

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: WBCERC/KOL/269/2024-25**

Mr.Gopal Chandra Poddar ..... Complainant

vs

Manipal Hospital, (AMRI, Dhakuria) & (AMRI, Mukundapur)

.....Respondent/ Respondents

**ORDER SHEET**

Office Note	Order No.	Date	Order
	1.	09/04/2025	<p>The complaint would depict a total lackadaisical approach and delay in taking appropriate decision for admission of a stroke patient who was unnecessarily kept for about five hours on a wheel chair practically, without any treatment.</p> <p>The patient, having so much co-morbidities, had an accidental fall on February 16, 2025. The family contacted Manipal Mukundapur for consultation of neuro surgeon Dr Kaushik Sil. Accordingly, the appointment was fixed on urgent basis at 1 p.m. The patient visited Dr. Sil when Dr. Sil advised CT Brain and immediate admission. Since he is also attached to Manipal Dhakuria he advised admission may be done at Dhakuria Unit.</p>





The patient family, without wasting any time, proceeded to Dhakuria and reached there at 3.30 p.m. (according to Dhakuria unit) when the patient was attended and CT Brain was done at 3.52 p.m.

The mismanagement started from that time. Instead of admitting the patient or consulting Dr Sil over phone who was not available at that time at Dhakuria the patient was referred to Dr Biswajeet Paul, Neurologist who advised general bed admission. On the insistence of the family he changed his advice to ICU/HDU admission that would appear from his prescription.

According to the complainant, since the patient wanted to have admission under WBHS category the admission desk refused admission initially, on the ground that the patient was advised general bed admission and subsequently after seeing the changed advice, on the ground that there was no vacancy in WBHS quota.

The patient was there for about five hours without any treatment. At about 8.30 p.m. they could get an assurance from Manipal, Mukundapur and got the patient





transferred to Mukundapur and admission was done without any hassle in ICU category under WBHS.

The CE, in their response, would submit, Dr Paul suggested general bed admission hence, they insisted on general ward admission that the complainant did not agree. The correction made in hand by Dr. Paul was not incorporated in their system. They would deny that the admission was ever refused for the reasons mentioned by the complainant or otherwise.

The patient had so much of co-morbidities. Dr Sil, on examining the patient, advised admission at Dhakuria and CT Brain procedure to be done. Dr. Sil is attached to both the units running under the same management. It appears from the record that his assistant contacted Dhakuria Unit for admission and Dhakuria Unit acknowledged such fact as submitted by the complainant.

On combined appreciation of the facts, it is clear that at about 1 p.m. Dr. Sil advised admission at Dhakuria and investigation of CT brain. The patient arrived Dhakuria Unit straight from Mukundapur at 3.30 p.m. Dhakuria





		<p>unit got the CT Brain done at 3.52 p.m. The Dhakuria unit could have consulted Dr. Sil over phone who was not available at that time in OPD by sending soft copy of the report for his examination and appropriate follow-up advice. It was not done. There could be no question of referring the patient to Dr. Biswajit Paul, Neurologist whom the patient did not intend to get admission. The patient, on the advice of Dr. Paul, requested several times for ICU admission and tried to persuade the admission desk however, all attempts went in vain till 8.30 p.m. when the patient family could get an assurance of vacancy at Mukundapur.</p>
--	--	--

The complainant present online, would submit that the patient is now under comatic stage and would need prolonged treatment. According to him, this could have been avoided had there been no delay at Dhakuria.

The lackadaisical approach of Dhakuria unit cannot be condoned. Whether such delay caused deterioration of the patient's condition or not, can not be looked into by us being not within our domain. However, the total



		<p>mismanagement and harassment of the patient for five hours could not be overlooked.</p> <p>We impose a penalty of Rs. 50,000/- on Manipal Dhakuria.</p> <p>The complainant is directed to share his bank details so that money could be transferred to him at once.</p> <p>The complaint is disposed of.</p> <p>Sd/- The Hon'ble Chairperson</p> <p>Sd/- Prof. (Dr.) Sukumar Mukherjee – Member</p> <p>Sd/- Prof. (Dr.) Makhan Lal Saha – Member</p> <p>Sd/- Dr. Maitrayee Banerjee – Member</p> <p>Sd/- Sri. Sutirtha Bhattacharya, IAS (Retd)- Member</p> <p>Sd/- Smt Madhabi Das – Member</p> <p><i>Authenticated</i> <i>[Signature]</i></p> <p><b>Secretary</b> <b>West Bengal Clinical Establishment</b> <b>Regulatory Commission</b></p>
--	--	---