THE WEST BENGAL CLINICAL ESTABLISHMENT REGULATORY COMMISSION.

Present: Justice Ashim Kumar Roy, Chairperson.

Dr. Sukumar Mukherjee, Member.

Dr. Gopal Krishna Dhali, Member.

Dr. Makhan Lal Saha, Member.

Dr. Madhusudan Banerjee, Member.

Dr. Maitrayee Banerjee, Member.

Smt. Madhabi Das, Member.

COMPLAINT ID: NPG/2017/000171.

Mr. Gobinda Chandra Mondal.....Complainant.

-versus-

Apollo Gleneagles Hospital & others.....Respondents.

Date of judgment: 2nd February, 2018.

J U D G M E N T.

The complainant, the husband of the service recipient, has approached this Commission against the Clinical Establishment, Apollo Gleneagles Hospital (in short, Apollo) and 3 doctors alleging negligence in treatment and in patient care service. His allegations in brief are as follows:-

His wife, the service recipient aged about 59 years, who was undergoing treatment at Apollo for renal dysfunction under Dr. Abhijit Tarafder, was advised dialysis twice a week.

According to the schedule of dialysis on May 12, 2017 at around 10am in the morning, the complainant took his wife to the Apollo. On that day no medicine was taken by her as advised by the doctor including the medicine for blood pressure. At around 11am, the patient was admitted in dialysis unit for maintenance of haemodialysis. He was all through present by the side of his wife and noticed blood pressure was not checked up properly every hour as per the medical protocol at the dialysis unit. The patient was left alone in the unit in one corner. Dialysis was initiated at around 12.05pm. No doctor, ward sister, nurse, technician or even trainee nurse was available when the BP was found high and uncontrollable. No drug was administered when hypertension was detected, even the patient had to walk down from the second floor to ground floor and no wheelchair was provided. When she went for dialysis, she was completely steady but during dialysis she became sick due to the negligence of the doctor and the hospital staffs in taking care of her. At around 3.30pm, he went to billing section and after 15 minutes, he found that his wife has been shifted to emergency department. The emergency doctor advised CT scan and service of a neuro surgeon was requisitioned. But no neurosurgeon visited her and only looking at the CT scan report advised medicine. She was shifted to ICCU and put on ventilation and on the 3rd day she expired due to negligence in treatment and deficiency in service. The complainant blamed that Dr Abhijit Tarafdar refused to treat her under WBHS.

After filing of the letter of complaint, the complainant filed an affidavit. In the said affidavit, he has not only alleged negligence in treatment, he further alleged that a lot of complaints received by the Government against the Apollo, the State Government has revoked the tie up.

2. On the other hand, 3 doctors who participated in the treatment of the patient viz Dr. Kajal Das, Dr. G. D. Gupta and Dr. Abhijit Tarafder separately filed their affidavits refuting charges brought against them. The complainant has also responded to those affidavits by filing replies in the form of affidavit.

3. Dr Abhijit Tarafder in his reply categorically denied that service recipient was having regular follow up in his unit at Apollo. According to him, from January 27, 2017 to February 3,

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2017 she was admitted at Apollo under Dr M K Jain, consultant nephrologist. In the discharge summary dated February 3, 2017, it was categorically mentioned that the patient should attend the OPD for necessary follow up treatment. But she did not comply with such advice and never attended OPD from February 3, 2017 to May 12, 2017 that day she came for dialysis. Dr Tarafdar claimed that dialysis session on OPD basis is usually carried under available Nephrology Consultant on that specific day or as per choice of the patient party to avail emergency services if needed for expert opinion. More so a patient is dialyzed on OP (out-patient) basis and is not admitted under any consultant. The senior consultant nephrologist is neither the attending doctor under whom the dialysis is carried out nor it is mandatory that the patient should undergo treatment before or after dialysis under the same consultant. The patient got her registered for OP (outpatient) basis dialysis twice a week. She was following the dialysis session as advised but never cared to follow up in OPD. This is a lapse on the part of the patient. According to Dr Tarafdar, in his *'usual dialysis patient round'* at around 12noon on 12/5/2017 found that her BP was normal and she was clinically stable. At around 4-30pm on 12/05/2017, Dr Tarafdar was informed by Dr Gobardhan Gupta, PG DNB Registrar in Dialysis unit that the patient, Dipti Mondal was having very high BP during dialysis and despite all efforts BP was not normalizing when Dr Tarafdar without any loss of time rushed to the dialysis room and found that she indeed had uncontrolled BP, little drowsy but responsive and there was no localizing neuro deficit. According to his clinical impression the patient was in hypertensive Encephalopathy. Considering the condition of the patient, he decided to shift her to the emergency department, in the same floor and a few yards away so as to ensure emergent management could be started without delay. During the transit, Dr Tarafdar and Dr Gobardhan D Gupta were with her. At emergency department all possible service was rendered to the patient to the best of the efforts. Immediately rapid acting BP lowering medicine in the form of GTN drip and then labetalol was administered to control her BP. Initially she responded to the treatement but her condition started deteriorating. At the time she was shifted to emergency there was no localizing signs of neuro deficit.Soon she was found after repeated neurological assessment that there are signs of neuro deficit. A neuro imaging was advised. While she was removing to radiology department he returned to OPD to attend his other

critically ill patient but Dr Gobardhan D Gupta, the nephrology registrar was with her and was apprising him about the development of the patient. After his OPD was over during round of indoor patient and dialysis unit he again visited the patient at around 9pm and found she has already admitted under the department of neuro surgery as in neuro imaging she was found to have been suffering from intra cerebral hemorrhage. Dr Tarafdar claimed that the area where the dialysis procedure is conducted is highly restricted to prevent infection and to ensure privacy of the patient. Even doctors, nurses and technicians had no access to the dialysis room without their biometric card. Before the dialysis room there is nursing station and no one have any access to the dialysis room without crossing it. No bystander including the patient parties are allowed to cross the nursing station. Therefore, it is completely impossible for anyone to watch anything happening inside there. He categorically claimed the allegations "not checked properly" or "no follow up treatment was given" or the patient was "alone in the ward" and "no trainee nurse, ward sister or doctor was there to nurse and to treat the patient on that particular date and time which resulted in her death" are false.

4. Similarly, Dr. Kajal Das, Neuro Surgeon, in his affidavit denied all the allegations brought against them by the complainant. According to him, the patient was admitted under him with intracerebral hemorrhage. She was a known case of multiple comorbid illness (end stage of renal disease) and on haemodialysis. She was having hypertension and was on blood Tab Ecospirin. It is categorically denied that in spite of call he did not visit the patient. He had seen the patient on May 12, 2017 around 7.15 pm in the emergency department, around 9 pm at neuro ICU. Those facts are documented in the BHT of the patient. The details of the disease treatment plan had been discussed with the patient's relative after she was admitted in neuro ICU. She was on conservative treatment with cerebral decongestants, anti convulsive drug, anti hypertensive drug and was provided ventilation, considering her clinical status. The patient had multiple comorbidities and was taking blood thinner. Opinion from cardiologist for high blood pressure and second opinion from another neuro surgeon was also taken for her treatment plan. She suffered a second stroke on the second day of her admission and developed massive intracerebral hemorrhage. Her sensorium rapidly deteriorated and in spite of all efforts, she expired on May 14, 2017.

Cont...p/5

5. Heard the parties. Considered their respective submissions. Perused the affidavits filed from their side as also the Bed Head Ticket. The members with the medical backgrounds actively participated in the deliberation.

6. On careful perusal of the BHT, we find as follows:

Dialysis was started at around 12-05pm on 12/5/2017 in Dialysis unit, Apollo Gleneagles Hospital. BP monitoring and supervision were done regularly as done in earlier occasion. The patient was having regular haemo dialysis since 22/10/2015 twice a week till 07/05/2017 without any complaint. The record does not reveal that there was any lack of supervision during dialysis on 12/05/2017. The initial BP 150/70 is acceptable to hold anti hypertension otherwise there may be a chance of post dialytic hypotension.

The BP was visibly high from the time of dialysis till 4.15pm on 12/05/2017 and treatment was given with drugs like Cilacar, nifedipine and modified regime of dialysis as a Standard of care was followed. The BP remained uncontrolled with 160-220/70-100. During dialysis on every ½ hour BP was recorded. As per authentic medical literature, this intradialytic hypertension happens to occur in around 15% cases and mostly caused by volume overload, sympathetic overactivity RAAS activation and dialysis specific factus like net sodium gain etc (reference...Jula K Inrig MD MHS Am J Kidney Dis 2010 March; 55-(3) 580-589). In this index case with modified dialysis regime, the increase in BP was resistant to ultra filtration (reference...Levin NW Intradialytic hypertension Semein Dial 1993; 6; 370-371 Cirit M et al Paradoxical rise of BP during ultra filtration in dialysis patient Nephro Dial transplant 1995;10:1417-1420). In ER again, hypertension was further treated with GTN drip and injection Labatol BP was controlled. The lad massive intra cerebral haemorrhage mostly due to uncontrolled intradialytic hypertension. Neuro Surgeon did his best under the prevailing circumstance for any corrective intervention in this case to salvage the patient. From the records available deficiency of service could not be proved. The dialysis unit is only accessed through biometric entry card and not otherwise and the door of dialysis unit could not remain open for long time as alleged by the complainant. Therefore, the question of its remain open for long time does not arise at all. More so, in between the dialysis unit and the corridor, there

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is an intervening room 'nursing station' and, therefore, what is going on inside the dialysis room is not visible by the person standing outside. More so the patient remained in the second room of dialysis unit which is rather difficult to observe from outside the dialysis unit as alleged by the patient's husband.

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. There is no complaint against billing system.

No deficiency or fault was detected. Thus, the complaint fails and stands dismissed.

Sd/-
Justice Ashim Kumar Roy
Chairperson

Sd/-
Dr. Sukumar Mukherjee, Member.

Sd/-

Dr. Gopal Krishna Dhali, Member.

Sd/-

Dr. Makhan Lal Saha, Member.

Sd/-

Dr. Madhusudan Banerjee, Member.

Sd/-

Dr. Maitrayee Banerjee, Member.

Sd/-

Smt. Madhabi Das, Member.

Secretary
W.B.C.E.R.C.
Kolkata-1
Authenticated.
2/2/2018

West Bengal Clinical Establishment Regulatory Commission
Kolkata-1