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Case Reference: INT/HGY/2025/010

Present: Justice Ashim Kumar Banerjee (Retired), Chairman

Dr. Sukumar Mukherjee,

Dr. Makhan Lal Saha

Dr. Maitrayee Banerjee,

Sri. Sutirtha Bhattacharya, IAS (Retd)

Smt Madhabi Das – Member

Mr. Sanjoy Ghosh .....Complainant

- Versus-

Woodlands Multispecialty Hospital Ltd .....Respondent

Heard on: April 09, 2025.

Judgment on : July 09, 2025.

## BACKDROP

A 51 years old male patient was admitted at Woodlands Multispecialty Hospital on January 20, 2024 through Emergency, with slurring speech and left sided weakness. The patient was on anti hypertensive medication. Coronary angiography and pericardiocentesis was planned on the basis of ECG and Echocardiogram report. The patient was initially admitted under Dr. Saroj Mondal, Consultant Cardiologist and then transferred under care of Dr. Sunil Baran Roy, Cardiologist and Dr. Saptarshi Basu, physician. Considering neurological problem, Dr. Deep Das, consultant neurologist, was also involved in the treatment process. In course of hospital stay, the patient had sudden deterioration of kidney infection and diagnosed AKI (Acute Kidney Infection) due to increase of creatinine and urea level. Dr. Jayanta Basu, consultant Nephrologist was referred. Dr. Basu advised haemodialysis. However, the patient's relatives wanted to have a second opinion and another consultant Nephrologist Dr. Lalit Agarwal was consulted. Dr. Agarwal also advised haemodialysis. Altogether nine dialysis were



done. In the midst of treatment Dr. Sunil Baran Roy, Cardiologist withdrew himself from the treatment process without having any dialogue with the patient relatives. The patient was released under DAMA and transferred to Apollo Hospital where he was treated by the Cardiology and Nephrological team.

The patient is now recovering at home as we understand at the time of hearing.

### **COMPLAINT**

The patient himself, filed a complaint to us on March 12, 2025 inter-alia, alleging wrong treatment and negligence by the treating team as well as hospital negligence by Woodlands.

The relevant extract of the complaint is reproduced below:-

*"Erroneous Treatment by Dr. Sunil Baran Roy:*

*Upon transfer to the Cardiology Department, Dr. Roy determined that angiography was unnecessary and decided to remove the fluid. The procedure was carried out on 22.01.2024 in the Cath Lab after obtaining my wife's consent. Initial pathological and ultrasound reports indicated normal kidney function.*

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*Adverse Reaction & Deterioration:*

*Following an injection administered by Dr. Roy, I experienced extreme restlessness and nausea. My urine output significantly decreased the next day, and I was suddenly referred to nephrologist Dr. Jayanta Bose. Despite having no prior kidney ailments, I was informed that I required immediate hemodialysis.*

*My wife arranged for an urgent consultation with Dr. Lalit Agarwal, who confirmed the necessity of dialysis.*

*Doctor's Withdrawal & Emergency transfer:*

*On 25.01.2024, my heart rate spiked to 155-160 bpm, and I faced breathing difficulties. Dr. Roy withdrew from my case without explanation and refused to respond to my wife's calls. Sensing severe medical negligence, my wife arranged my immediate transfer to Apollo Super Specialty Hospital.*

*Treatment at Apollo Hospital:*

*I underwent nine dialysis sessions and a renal biopsy under the care of Dr. P.C. Mondal and Dr. Manish Jain. It was confirmed that I had*



*no pre-existing kidney disease, and my condition had deteriorated due to erroneous treatment at Woodlands. Even now, I am unable to use my left hand where the injection channel was created."*

## **RESPONSE**

We forwarded the complaint to Woodlands Multispeciality Hospital on the next day i.e, March 13, 2025. Woodlands Multispeciality Hospital, by their letter dated March 21, 2025, replied to the same.

According to Woodlands Multispeciality Hospital, the patient was initially admitted through Emergency under Dr. Saroj Mondal, consultant cardiologist. After primary evaluation that revealed cardiological problem. On January 22, 2024 he was transferred under care of Dr. Sunil Baran Roy, Consultant cardiologist and Dr. Saptarshi Basu, physician. Dr. Deep Das, consultant neurologist was also involved to look after the co-morbidities relating to neurology. In course of treatment, the patient developed AKI and Dr. Jayanta Basu was consulted when he advised haemodialysis. The patient relatives did not agree with Dr. Basu and wanted to have a second opinion from Dr. Agarwal, nephrologist, who also

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advised haemodialysis and haemodialysis was done. On January 25, 2024 Dr. Sunil Baran Roy, withdrew himself from the treatment process. The patient relatives got the patient discharged under DAMA on the same day i.e. January 25, 2024.

### **HEARING**

We placed this matter for hearing on April 9, 2024 when we heard the complainant's wife and daughter who supported the complaint on behalf of the patient.

### **MS. SUMITA MUKHERJEE**

At the time of hearing Ms. Sumita Mukherjee, the wife of the patient narrated her ordeal that is summarized as under:-

Sumita's mother had been undergoing treatment at Woodlands under Dr. Sunil Baran Roy, Cardiologist.

On January 21, 2024 Mr. Sanjay Ghosh, Officer of State Bank of India, while working at his workplace, suddenly became ill. The office authority informed Sumita. By the time she reached his office, the complainant came out of his discomfort. Since her mother had already been undergoing treatment at Woodlands under Dr. Roy she



took her husband to the Emergency for examination. They reached Woodlands at 5 p.m. when from 5 to 8 p.m. they were made to wait. She then contacted a very important personality of the State and with her intervention Dr. Saroj Mondal, Cardiologist examined the patient and advised admission. Since her mother had already been under treatment of Dr. Roy on her request the patient was admitted under Dr. Sunil Baran Roy. At the time of evaluation a paramedical staff pushed an injection in his abdomen. Despite being asked for, she could not get any information about the injection. They also drew blood sample for pathological tests. He was ultimately sent to HDU. Due to intervening Saturday and Sunday no positive treatment was done. Along with Dr. Roy, Dr. Saptarshi Basu, physician was also involved in the process of treatment. Upto 23<sup>rd</sup> morning the patient was normal and there was no serious discomfort. On 24<sup>th</sup> morning she received a message on phone that Dr. Jayanta Basu, Nephrologist was engaged in the process of treatment. She was never counseled as to why a Nephrologist was involved in the process. She rushed to the hospital when the nursing staff informed that he had been restless on the 23<sup>rd</sup> night. His renal profile became so adverse he was advised by



Dr. Basu for dialysis. She inquired how a patient who was absolutely normal on 23<sup>rd</sup> evening could become so critical and that too, requiring dialysis to be given. At that juncture Dr. Puspita Mondal, Critical Care Expert, misbehaved with her and asked the nursing staff to remove her from the HDU. She also informed that the patient might be shifted to ICU followed by ventilation.

According to Sumita, the injection pushed at the Emergency might have caused acute kidney infection. The patient's creatinine was 1.12 at the time of admission that became 10 when the patient was shifted to Apollo. She was totally clueless how the patient could suddenly have acute kidney infection. She immediately brought the patient under DAMA and admitted him at Apollo on January 25, 2024. The patient is now cured.

Sumita would raise serious issue as to how a patient who had no such co-morbidity got acute kidney infection. She contended, it must be due to serious negligence on the part of the hospital as well as the treating team. Moreover, at the crucial hour when the patient became so critical Dr. Roy suddenly left the patient in the midway without



assigning any plausible reason.

She would also raise serious issue as to why no cardiologist attended the patient at the crucial hour when Dr. Roy left the treatment process in the midway.

### **OUR VIEW**

We heard the parties at length and the treating doctors including Dr. Puspita Mondal, Critical Care Expert against whom the relatives contended, she misbehaved with them. The treating doctors had interaction with our esteemed Medical Member Dr. Sukumar Mukherjee and tried to explain the treatment process.

### **DR. PUSPITA MONDAL**

At the hearing Dr. Mondal strenuously denied the allegations made against her.

It is difficult to accept one version against other in absence of appropriate evidence. In the ICU/ITU area CCTV is not permitted to be installed. Hence, we are clue less on that score.

Considering the circumstantial evidence we would rather believe the complainant's version.

Sumita, would contend, her mother was under constant treatment of Dr. Biswajit Ghosh Dostidar another consultant of Woodlands. She lost her mother during the period when her husband was passing through a crucial time because of the acute kidney infection. Yet, she had no complaint as against Dr. Biswajit Ghosh Dostidar, under whom her mother got treatment as In-House patient thrice. She also contended, Dr. Saptarshi Basu tried his best to save her husband. Even Dr. Basu expedited the process of discharge.

Considering the above, we cannot brush aside the allegation against Dr. Mondal.

#### **DR. SUNIL BARAN ROY**

Dr. Sunil Baran Roy, examined the patient even on January 25, 2024 when he declined to continue treatment without assigning any reason.

Dr. Soumitra Chattopadhyay, Additional Medical Superintendent would try to justify the conduct of Dr. Roy by contending, since Dr. Roy found that there had been no more cardiological problem and



immediate intervention of nephrologist was required he suggested nephrology referral. However, we do not find any such recording by Dr. Roy in BHT on January 25, 2024. Rather, we give credence to what the complainant would say. According to her, Dr. Roy referred the patient to Dr. Joyanta Basu, however, patient relatives wanted to have a second opinion from Dr. Lalit Agarwal and they subsequently wanted the patient to be treated with Dr. Agarwal. Dr. Roy thus became annoyed. We feel, Dr. Roy's conduct was certainly unethical.

At the end of the hearing, we asked Woodlands to make an In-House enquiry on the issue relating to Dr. Roy and Dr. Mondal. We are sorry to say, subsequent communication by Woodlands to us, vide letter dated May 20, 2025, is nothing but a reproduction of their contentions that they made before us. No independent enquiry seems to have been made by Woodlands on that score.

There is one more issue. Woodlands is a private establishment. They must honour the wish of the patient relatives. At the crucial hour no cardiologist was involved when Dr. Roy left the patient in the mid

way. No explanation is forthcoming from Woodlands as to why another cardiologist was not involved in the treatment process.

The conduct of both the doctors are not above board. Woodlands has responsibility to discharge towards the patient. They cannot avoid their responsibility on that score.

The complainant through his wife also gave a reply to the same vide letter dated June 9, 2025 repeating the contentions raised statement made by Woodlands in the said letter dated May 20, 2025..

We have perused the medical records, got it evaluated by Dr. Mukherjee. Dr. Mukherjee gave his opinion on the issue that is extracted below:-

*"Mr. Sanjoy Ghosh 50 years old known hypertensive on Telmisartan 80 mg and Betaloc 75 mg daily was admitted on 20.01.2025 at Woodlands Hospital with slurring speech and (L) upper limb numbness and partial weakness.*

*The patient was first examined by Dr. S. K. Mondal Cardiologist who suggested investigations like ECG, Echocardiogram and likely coronary angiography. However, the patient was admitted on*

20.01.2025 under joint supervision of Dr. S B Roy, Cardiologist and Dr. Saptarshi Bosu, Physician. After investigations large pericardial effusion was detected. CT brain was done which showed old cerebellar infarct but no acute brain infarction to explain his slurring speech and numbness left upper limb. Presumably it was considered 'transient ischemic attack.'

Dr. S.B.Roy, Cardiologist decided to do pericardiocentesis for large pericardial effusion but without cardiac tamponade for diagnostic purpose. This pericardiocentesis was done on 22.01.2025 and pericardial fluid was found to be haemorrhagic with exudative pattern; pericardial fluid examination revealed predominant RBC, lymphocytes with normal ADA and the Gene expert for TB turned to be negative. A post aspiration pig-tail is kept in situ to do drainage if necessary.

Routine investigations showed mild leucocytosis and creatinine level was 1.05 mg percent on 20.01.2025. Subsequently, urine output was found to be declining with normal BP and quick rise of creatinine to more than 6 mg percent by 24.01.2025. Dialysis was planned in

consultation with two nephrologists Dr. Jayanta Bose and Dr. Lalit Kumar Agarwal on 24.01.2025 and haemodialysis started soon for acute renal failure at Woodlands Hospital.

Further blood tests and autoimmune markers were done which showed ANF negative, DS - DNA negative, C- ANCA negative but P- ANCA was found positive in 1/20 dilution. Urine examination revealed Proteinuria, RBC and cast.

The relatives including his wife preferred to discharge Mr. Sanjoy Ghosh, patient 'against medical advice' as they were dissatisfied with Woodlands Nursing Home for various reasons including medical negligence and to shift him to Apollo Hospital, Kolkata on 25.01.2025 under care of nephrologist Dr. Manish Kumar Jain. The patient was investigated further along with supportive care of cardiologist Dr. P C Mondal and others. He stayed there till 14.02.2025 after getting better with drugs and dialysis. During his stay at Apollo Hospital he was found to have the following clinical issues as below:-

a) Acute kidney injury on dialysis.

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- b) *Residual haemorrhagic pericardial effusion without tamponade*
- and*
- c) *probable bilateral pleural effusion*
- d) *Right bundle branch block with Atrial fibrillation*
- e) *Hypertension – controlled*
- f) *Transaminitis*

*Renal biopsy was done on 09.02.2025 As per discharge summary on 14.02.2025 it showed a diagnosis of Rapidly progressive Glomerulonephritis only. Incidentally autoimmune markers including P- ANCA turned out to be negative at Apollo Hospital. And ANF was also negative at Apollo Hospital but Anti basement antibody titre report was not available.*

*At Apollo hospital the treatment offered to patient was pericardial drainage through pigtail ( put at Woodlands Hospital) , haemodialysis, conservative fluid management and antihypertensive therapy and supportive care with joint consultation of Nephrologist and Cardiologist. The patient improved and discharged on 14.02.2025. I understand no immunosuppressive therapy for*

*suspected Rapidly progressive Glomerulonephritis was attempted at this critical stage as per records.*

*Comments:*

- 1. The sequential development of transient ischemic attack in a hypertensive patient, large haemorrhagic pericardial effusion without cardiac tamponade needing diagnostic paracentesis and subsequent rapid onset of acute kidney injury in four days time requiring urgent and repeated dialysis denotes a matter of serious concern for life.*
- 2. The haemorrhagic pericardial effusion as initial presentation in a hypertensive patient in an evolving rapid acute kidney injury is rather uncommon.*
- 3. Prompt supportive care with appropriate laboratory investigations and periodic pericardiocentesis and haemodialysis initiated at Woodlands Hospital and followed at subsequent Apollo Hospital remain the mainstay of therapy for subsequent recovery in acute stage.*

4. Renal Biopsy is the gold standard for confirming the diagnosis of Rapidly Progressive Glomerulonephritis / (RPGN) which had been done at Apollo Hospital on 09.02.2025. Report was pending at the time of discharge.
5. Regular counselling on diagnosis, treatment and prognosis in an uncommon disease with uncommon presentation in the hospital remains the key to mitigate the grievances of the relatives of patient.
6. Regular follow up and role of immuno suppressives are strongly justified for proper recovery in such an uncommon disease."

## CONCLUSION

On a combined reading of the complaint and response as well as letter of Woodlands dated May 20, 2025 and the reply of the complainant dated June 9, 2025 we find fault with Woodlands.

It is no doubt, the patient had transient ischemic attack in a hypertensive situation. There had been large haemorrhagic pericardial effusion without cardiac tamponade needing diagnostic paracentesis and subsequent rapid onset of acute kidney injury. On the fourth day of his admission he had repeated urgent dialysis suggesting serious

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concern for life. When he was evaluated at the Emergency the patient was admitted under Dr. Saroj Mondal, cardiologist. The patient was subsequently transferred to Dr. Sunil Baran Roy another cardiologist with Dr. Saptarshi Basu, physician. For nephrological comorbidities Dr. Deep Das was involved. soon after the AKI Dr. Jayanta Basu was consulted. The relatives had second opinion from Dr. Lalit Agarwal, another nephrologist on whose advise dialysis was done. Ultimately, he had to go for nine dialysis. This would depict a serious life threatening situation.

Scrutiny of the medical treatment process is not within our domain. However, on evaluation of the medical records by our esteemed medical member we are ad-idem on the issue, the situation deserved immediate medical intervention. Whether the treating doctors were right in their treatment process, is a question to be effectively gone into and decided before the appropriate forum authorised by Law.

We are, however, concerned, in a such life threatening situation when the patient was fighting for his life there was no occasion for the consultant cardiologist to withdraw himself from the treatment

process that too, without taking the patient relatives in confidence. Woodlands tried to rely on the declaration of the concerned doctor that since it was a nephrological problem, being a cardiologist, he thought it fit to transfer the patient under a nephrologist. We are not at all impressed. From the records, it appears, on the sixth day of admission Dr. Roy wrote to the Medical Superintendent "*kindly transfer the patient to other consultant as I am not fit to treat him.*" If, we take note of the subsequent event at Apollo where the patient was treated under the guidance of cardiologist along with the nephrologist. Our view would be fortified by such post DAMA situation as referred to above.

Coming back to Dr. Puspita Mondal misbehaviour, we are of the view, in absence of appropriate evidence to support such allegation it would be difficult for us to decide on the issue. We give a benefit of doubt to Woodlands on that score.

It is true, the patient came in a very very critical situation. His condition deteriorated when he was having AKI. The situation could be tackled appropriately however, the refusal to treat a patient in the

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mid way particularly when he is in ICU by a consultant working for the CE would be unethical. On Dr. S.B. Roy issue, Woodlands cannot avoid their responsibility on that score.

The complainant has claimed compensation for Rs. 2,00,00,000/- (Rupees Two Crore). We do not find any justification for the amount.

We feel it appropriate to impose a penalty of Rs. 1,00,000/- on Woodlands on Dr. Sunil Baran Roy issue.

We direct Woodland to pay the compensation directly to the complainant on sharing of his bank details.

The complaint is disposed of accordingly.

Sd/-

( **ASHIM KUMAR BANERJEE** )

We agree,

Sd/-

Dr. Sukumar Mukherjee,

Sd/-

Dr. Makhan Lal Saha



Sd/-

Dr. Maitrayee Banerjee,

Sd/-

Sri. Sutirtha Bhattacharya, IAS (Retd)

Sd/-

Smt Madhabi Das – Member

*Ankur H. Chatterjee*

*[Signature]*  
Secretary  
West Bengal Clinical Establishment  
Regulatory Commission