and because no operation was done in time to prevent further bleed.

3. Having received the above complainant, immediately a notice was issued against the CMRI calling upon them to reply the allegations made against it and to furnish the medical file of the patient with the bills.

4. In response to the notice, the CMRI supplied the medical files of the patient and Dr. Nandi, the treating doctor, filed his reply in writing.

5. In his reply, Dr. Nandi stated as follows:

Soumyadip Parui, a boy of ten years, was admitted at CMRI on Saturday (17/06/2017) in the early morning with a history of bizarre restlessness from 05:00 am following a fall from bed. Soon after, he was brought to the emergency in an unconscious state with right sided weakness. He was attended and evaluated by him, a neurologist, Neuro Surgeon Dr. Ajay Agarwal, a consultant Paediatrician Dr. Ruchi Golash and the doctors attached to the Paediatric I.C.U. At admission the patient had a GCS of 6 (EIVIM4), aphasia and right hemiplegia. Pupils were equally reacting and vitals were stable. CT Scan Brain and CT angiogram were done soon after admission on 17/06/2017 to find out a large left putaminal deep seated spontaneous intracerebral hemorrhage. No external injury of scalp and skull bones were seen. Prior to fall from bed (2.5 feet height) at home, the baby had bizarre behaviour and restlessness simulating a seizure. He was admitted in CMRI early morning of 17-06-2017. He was put on immediate medical management i.e. respiratory support, seizure control and antibrain-oedema measures. The patient's condition and various treatment options were explained to his parents on 17-06-17 after admission. The surgical procedure of 'Decompressive craniectomy' was also discussed to reduce intracranial pressure in selected cases. The procedure does not remove the intracerebral haemorrhage at all. It does not always prevent the rebleed, sometimes it may trigger a rebleed. All these

risks and benefits of "Decompressive craniectomy" were adequately explained on 17-06-17. The source of blood could be from arteriovenous malformation in brain as suspected. The child was entirely asymptomatic before the current event and hence he received no treatment before. The consent was sought and other arrangements were kept ready in advance. However, the consent of Mr. Mridul Parui, father of the patient was obtained on 18-06-17 afternoon and not on 17-06-17 as per records. On 18-06-2017 (Sunday) all three concerned consultants examined again and found neurological state uniformly same as before without deterioration. They planned to repeat CT Scan brain on 19-06-17 morning if child deteriorates for second time. Unfortunately, on 19-06-17 at 3.30 AM the patient suddenly deteriorated, became apnoeic with desaturation. Clinically the patient became comatose, pupils dilated with loss of brain stem reflexes. The patient was evaluated by all three consultants in early morning on 19-06-17. All resuscitative measures were instituted all day long under supervision. However, the patient failed to respond to these measures and unfortunately expired on 20-06-2017 in the early morning. All the treating senior and junior doctors were available to give supportive measures and surgical intervention at this stage would have been disastrous.

6. The Clinical Establishment has also submitted all the documents to oppose the complainant's statement that even on Sunday all the supporting staff and O.T. were working regularly to help the Neurologist and Surgeon. The documents contain roster of doctors, nurses and technical staff of CMRI on 18-06-2017.

7. Heard the parties. Considered their respective submissions. Perused the content of the letter of complaint and the affidavits filed by the doctors. Also considered the medical literature.

8. In this case, Dr. Nandi, Neurologist and treating physician has categorically denied the allegations of Sri Mridul Parui, father of the patient by affidavit. At the same time, Dr. Anirban Mukherjee in his affidavit, on behalf of the Clinical Establishment, not only denied the allegation of non-availability of doctors and other medical staffs on Sunday but asserted that at CMRI medical service is available for 24X7 hours. It is claimed that even on 18/06/2017 being Sunday, Clinical Establishment had sufficient numbers of junior doctors, nurses and senior surgeons were on duty and available for any surgical intervention at O.T.,

if needed. In support of such claim, documentary materials were also produced before the Commission which has been carefully perused and considered.

As per review of medical literature in children with known AVM the estimated annual hemorrhagic risk is 2-4%; in a quarter of the patients the hemorrhage is often fatal [Roach E Steva et al (Stroke 2008; 39:P 2666)]. This patient had large hematoma deep in putamen. According to standard care for spontaneous hemorrhages stroke viz. to stabilize the patient with respiratory support, use of antiseizure drugs and cerebral antioedema measures are needed first. Then it is important to reduce the risk of rebleeding and to evacuate intraparenchymal hematoma. There is no compelling evidence that surgical evacuation of a supratentorial intracerebral hematoma is beneficial at any age (Shoke 2008; 39: P 2667). Surgical evacuation of supratentorial intracerebral hematoma (Shoke 2008; P 2668) is not recommended for most patients (Class III LOE-C).

Dr. Nandy, Dr. Agarwal and Dr. Golash have jointly examined, assessed and re-evaluated the patient on 18/06/2017 and found the patient was in stable condition neurologically. They decided to repeat CT brain on 19/06/17 morning.

There was discussion about the scope and limitation of 'Decompressive Craniectomy' as an adjunct measure to reduce only intracranial pressure in the meantime. In no way this is going to evacuate the hematoma. This was planned beforehand after the second pre-planned CT on 19/06/2017.

However, on 19/06/2017 at around 03:30 am the condition of the patient deteriorated. He became fully unconscious and not responding to painful stimuli. Immediately supportive measures and ventilator management were offered on consent but the patient could not be salvaged and on the next morning i.e, on 20/06/17 the patient expired. We find from the note in the Bed Head Ticket from the very day of the admission of the patient till his death that the complainant was, from time to time, informed and explained to the parents of the patient about his medical condition and treatment provided and proposed.

9. In this case after the death of son of the complainant, post mortem was conducted and the report has been produced before us.

10. The post mortem report shows intracerebral hemorrhage over left parietal lobe, diffuse subdural hematoma covering left cerebral hemisphere including undersurface and extravasation of blood covering right frontal region measuring 2"X2". These findings are quite severe. The extensive hemorrhage in the brain was the cause of his death and as a result he could not be salvaged.

11. On the face of the findings as above, the allegations of the complainant cannot be said to have been substantiated either against the doctors or against the Clinical Establishment.

12. The complaint, thus, fails and stands dismissed.

Sd/-

Justice Ashim Kumar Roy
Chairperson

Sd/-

Dr. Sukumar Mukherjee, Member.

Sd/-

Dr. Madhusudan Banerjee, Member.

Authenticated



A handwritten signature in black ink, appearing to be "J. K. Roy", written over a horizontal line.

Secretary
W.B.C.E.R.C.
Kolkata-1