

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference: ID- INT/KOL/184/2024-25

Present: Justice Ashim Kumar Banerjee (Retired), Chairman

Dr. MakhanLalSaha

Dr. Maitrayee Banerjee,

Sri Sutirtha Bhattacharya, IAS (Retd)

Smt. Madhabi Das.

Mr. Ashik Iqbal .....Complainant

- Versus-

Narayana Superspeciality Hospital, Howrah .....Respondent

Heard on: November 22,2024

Judgment on: February 05, 2025

## BACKDROP

Julekha Farjana, 42 year old female patient was admitted in Emergency in a very critical state on October 15, 2024 at about 8 p.m., as contended by the complainant. At the time of admission the patient had high grade dengue fever, melena and pain abdomen. After admission, the patient was started IV fluid. The patient developed hypotension. Antibiotics was escalated to Meropenem. Central line was done. Noradrenaline was started.

Critical condition of the patient was explained to the husband. At night, blood transfusion was given. Yet, on October 15, 2024 the patient had an attack. CPR was attempted however, not possible due to resistance from the relatives of the patient. The patient was declared dead at on October 18, 2024 at 3.10 p.m. on the said date.

The CE billed a sum of Rs. 3,84,773/- out of which Rs. 2,64,773/- was discounted and the relatives paid a sum of Rs. 1.2 lakhs in full and final settlement of the bill.

## COMPLAINT

The husband of Ferzana, Md Ashik Iqbal , son of Sk Riyajuddin, filed a complaint with the Officer-in-Charge, Botanical Garden Police Station, Howrah who ultimately forwarded the complaint to us for adjudication. The complaint written in Bengali, would state the ordeal of the patient's husband. According to him, the patient was taken to the hospital at about 8 p.m. on October 15, 2024 having high Bilirubin. The next day i.e, on October 16, 2024 morning the treating doctors counseled the patient family and informed them about the criticality of the patient. According to the doctors, the patient had multi-organ failure except the brain which was still functioning. The doctors also informed them that the cost of treatment would be quite high.

They wanted to avail the Swasthya Sathi Scheme that was denied.

In the evening of the second day of admission, the patient family consented to have dialysis. On the third day of admission i.e, on October 17, 2024 the patient was ventilated without any consent being taken from the family. The doctors also informed them that the patient would have

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to go for dialysis. Next day, i.e, on October 18, 2024, from the morning they did not have any status report of the patient. Ultimately the patient relatives forcibly went to ICU and found that all the supports that had been given to the patient, were unlocked and/or removed. After seeing them, one of the doctors Dr Bihan Mondal attempted to reconnect the support and there had been some altercations between the patient relatives and the doctors that we find from the video clippings that the police authority shared with us.

According to the complainant, the doctors killed the patient by giving wrong treatment and by denying the Swasthya Sathi benefit.

## **RESPONSE**

We asked for response from the CE. CE gave their response that would give a brief idea about the patient's condition. The relevant extract is quoted below:-

*"A) Mr. Ashik Iqbal husband of Julekha Farzana, in his Petition, submitted to B. Garden P.S. stated that all treatment rendered by Dr.*

*Srikant Mahta, Dr. Neha Kulkarni and Dr. Bihan Mondal were wrong and his wife Zulekha Farzana expired due to their wrong treatment. (Page-3).*

*i) In this respect, I humbly state that the Patient was admitted to Emergency with chief complaints of high grade Dengue fever, Melena and abdominal pain on 15/10/2024 at about 9.04 pm.*

*ii) Chronologically from then, clinical incidents were described hereunder as per the attached BHT.*

*iii) ABG done showed pH 7.10, pCO<sub>2</sub> 10, HCO<sub>3</sub> 6.0, pO<sub>2</sub> 117 (on room air), lactate >15 potassium 5.8, Hb not recordable on ABG machine. 1*

*iv) Pt was started on IV fluids, bicarbonate and blood products were ordered*

*v) Labs sent showed : Hb- 3.0, TLC -71600, creatinine — 3.56, potassium — 5.18, total bilirubin 13.6, direct bilirubin-6.56, SGOT - 1740, SGPT-715*

*vi) Patient developed hypotension, antibiotics were escalated to*

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*Meropenem, central line was done, nor adrenaline was started.*

*Critical condition of the patient was explained to husband (Mr*

*A. Iqbal) At night, Blood transfusion started.*

*vii) VBG showed pH 7.03, pCO<sub>2</sub> 23, pO<sub>2</sub>-21, HCO<sub>3</sub>- 6, pO<sub>2</sub> - 21,*

*At 2 am: Patient in MICU2: An initial assessment of estimated mortality of 85% as per APACHE scoring was determined. Patient received multiple transfusions, NIV support and antibiotics.*

*viii) Morning ABG showed persistent metabolic acidosis with bicarbonate of 15 and persistently high lactate of > 15, with creatinine rising (4.33), urea rising (112), raised amylase (1959), raised lipase (1990). Nephrology opinion was taken and patient was advised for Dialysis (SLEDD).*

*ix) Mr Zahir Iqbal Halder (brother) was explained about the patient's critical condition i.e. NIV requirement, oliguria, tachycardia, tachypnoea and the impending need for intubation and mechanical ventilation, haemodialysis and further requirement of blood transfusion and the requirement of further diagnostic modalities such as*

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a CT abdomen. But he did not give consent immediately. He had been also explained about the extremely poor prognosis and outcome of the patient.

- x) Mr Zahir Iqbal Halder (brother) gave consent for CT over phone. 2D echo done showed EF 62% with no RWMA, grade I LVDD. At afternoon CT abdomen was done, provisional findings was communicated to the patient's husband and critical condition also explained. Haematologist opinion was taken and advice was followed.
- xi) ECG changes were seen on continuous ECG monitoring, a 12 lead ECG was done which showed ST-T changes subsequently high (37.8).
- xii) Patient started to deteriorate, she became restless and was desaturating on NIV with further increase in tachycardia. NIV support was increased. A repeat 2D ECHO was done which showed inferolateral wall hypokinesia with compromised LV function.
- xiii) ABG showed hypoxemia with P/F ratio being 100 along with

*persistently increased lactates. Cardiology and infectious disease specialist opinion were taken. Patient was then intubated and put on ventilator. Post intubation CXR showed bilateral diffuse infiltrates. Patient was requiring FiO<sub>2</sub> with high PEEP requirements. ABG was repeated which showed a pH of 7.22 pCO<sub>2</sub> 53, pO<sub>2</sub> 124(on FiO<sub>2</sub> 100%) HCO<sub>3</sub>-20.5, lactate -8.1.*

*xiv) In view of high oxygen requirement and hemodynamic instability requiring high vasopressors, the patient's husband and brother were told about the grave prognosis and the possibility of imminent death. Patient's family were allowed visitations for further 15-20 persons more of their known people.*

*xv) Work up for macrophage activation syndrome showed increased ferritin levels (>30,000) and raised triglycerides(>525). Dexamethasone was started after consulting with haematologist. Patient continued to be critical with persistent tachycardia and increasing vasopressor requirement.*

*xvi) ABG done showed pH 7.20, pCO<sub>2</sub> 50, pO<sub>2</sub> 197, HCO<sub>3</sub> 18.5,*

*lactate 7.2.. Haemodialysis (SLEDD) was given for 6 hrs after consulting with nephrologist.*

*xvii) Patients family were clearly communicated that the patient has a multi organ failure, it is hard to say if she would survive.*

*xviii) ABG showed increasing lactates (5), with persistent anuria and double vasopressor support.*

*xix) On 18/10/2024, 2.17 pm to 2-30 pm : Patient had a systole.*

*CPR was attempted but the patient's relatives (husband and two brothers) interfered and pushed the attending doctors and nurses away hurling abuses and threats calling in more people from the lobby, and didn't allow anyone to touch the patient to perform CPR.*

*xx) Patient was then declared dead at 3.10 pm after a prolonged a systole due to non-allowance of intervention by the patient's family (husband and others who were present in the ICU at the*

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time).

xxi) In support of our above statements, we beg to produce the BHT,

All Diagnostic Test Reports, Party's Various Consents, All

communications details with the Hospital and lastly refusal to

undergo Autopsy in front of Police.

xxii) We beg to reiterate that Patient had succumbed to death due to

dengue haemorrhagic fever with multi organ dysfunction.

(B) Mr. Ashik Iqbal also expressed his grievances of not accommodating Zulekha Farzana under swasthya sathi scheme. But neither they produced any SS card to the Hospital nor did they submit any letter in this respect.

(C) The Complaint Ashik Iqbal only attach the final bill along with his Complain to the police authority. I hereby beg to produce the copy of the final bill wherein it can be observed that the total bill amount was of Rs 3,84,773/-out of which Rs 2,64,773/- discount was given and the party paid Rs. 1,20,000/- only. The above indicated payment of Rs.1,20,000/-

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out of Rs. 3,84,773/- off set the claim of not accommodating the complainant under Swasthya Sathi scheme.

(D) Mr. Ashik Iqbal in his complaint to OC, B. Garden P. S. didn't raise any matter related 'to patient care service, deviation from declared fees and charges, refusal of supply of copy of Medical records and allied matters, alleged irrationally and unethical trade practice against the hospital " ..as described by sec 38 ( iii ) of WBCERC Act, 2017.

In the light of our above submission, we beg to state that the Charges levelled against us are not based on facts. ”

## **HEARING**

We have heard the complaint on November 22, 2024 and reserved the judgment.

At the hearing, the complainant, the husband of the patient, was critical about the behavior of the doctors and paramedical staff of the CE. He would reiterate what he had stated in his initial complaint before the police authority subsequently referred to us.

The CE denied each and every allegation. They would contend, the patient was too critical. Yet, the treating team tried their best. On the fateful day at about 2.17 p.m. the patient required CPR however, the patient family members forcibly entered the ICU and physically assaulted the doctors and prevented them to attempt CPR to the patient.

We have heard in detail the rival contentions.

### **EXPERT VIEW**

Since our esteemed member Dr. Sukumar Mukherjee was not present at the hearing panel we sent records to him with a request to evaluate the entire medical records that the CE shared with us. After evaluation, Dr. Mukherjee has given his opinion that is extracted below:-

*"The patient had a diagnosis of Dengue Hemorrhagic fever with Macrophage Activation Syndrome. She has been treated with supportive therapy with ventilation, Dialysis plasma and fluid therapy within 3 days stay in hospital. The patient was too critical to come out of supportive therapy and she died on 18/10/2024. I have nothing more to suggest about supportive therapy."*

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## **OUR VIEW**

There are two issues principally raised by the complainant :-

- i) SwasthyaSathi benefit was denied to the patient.
- ii) The patient's relatives are not sure as to what treatment the treating team had given to the patient that ultimately resulted in death of the patient.

## **SWASTHYA SATHI & BILLING**

At the hearing, we specifically asked the CE why Swasthya Sathi benefit was not given. According to the CE, neither the Swasthya Sathi Card were produced at the time of admission nor did they submit any written request in that regard. Yet, the hospital discounted a major part of the bill to accommodate the complainant who lost his dearest and nearest one at an early age.

We find from the records, the CE billed Rs. 3,84,773/- out of which Rs. 2,64,773/- were discounted and the patient family had to pay a sum of Rs. 1.2 lakhs only. Considering the treatment that was given

to the patient as would appear from the records including the investigations done from time to time, we do not find any scope to interfere on the billing issue. On Swasthya Sathi issue, there is no proof that any contemporaneous complaint was made to the Department or to us about the denial of such benefit. Hence, we are not impressed with the submissions of the complainant on the first issue. The first issue is thus rejected.

### **TREATMENT**

On the treating protocol, according to Dr. Mukherjee, the patient had dengue fever with Macrophage Activation Syndrome. She had been treated with supportive therapy with ventilation, dialysis, plasma and fluid therapy during her stay at the hospital. She was too critical to come out of the supportive therapy and ultimately breathed her last. According to Dr. Mukherjee, he had nothing more to suggest about the supportive therapy.

The scrutiny of the treatment protocol is completely outside our domain. Hence, we do not wish to make any comment on the same

and leave it open to the complainant to approach appropriate authority if they so like.

### CAVEAT

We make it clear, since there had been law and order issue resulting in a criminal case initiated by the police let the same be brought to the logical conclusion restricted to the post-death incident that had happened at the CE on October 18, 2024.

### RESULT

The complaint is disposed of accordingly.

Sd/-

(ASHIM KUMAR BANERJEE)

We agree,

Sd/-

Dr. Makhan Lal Saha – Member

Sd/-

Dr. Maitrayee Banerjee,

Sd/-

Sri Sutirtha Bhattacharya, IAS (Retd)

Sd/-

Smt. Madhabi Das.

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*Authenticated*  
*[Signature]*  
*[Signature]*

Secretary  
West Bengal Clinical Establishment  
Regulatory Commission