

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference: WBCERC/NOR/32/2024-25&WBCERC/NOR/33/2024-25

Present: Justice Ashim Kumar Banerjee (Retired), Chairman

Dr. Sukumar Mukherjee

Sri Sutirtha Bhattacharya

Dr. Maitrayee Banerjee,

Smt. Madhabi Das.

Ms. Susmita Sen.....Complainant

- Versus-

CMRI & Anandaloke Multispeciality Hospital, Siliguri.....Respondent

Heard on: June 27, 2024,

Judgment on : September 26, 2024



## BACKDROP

Madhabi Sen, 77 years old female patient had various co-morbidities. She was initially admitted at Anandoloke Multispecialty Hospital, Siliguri on December 17, 2023. The Emergency unit of the said hospital was reluctant to admit the patient who was brought by her aged husband who was also not well. The patient was unconscious for 48 hours. Yet, they behaved in an “unprofessional” and “unethical” manner.

On perusal of the complaint it appears that the principal reason for reluctance to admit the patient was due to financial reason. The complainant, being the daughter of the patient, was at Kolkata. She requested the hospital that funds would be arranged by her as and when she would reach Siliguri however, the treatment must start immediately. The hospital insisted a huge amount of deposit that could not be arranged by the husband of the patient. On continued persuasion by the complainant over phone, ultimately the patient was admitted.

Despite attempts, the complainant could not get detailed status of the patient until she reached Siliguri on December 22, 2023 being the sixth



day of admission. The patient was then in ICU. She was kept in a corner side without any air-mattress. She was found to be lying in an unclean condition as she had passed stool on the bed itself. Her under pads were totally soaked with her stool. She was covered in a blanket and no nurse or midwife was found to have attended her when the complainant went to visit her. After being pointed out to the ICU nurse-in-charge about the unhealthy condition of the patient they were reluctant to attend the patient as according to them one nurse could not be allotted to a single critical patient. Each nurse was looking after three patients. She spoke to the hospital management and showed her dissatisfaction and disapproval. On the next day i.e. December 23, 2023 she was found to have been shifted in a clean bed with an airmattress. She was cleaned up fully covered with a blanket. So her complaint made on December 22, 2023, were taken care of.

On December 24, 2023 when she visited her mother in the morning she was astonished to find that the patient had bandage four places specially on the buttock as she had developed bed sore on her back. On being requested, the nurse opened the bandage and showed her condition of the infected bedsores which was at third stage. According to her, this could have developed during her stay in ICU. She decided



to transfer her to Kolkata and got her discharged on DAMA on December 25, 2023.

On December 26, 2023 the patient was admitted at CMRI, Kolkata. She was under treatment at the CMRI till January 17, 2024. The patient was admitted at ICU. She was in ICU upto January 5, 2024 when she was stepped down to HDU, third floor.

On January 6, 2024 when the complainant visited her mother she found her mother's bed closed to a garbage bin as also uncleaned bedsheets of other patients kept thereat. When she complained the nurse-in-charge assured, housekeeping staff would clean up soon and she should not worry about it.

On January 8, 2024, the patient got infected with "deadly bacteria" and became critical. She was again shifted to ICU on the third floor on January 9, 2024.

The patient had bleeding through her mouth. Due to convulsion in her brain she had beaten her tongue and that bled severely. The incident occurred at night and the night duty nurse was not available at the right time. No medicine except mouth wash, was given to the patient. The



concerned on duty nurse was also not well with running nose and cough.

On her request, ultimately the patient was shifted from third floor to the seventh floor where she got better treatment.

The hospital ultimately billed Rs. 19,00,000/-.The amount was so heavy, she got her mother discharged. Her mother ultimately passed away on February 15, 2024.

## **COMPLAINT**

On May 29, 2024 complainant approached us with two separate complaints against both the CEs.

## **RESPONSE**

Both the Clinical Establishments being Anandoloke and CMRI gave their respective response.

## **ANANDOLOKE**

According to Anandoloke, the patient was immediately attended by the on duty doctor on being brought at the Emergency. She was properly assessed. IV fluid and IV anti-biotics were administered. Patient was kept under nursing monitoring in Emergency room until she was



shifted to ICU. There had been some insurance complication for which some delay occurred. In fact, the complainant gave her consent to admit the patient around 5 hours after Emergency admission. The patient was ultimately admitted at 5.40 p.m. without any advance. The patient had hemo-dialysis on December 17, 2024. The Anandoloke strenuously denied that the patient did not have air bed as according to them all ICU patients have air beds in the hospitals. Bedsore was taken care of by the treating team.

The hospital ultimately billed Rs. 2,57,270.96/-. The complainant paid the amount. Allegation of payment of Rs. 7,00,000/- was denied. The complainant, in fact, lost her self-control and misbehaved with Dr Sherpa and other doctors. Anandoloke denied of any negligence on their part in treating the patient.

## **CMRI**

As stated above, the patient was shifted to CMRI on December 26, 2023 with chief complaint of altered sensorium, drowsiness, intermittent fever since two weeks before admission. It was a known case of chronic kidney disease and was on maintenance Hemodialysis, Hypothyroidism, Hypertension, Parkinson's disease, Urosepsis,



Hassimoto's Encephalopathy. On doctor's advice the said patient was shifted to the ICU. The patient had progressive drowsiness, oliguria, worsening renal function. She was unconscious and responding sluggishly to painful stimuli. She had treatment detailed in the bed head tickets produced by them before the Commission. Ultimately she was discharged on LAMA on January 18, 2024.

With regard to the allegations referred to above, the CMRI strenuously denied on the issue of unclean bedsheets. According to CE, unclean bedsheets are immediately taken away by the house keeping staff and there could not be any contact with the patient and there was no scope for any contamination.

On the issue of mouth bleeding it was contended, when hematuria was noticed it was immediately attended to. They strenuously denied illness of the on duty nurse. They also denied that the patient got "infected bacteria" to the third floor HDU.

The total bill was Rs 12,25,850/-, out of which, TPA approved Rs. 3,00,000/-. The patient paid Rs. 4,41,200/- and Rs. 4,84,650/- is still due and payable. Question of paying Rs.19,00,000/- was far from



truth. CMRI also shared medical records and BHT as well as nursing records for perusal.

## HEARING

We heard this matter on June 27, 2024 when the complainant reiterated what she had stated in her complaints made separately against both the establishments. The CE was also consistent with their written response submitted to the Commission. We have considered the issue.

## EXPERT OPINION

Our esteemed Member, Dr. Sukumar Mukherjee evaluated the medical records of both the Establishments.

With regard to CMRI his comments are as follows:

*"Two hospitalizations*

*Calcutta Medical Research Institute (CMRI) 26.12.2024 to 17.01.2024*

*Annadaloke Multispeciality Hospital 17.12.2023 to 25.12.2023*

*Patient left both the hospitals with "Leave Against Medical Advice"  
(LAMA)*

*Reason for complaints: Medical negligence and deficiency.*



*CE involved : Both the hospitals with lack of proper care culminating to LAMA and heavy financial loss.*

### **ANANDALOKE MULTI SPECIALITY HOSPITAL , SILIGURI**

#### ***" Historical Events at Anandaloke Multispeciality Hospital , Siliguri.***

*Mrs Madhabi Sen 76 years female was admitted in the above hospital on 17 December 2023 at around 17:40 hours under Dr. Abhinava Debnath, Nephrologist. However, her daughter Ms. Susmita Sen was dissatisfied with the available services in the hospital and took the discharge with "Leave against medical advice"- LAMA of her mother on 25 December 2023 at 14:55 hrs and shifted her to CMRI- Kolkata to be admitted on 26 December 2023.*

*The Major points of complaints at the above hospital are as below:-*

- a) There were some difficulties in payment during admission and there was inordinate delay. Her daughter –complainant-stay at Kolkata and she had to bear the expenses.*
- b) Smt. Sushmita Sen – her daughter reached Siliguri only on 22 December 2023 when the patient was in ICU on sixth day of admission.*



She found the patient in one corner of ICU without air mattress in very unclean condition with her undergarments spoilt with stool. She has reported with complaints of poor nursing in unhygienic condition of a sick patient. On 23 December, 2023 the patient was found to have been shifted to a clean bed with air mattress.

c) The patient had multiple health disorders with type 2 diabetes, Hypothyroidism, Parkinsonism, Pyelonephritis with Acute renal failure and Metabolic encephalopathy. She was critically ill.

d) On 24<sup>th</sup> Dec 2023 the patient was found to have multiple bedsores in 3<sup>rd</sup> stage when Smt. Sushmita Sen decided to transfer her to Kolkata at her own cost which she did on 25 Dec 2023 with LAMA.

e) Subsequently the patient was admitted at CMRI – Kolkata on 26 December, 2023.

*Comments:-*

1. Essentially there is no iota of complaints for medical negligence.
2. Very sick elderly patient with multiple major health issues was not taken due care with proper hygienic measure, pressure sores prevention and care with quality nursing at the said hospital. The said



*Clinical Establishment could have been more proactive to help the sick patient at such a critical circumstances.*

*3. However, the patient became very sick with progressive sepsis, renal failure requiring dialysis. Eventually the patient became drowsy and non-responsive with Metabolic Encephalopathy.*

*4. More so LAMA in a sick patient at this stage also led to some interruption of treatment and further worsening of the prognosis."*

## **CMRI**

*Back Ground of the patient: Known patient 76 years 6 months plus with Chronic kidney disease on maintenance haemodialysis, Hypothyroidism, Hypertension, Parkinson's disease, Hashimotos' encephalopathy, Urosepsis , Ischemic brain disease ultimately leading to Ischemic / metabolic Encephalopathy . The patient was drowsy at the time of admission.*

*Complaints in brief:*

- 1. On 06.01.2024 the patient was shifted from ICU to HDU in BN 3009 by the side of nearby "Garbage Bins". On request the patient was shifted to BN 3014 in HDU- a bit far from Garbage Bins.*



2. On 07.01.2024 the complainant noticed that there were unclean bed sheets of the patient near the Bed No 3014.
3. On 08.01.2024 the patient was sick with some infection and need to be shifted to ICU again.
4. On 09.01.2024 the complainant noticed in 3<sup>rd</sup> floor ICU that patient had seizure with tongue bite with mouth bleeding at night. Reportedly this was unattended as per complainant.
5. The complainant requested attending nurse in 3<sup>rd</sup> floor to shift her to 7<sup>th</sup> floor ICU which was duly followed.
6. Recovery in ICU was not that prompt and satisfactory and on the other hand the hospital expenses are going up to Rs. 19,00,000 ( 19 lacs as per patient).

*Comments:*

1. Essentially complaints made out are mainly related to hospital services and not medical negligence.
2. The elderly patient with multiple co-morbidities on maintenance haemodialysis, ischemic brain disease and septic- metabolic encephalopathy in ICU remain vulnerable to infection- either endogenous or hospital acquired.



3. *These sick patients are traditionally treated with high-end antibiotics, fluid and nutritional support in ICU care. Despite optimal critical care, predictable prognosis sometime remains uncertain.*
4. *Sustained organ failure in these sick patients may lead to fatal outcome despite supportive measure.*
5. *Lastly the patient took LAMA (Leave Against Medical Advice) which is unfortunate at this critical stage, hence no further comments. "*

## **OUR VIEW**

We have considered the entire backdrop as also the rival contentions. We have also carefully considered expert opinion of our esteemed member Dr. Sukumar Mukherjee.

The first establishment, according to Dr. Mukherjee, failed to take due care in a case of very sick elderly patient having multiple major health issues. According to Dr. Mukherjee, they should have been more proactive to help the patient in such a critical circumstance.

However, in the very next paragraph he has made it empathically clear, the patient was very sick with progressive sepsis and



ultimately became drowsy and non-responsive with Metabolic encephalopathy.

In case of the second establishment, Dr. Mukherjee noticed, the complain would essentially relate to hospital service where complaint was made relating to placement of garbage bins and keeping of used bed sheets near the bed of the patient. However, those are very difficult to be proved at the hearing in absence of any image being shown to us particularly when the second establishment categorically denied those two allegations.

Ultimately Dr. Mukherjee, commented that elderly patient having so much of co-morbidities, should not have been released on LAMA from both the establishments and that really triggered the criticality of the health status of the patient.

On a combined reading of both the opinions of Dr. Mukherjee two things would emerge:-

- i) The patient was too critical.
- ii) She should not have been discharged on LAMA and moved from one place to the other.

The observations of Dr. Mukherjee on the disease and its criticality is based upon his wide experience for decades. In any event those



are prima facie in nature. We cannot make any definite comment on the disease or the treatment protocol being outside our domain.

In our view, the hospital issues raised in case of both the establishments were trifle in nature compared to criticality of the situation with regard to the treatment.

It might be true, the complainant faced difficulty in the first establishment with regard to admission. It might also be true, the complainant had hygienic issues in case of second establishment. We unfortunately could not take those as sacrosanct in absence of any evidence to the said effect.

It is unfortunate, we lost the patient however, such loss would have hardly any correlation with the hospital negligence mentioned above, as opined by our esteemed member Dr. Mukherjee.

Medical issues are outside our domain. In case, the complainant approaches appropriate authority on such issue and succeeds there she would be at liberty to approach us afresh.

At this stage, we do not find any scope of interference considering the facts and circumstances discussed hereinbefore.

The complaint is disposed of accordingly.



Sd/-

(ASHIM KUMAR BANERJEE)

We agree,

Sd/-

Dr. Sukumar Mukherjee

Sd/-

Sri Sutirtha Bhattacharya

Sd/-

Dr. Maitrayee Banerjee,

Sd/-

Smt. Madhabi Das.

*Authenticated*  
*VF*

Secretary  
West Bengal Clinical Establishment  
Regulatory Commission