

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference:WBCERC/KOL/59/2025-26

Present: Justice Ashim Kumar Banerjee (Retired), Chairman

Dr Sukumar Mukherjee

Dr. Makhan Lal Saha

Dr. Maitrayee Banerjee,

Dr. Indrajit Saha( DME)

Smt. Madhabi Das.

Ms. Sukanya Naha ..... Complainant

vs

R N Tagore International Institute of Cardiac Science.....Respondent/  
Respondents

Heard on: June 11 , 2025,

Judgment on: August 22, 2025.

## 1.0. CORE ISSUE

A critically ill patient was admitted with various co-morbidities. He was discharged after 19 days of treatment with a bill of Rs. 17,00,000/-.

His daughter, the complainant would raise various grievances against the CE that we consider by the foregoing judgment and order.

## **2.0 CASE HISTORY**

### **2.01**

On April 15, 2025 at about 11.30 a.m. Mr. Sanjib Naha aged about 58 years went to toilet to take a bath. Subsequently he was found in an unresponsive state with seizure like symptom and vomiting large amount of frank blood. At around 12 a.m. on April 16, 2025 he was taken to the emergency of R.N.Tagore Hospital in a gasping state. At 12.24 a.m. he was initially managed by the Emergency team and was intubated and transferred to ITU for further management.

### **2.02**

Mr. Naha was discharged on May 3, 2025 after 19 days of treatment. The CE raised a bill for Rs. 17,45,012/- out of which a sum of Rs. 1,80,646/- was given as discount making a net total of Rs. 15,64,365/-. Since the admission was under a mediclaim policy the TPA sanctioned Rs. 7,00,000/-. The complainant had to pay balance sum of Rs. 8,64,366/-. Discharge was originally scheduled on April 19, 2025 that was ultimately delayed till May 3, 2025 as stated above.

### **3.0 ISSUE RAISED**

Ms. Sukanya Naha, the daughter of Shri Sanjib Naha made a complaint before us on May 20, 2025 raising ten issues:-

- 3.1 *Lack of communication***
- 3.2 *Contradictory medical opinions***
- 3.3 *Deceptive consent process***
- 3.4 *Unprofessional behavior of the treating Doctor***
- 3.5 *Uncleared treatment direction at the time of discharge***
- 3.6 *Unnecessary equipment cost***
- 3.7 *Financial exploitation***
- 3.8 *Negligence in care***
- 3.9 *Verbal misconduct by DrJudhajit***
- 3.10 *Pressure based discharge***

### **4.0 RESPONSE**

The CE submitted its response along with all medical records pertaining to the treatment of Mr Naha.

The CE in their response would submit, the patient came in a gasping stage.He was unresponsive. His SPO2 was 82% on 10 Ltr oxygen support. Heart rate was 130 bpm. Respiratory report 44 per

minute. Body temperature 96 degree Fahrenheit. The patient was initially managed at the Emergency and after intubation he was transferred to intensive therapy unit. CECT Thorax revealed a mass lesion in the apical segment of the left lung. The treating team diagnosed it obliterated tubercular cavity with a fungal ball or a case of neoplastic process. The treating team also observed, malignancy could not be ruled out based on the reading alone and biopsy was planned. The patient had undergone an bronchial artery embolization performed by interventional radiology team on the day of admission. **The patient was started on anti-tubercular therapy (ATT) from April 19, 2025.** On April 22, 2025 the patient was infected by multi drug resistant Klebsiella. Tracheostomy was performed on April 23, 2025 to expedite extubation. Considering clinical improvement the patient was successfully de-cannulated on May 1, 2025. The patient started to take oral feeding. He was able to walk without desaturation indicating a significant clinical improvement. Bronchoscopy was not done without written consent from the relatives. Since they had financial issues the patient was

discharged with a note to follow-up after seven days. At the time of discharge the patient was hemodynamically stable.

### **5.0. MEDICAL RECORDS**

Along with the response, the CE shared all medical records that were evaluated by our esteemed medical member Dr Sukumar Mukherjee. The evaluation revealed as follows:-

*“Mr. Sanjib Naha 58 years old moderate smoker for long with known hypertension and COPD was admitted on 16.04.2025 at 11.30 pm with seizure-like symptoms and vomiting of large amounts of frank blood without accompanying fever or chest pain under Pulmonologist Dr. Aratrika Saha. He was unresponsive, tachyphonic but afebrile. He was not diabetic. In the context of unresponsiveness with BP 210/120 he was intubated at ITU and for massive blood loss he was transfused with one PRBC and 4 fresh frozen plasma. Bronchial artery embolization was also planned.*

*The patient had CT- Chest in hospital which showed mass lesion over apical segment of left lung with multiple pulmonary nodules tree-in-bud appearance with pneumomediastinum and right upper lobe fibrosis. Empirically ATT was started on 19 April 2025 and on 22*

*April 2025 XDR Klebsiella was detected. However, besides XDR Klebsiella, TB was also suspected. Tracheostomy was also done on 23 April, 2025. The patient was prognostically serious with APACHE score of 103 with possible mortality rate of about 96 %. Incidentally patient developed pressuresores while in hospital. In view of serious nature of disease the in-hospital cost scaled up to 18 lacs only.”*

## **6.0. HEARING**

After receipt of the response and evaluation of the medical records we fixed the matter for hearing on June 11, 2025 when we heard the complainant, the hospital as well as the treating doctors Dr. Aratrika Saha, Dr. Saurabh Majhi and Dr. Judhajit Sengupta.

## **7.0. CONTENTIONS**

### **7.01. Sukanya Naha**

The complainant narrated her ordeal in detail. According to her, the patient 58 years old for the first time suddenly became critical. He never had any medicine for any chronic disease like hypertension diabetes e.t.c. He was a casual smoker taking 2-3 puffs a day. He was admitted under Dr Aritrika Saha on April 16, 2025. The concerned doctor was chosen by the hospital. They were never told

that Dr Saha would be on leave from April 19 to April 29, 2025. After she had left on April 19, 2025 for leave the patient was transferred to Dr Saurabh Majhi that too, without any official note as would be apparent from the bill raised by the CE at the time of discharge. All throughout Dr Aratrika Saha, although on leave, charged every day visit that would be highly unethical and after Dr Aratrika Das joined, there had been a difference of opinion as to the treatment protocol between Dr. Saha and Dr. Majhi leaving the patient relatives in a tremendous stress and confusion.

The tubercular medicine started on April 19, 2025 however no information was sent to Kolkata Municipal Corporation. Had it been done so the patient could have got the medicines free of cost from the Municipal Authority. It was not known to her at that time however, the hospital was duty bound to do so that they failed. A huge billing left them totally shattered despite having a mediclaim policy that was used during admission. They wanted to shift the patient to any other set-up to reduce the cost of treatment when they were told, if they got the patient discharged in the midway they might not get the insurance benefit. Hence, they were compelled to

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continue treatment at the CE despite being ill-treated by the treating doctors as also the huge financial "exploitation". Final bill was handed over on Saturday night leaving them in a difficult situation to arrange for money during weekend. Dr Judhajit Sengupta spoke "harshly" in front of the patient causing trauma.

## **7.02. CLINICAL ESTABLISHMENT**

Mr. Sumanta Ghosh, represented the CE, on its administrative side. According to him, the treatment part would be addressed by the treating team. The patient was duly billed on insurance mode. After a week or so they wanted to have the patient transferred under Swasthya Sathi mode. Since the insurance admission was on the Swasthya Sathi Card could not be used for treatment as two simultaneous mode could not be run. It was explained to the complainant. The bill was raised strictly as per the insurance tariff and there could be no irregularity on that score.

### **7.02.1 DR. SAURABH MAJHI**

Dr. Saurabh Majhi had interaction with our esteemed member Dr. Sukumar Mukherjee about the treatment protocol. According to Dr Majhi, the patient came in a very critical state. He was immediately

taken care of at the crucial hour. Whatever treatment the patient needed, was given by the treating team to the best of their ability. During the period when Dr. Saha was absent he examined the patient and had regular counselling with the patients relatives including his wife, the complainant as well as his son-in-law. According to Dr. Majhi, his OPD Clinic runs even till dead at night and in the midst of OPD Clinics he used to talk to the patients relatives who were undergoing treatment. There was no laxity on his part on that score. According to him, the patient's condition was such it was difficult for doing any biopsy to rule out malignancy. He wanted to send back the patient with tracheostomy done successfully without CT guided biopsy.

#### **7.02.2. DR ARATRIKA SAHA**

Dr. Saha already had a planned vacation from April 19 to April 29, 2025 and during her absence the patient was under Dr. Majhi. After coming back initially she wanted to have the biopsy done to rule out malignancy. Ultimately that was not done as the condition of the patient was not favourable. She also contended, everyday there had

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been long counselling process with the patient relatives and there was no laxity on their part.

### **7.02.3. Dr JUDHAJIT SENGUPTA**

Dr. Sengupta, also a part of the treating team, informed about all the counselling process that were documented and duly signed by the patient relatives save and except last two days prior to discharge when the patient relatives were reluctant to sign the note on one pretext of the order.

### **7.02.4. Dr Pradip Dey**

Dr Dey is the Assistant Medical Superintendent of the CE. He reiterated what the other doctors contended before us. In addition, he contended, the patient came in a very critical state and was discharged hemodynamically stable after prolonged treatment including bronchial artery embolization process through radiological intervention. The billing process was done strictly as per the hospital protocol. In adherence to the tariff agreed upon with the insurance and there is no scope for reconsideration on the billing issue.

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## 8.0 EXPERT OPINION

### 8.01 DR. SUKUMAR MUKHERJEE

Dr. Sukumar Mukherjee, our esteemed member, evaluated the medical records as stated hereinbefore. On a close appreciation of the treatment protocol as well as interaction that we had at the hearing, Dr. Sukumar Mukherjee has opined as below:-

*“The main concerns of the complainant include*

- 1. Miscommunication, inappropriate counselling in time.*
- 2. Coercion for consent.*
- 3. Wrong billing in the name of Dr. Aratika Saha while she was on leave.*
- 4. Request for purchase of Bipap connector from private firm of hospital's choice.*
- 5. Discharge process intentionally delayed.*
- 6. Non availability of CCTV footage.*
- 7. Economic constraints*

*As these complaints need validation for assessment of opinion.”*

## **9.0 OUR VIEW**

We have considered their rival contentions. We have also considered analysis of the medical records. Let us now discuss the issues raised before us.

### **9.01 TREATMENT**

Our esteemed Medical Members are unanimous of the view, the patient's condition as per medical record was very very critical with so much of co-morbidities. On April 16, 2025 when he got admitted through Emergency the treating team could send the patient back with their best efforts in a haemodynamically stable condition and that too, with correct diagnosis. Yet, the issues raised by the complainant would sound logic, as we did not get any clarity from the contentions of the CE.

### **9.02 DECISION / CONFUSION**

As per the records CECT Thorax and Imaging were done immediately on admission that revealed obliterated tubercular cavity with a fungal ball or a neoplastic process. Malignancy could not be ruled out based

on imaging alone. Dr. Saha felt, a CT guided biopsy would be necessary to rule out malignancy. The interventional radiology team did the bronchial artery on the very same day of admission uterine embolization. Upper gastro intestinal endoscopy was also performed on the second day which revealed altered blood in the gastric fundus however, no active source of bleeding could be identified. The treating team started Anti tubercular Therapy (ATT) on the fourth day of admission. On the seventh day of admission the patient had Klebsiella. On the 8<sup>th</sup> day tracheotomy was performed. On the 16<sup>th</sup> day the patient was de-cannulated and was released on the 19<sup>th</sup> day.

Pertinent to note, there had been a difference of opinion on the issue as to whether the patient should undergo a process of biopsy as initially planned by Dr. Saha. Dr. Saurabh Maji, was of the opinion, the patient responded to the anti tubercular therapy and his condition was not as such that biopsy could be done. Hence, he did not advice biopsy.

This confusion, in our view, should have been resolved between the two doctors. They should be cautious enough at the time of counselling so that the patient's relatives were not unnecessarily confused. Here, we find fault on the part of the treating team.



### **9.03. KLEBSIELLA**

The patient was at ITU under care of the CE. The patient was kept under intubation since admission and on the 7<sup>th</sup> day of admission he was found to be having extensively drug-resistant (XDR) Klebsiella, an hospital acquired infection. It is true, the patient had Klebsiella that was taken care of however, that resulted prolongation of stay causing unnecessary huge financial burden on the complainant. Pertinent to note, the initial authorization by the Insurance Company on the application of the hospital, estimated discharge on April 19, 2025 whereas he was found infected with Klebsiella on April 20, 2025 and was discharged after about 11 days of prolongation of stay causing huge financial burden on the family. The hospital cannot avoid their responsibility on that score.

### **9.04 COMPASSION**

The patient was treated and sent home in haemodynamically stable condition. The treating team would definitely deserve appreciation however, the CE cannot avoid their responsibility for the hospital acquired infection, Klebsiella. Despite care and caution, the patient was

infected with hospital acquired infection and the stay was prolonged. The hospital should have been more compassionate while raising the bill. We do not find any such attempt on their part. They contended, there had been discount of Rs. 1.8 lakhs that was the contractual discount as per the Insurance Policy. No special favour was made to the complainant on that score.

### **9.05 BILLING**

We have carefully considered the bill. We find a clear attempt to make the same inflated to the extent possible. Some of the instances glaring ex-facie, are set out below:-

#### **9.05.1 BIO MEDICAL WASTE**

The hospital has charged bed charges (ITU) to the extent of Rs. 15,150/-. One would expect basic necessity attached to the bed charges that would include Bio Medical Waste Management. Unfortunately, the hospital charged Rs. 250/- per day for 16 days that would amount to Rs. 4,000/-.

## 9.05.2 INVESTIGATIONS

Investigation was charged for Rs. 2,30,330/-. PT was charged at Rs. 970 for 4 investigations that would amount to Rs.3,880/-. On our estimation it should not go beyond Rs. 500/- and Rs. 470/- was charged in excess that would amount to Rs.1,880/-

Potassium and Sodium were charged Rs. 860/- instead of Rs. 450/- having a difference of Rs. 410/- for 31 number of investigations amounting to Rs. 12,710/-.

CRP was charged at Rs. 1,720/- instead of Rs. 1,000/- having a difference of Rs. 720/- for 7 number of investigations amounting to Rs. 5,040/-.

ABG was charged at the rate of Rs. 2,710/- instead of Rs. 1,800/- having a difference of Rs. 910/- for 18 number of investigations amounting to Rs. 16,380/-.

Procalcitonin was charged at the rate of Rs. 10,410/- instead of Rs. 4,000/- having a difference of Rs. 6,410/- for 2 number of investigations amounting to Rs. 12,820/-.

Liver Function Test was charged at the rate of Rs. 3,120/- instead of Rs. 700/- having a difference of Rs. 2,420/- for 3 number of investigations amounting to Rs. 7,260/-.

### **9.05.3 RADIOLOGY**

CT angiography chest with abdomen contrast was charged for Rs. 33,890/- which is not only exorbitant but also imaginary.

### **9.05.4 MEDICINES**

Medicines were charged for Rs. 4,90,227/-. All medicines were charged at MRP that should, on conservative estimate, have 10 per cent discount. Out of this amount two high cost antibiotics / antifungal medicines being Polymyxin and Tigecycline would amount to Rs. 3,35,313/- hence, the other medicines would cost Rs. 1,54,914/- attracting discount of Rs. 15,491/- .

Polymyxin has been charged at the rate of Rs. 4,399/- (MRP) that is available through Tata 1 Mg, a reputed concern, at Rs. 2,206/- as would appear from the internet having a difference of Rs. 2,193/-. 39 Polymyxin were used that would have a clear difference of Rs. 85,527/.

Similarly 30 units of Tigecycline was charged at the rate of Rs. 5,075/- whereas Tata 1Mg would sell it at Rs. 3,046/- having a difference of Rs. 2,029 amounting to total difference of Rs. 60,870/-.

#### **9.05.5 Consumable**

Consumable was charged for Rs. 2,57,334/-. On a conservative estimate that should have 20 per cent discount amounting to Rs. 51,466/-.

#### **9.06 SUMMARY**

If we deduct Bio Medical Waste; total difference in investigation cost; medicines and consumable discount and the differential price of Polymyxin and Tigecycline there would be a clear discount of Rs.1,87,917/-.

Still there would be a question whether the CE would be entitled to imaginary cost of CT angiography for Rs. 33,840/-.

An intubated patient was charged for "nine exercise and modalities" course at the rate of Rs.500/- costing Rs. 4,500/- . We fail to appreciate, what physiotherapy treatment could be given to an intubated patient for all these 19 days.

### 9.07. SWASTHYA SATHI

Dr. Pradip Dey, representing the CE, while making submission, admitted, the complaint, due to financial difficulty, wanted to have the patient transferred under Swasthya Sathi mode after about a week of his admission.

If we look to the Insurance authorization the estimated discharge was on April 19, 2025 that would be hardly one week stay at the hospital hence, the subsequent prolonged treatment, principally due to Klebsiella, should have been taken care of through Swasthya Sathi mode. Had it been done so, the bill could have been reduced to half and there would hardly be any occasion for the complainant to pay such hefty amount of Rs. 8.64 lakhs that also they could arrange by mortgaging ornaments of complainant, a newlywed lady.

Dr. Dey was of the view, when one Insurance Policy was already in process the patient could not be transferred in the mid-way under Swasthya Sathi mode. We beg to differ. Even if we agree with Dr. Dey that Swasthya Sathi guidelines would not per se, permit transfer under Swasthya Sathi mode when another insurance policy was in vogue there were instances where under special circumstance the



Government considered on case to case basis to give relaxation of the guideline and that could be had with our active intervention. Pertinent to note, we were never approached by the CE on that score. The complainant also did not approach us possibly, they were not aware of the process. Had it been done so the patient could have been successfully transferred to Swasthya Sathi mode by notionally discharging him and then re-admitted him under Swasthya Sathimode. At least, an attempt could be made. There was no sincere attempt by the CE on that score.

## **10.0 CONCLUSION**

Taking a sum total of the discussions that we have hereinbefore, we feel, interest of justice would be sub-served, if we direct the CE to refund Rs. 5,00,000/- to the complainant as lump sum compensation and / or billing refund. Such amount be paid to the complainant on sharing of her bank details within a fortnight from date.

## **11.0 BEFORE WE PART WITH**

### **11.01 FROM THE CHAIRPERSON DESK**

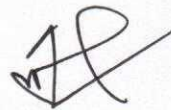
West Bengal Clinical Establishment Regulatory Commission is duty

bound to act as watch dog in regulating the entire Private Health Sector of the State being statutorily mandated under The West Bengal Clinical Establishments (Registration, Regulation and Transparency) Act, 2017. Since inception Dr. Sukumar Mukherjee, living legend in Medical Fraternity is the last word in medical treatment in the state, is acting as a member of the Commission. With his active participation, the Commission is able to function with "Zero Tolerance". The complaints are disposed of without any delay. I, being the Chairperson, feel proud to be associated with Commission having Dr. Mukherjee as a Member. Myself as also my other esteemed medical members present at the panel, were shocked and pained while listening to the interaction that Dr. Sourabh Majhi had with Dr. Mukherjee.

With deepest regard I have for Dr. Majhi and with all humility may I say, he could have been little subdued and polite while having interaction with the living legend of Medical fraternity, Dr. Sukumar Mukherjee.

**Sd/-**

**(ASHIM KUMAR BANERJEE)**



We agree,

Sd/-

**Dr. Sukumar Mukherjee**

Sd/-

**Dr. Makhan Lal Saha**

Sd/-

**Dr. Maitrayee Banerjee,**

Sd/-

**Dr. Indrajit Saha (DME)**

Sd/-

**Smt. Madhabi Das.**

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

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