

Office of the West Bengal Clinical Establishment Regulatory Commission

1st Floor, 32 B.B.D Bag, West Bengal, Kolkata – 700001.

Phone:- (033) 2262-8447 , Email: wbcerc@wb.gov.in Website: www.wbcerc.gov.in

Case Reference:WBCERC/MUR/231/2025-2026

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. Samsul HaqueComplainant

Vs

Narayana Memorial Hospital.....Respondent/ Respondents

Heard on: January 05, 2026,

Judgment on: March 02, 2026.

COMPLAINT

60 year old female patient Rangila Bibi was under treatment of Dr. Amitava Roy general physician. The patient had history of pain abdomen. Dr. Roy examined her on October 24, 2025. Dr. Roy

relied on the USG report and diagnosed it as a case of gall stone disease with stone in CBD and advised urgent admission on the basis of the investigation reports dated October 22, 2025. According to Dr. Roy, the patient was suffering from co-morbidity with Seropositive Rheumatoid Arthritis, Hypothyroidism, Chronic Bronchitis & Hypertension for last 5 years on regular medication. Dr. Roy also relied on the USG report stated to be done at AIIMS, Kalyani whereas the said USG report was done at Monorama Ultra Scan center, not AIIMS Kalyani as wrongly recorded by Dr. Roy in his note dated December 15, 2025 submitted before us. On October 30, 2025, patient was admitted under Dr. Amitava Roy for ERCP procedure for CBT stone extraction with CBT stenting. The patient was referred to Dr. Sabyasachi Pattanayak "**Associate Consultant Gastroenterologist**" who attended patient immediately on admission and planned ERCP procedure under TIVA. Consent was obtained from the complainant, the son of the patient after explaining him all complications, risk and benefit of ERCP.

ERCP procedure was done that had serious complication during performing ERCP, Deodnoscopy was done by Dr Pattanayak that

revealed "*large peripapillary diverticulum with food particles inside*". Small duodenal patilla was difficult to cannulate. Dr. Pattanaik tried to cannulate the CBD selectively but failed to do so.

On October 31, 2025 MRCP was done that did not show any stone in CBD and showed thick wall gallbladder with cholelithiasis, prominent CBD, chink of peripancreatic fluid at place with normal pancreatic duct. It did not show any feature of "**severe**" pancreatitis except mild peripancreatic fluid as reported by Dr. Roy in his report dated December 15, 2025.

From November 1, 2025 the patient developed biomedical evidence of pancreatitis. On November 2, 2025 the patient developed chest complication and severe shortness of breath. Nebulization started with intermittent Bipap and the patient was shifted to HDU. According to Dr. Roy the patient "at their wish" shifted the patient to Jagannath Gupta Medical College where the patient breathed her last.

We heard the matter at length on January 05, 2026. At the hearing, our esteemed medical member Dr. Makhan Lal Saha had interaction with Dr. Roy as well as Dr. Pattanaik. At the hearing the complainant categorically denied the assertion of Dr. Roy that they had shifted the

patient at their wish to Jagannath Gupta Medical College. According to the complainant, when the patient became critical the CE did not take the responsibility for the same and persuaded them to take the patient to Jagannath Gupta Medical College where the patient died after 2 days of admission.

On verification of the medical records it appears that the wrong diagnosis and wrong advice of Dr. Roy ultimately resulted in deterioration of the patient and her ultimate death. Dr. Roy relied on an USG report which must be co-related with clinical condition that should have been verified by a surgical staff. Dr. Roy misinterpreted the USG report as the report from AIIMS, Kalyani whereas the report was not done by AIIMS Kalyani. In any event, according to Dr. Saha, this report would have been ultimately turn wrong to the extent of 25 percent as per the clinical journal and report of the survey done on the precedence. According to Dr Saha, the patient should have been immediately seen by a regular surgeon and it was not a fit case for ERCP before any MRCP was done. Had the MRCP been done the ERCP could have been avoided that ultimately could have saved the life of the patient.

At the hearing it also revealed that Dr. Pattanaik is not a qualified Gastroenterologist. We doubt how he could be referred as a "Gastroenterologist" by Dr. Roy and/or the CE. Dr Pattanaik, in his usual fairness, admitted at the hearing, he is not a Gastroenterologist.

When the doctor himself admitted that he was not a Gastroenterologist the CE could not have considered him as "Associate Gastroenterologist" that sent a wrong message to the patient family including the complainant who reposed his confidence on Dr. Pattanaik for doing the ERCP procedure believing the CE on good faith that Dr. Pattanik was a qualified Gastroenterologist.

We find fault on the part of the CE on this score.

CE has its critical care set-up. Once there had been complication due to such ERCP procedure CE could not have shirked their responsibility by referring the patient to Jagannath Gupta Medical College.

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EXPERT OPINION

In course of hearing, our esteemed medical member Dr. M.L. Saha evaluated the entire medical records. He also interacted with the parties concerned as well as doctors mentioned above.

Dr. Saha has given his opinion as under:-

Rangila Bibi 60 years lady was suffering from pain abdomen and fever and consulted doctor at Murshidabad and Kalyani. USG done outside revealed gall stones and stone in CBD. 1st LFT report revealed Bilirubin 2.1, SGOT 280, ALP 400. However LFT on 27.10. revealed Bilirubin 0.8mg/dl, SGPT 94iu/l, SGOT 36iu/l, ALP 275. Patient was seen by physician Dr Amitabha Roy MBBS at Behala on 24.10.25. and on 27.10.25. and advised admission at Narayan memorial Hospital, Behala. Patient got admission at NMH on 30.10.25.

Dr Amitabha Roy has not consulted any surgeon after admission and refer the patient to gastroenterologist Dr S. Pattanaik MBBS, for ERCP to extract CBD stone. No repeat USG or MRCP was done before the ERCP. On 30.10.25 Dr Pattanaik attempted ERCP.

Repeated attempt at cannulation failed and ERCP could not be done.

Dr Pattanaik advised for a MRCP. MRCP done on next day revealed no stone in CBD but showed evidence of post ERCP acute pancreatitis.

Patient seen by RMO on 30.10.25. noted pain abdomen post ERCP.

On 30.10.25. BHT notes revealed distended, diffusely rigid abdomen, IPS sluggish. Strangely advised to hold IV fluid and liquid and kept only on oral sips of water and was advised enema stat. This is an unacceptable advise for a patient developing acute post ERCP pancreatitis. However later Dr. Amitabha Roy advised IV fluid. Advised Tab Creon and Tab Udiliv which are also not optimal treatment for post ERCP acute pancreatitis.

MRCP done on 31.10.25. revealed no stone in CBD and there was evidence of peripancreatic fluid collection, suggesting post ERCP pancreatitis. Serum amylase was 3270 and lipase was 4445 on 31.10.25. confirming post ERCP pancreatitis. On 1.11.25. abdomen was diffusely rigid and patient was kept on IV fluid, RTA and given Looz enema.

On 2.11.25. started on oral fluid, given Enema SPO2 was 91%. Advised nebulization with Duolin and Foracort and also given Inj Hydrocortisone. On 2.11.25 night in view of respiratory complications patient was shifted to HDU and kept on intermittent BIPAP support. Investigation revealed patient had lung collapse and pleural effusion suggesting respiratory complication. On 3.11.25. patient continued to have respiratory distress and was on supportive treatment and BIPAP support. Strangely patient was advised enema daily. As per note of Dr Amitabha Roy on 4.11.25. he will be out of station from 6.11.25. and patient to be taken care of by Dr Samar Basu and Dr S Pattanaik. On 5.11.25. Patient was started on oral feeding. As per BHT note at 12.30pm on 5.11.25. patient continued to have respiratory distress with persistent tachycardia and tachypnea USG thorax revealed bilateral pleural effusion and there was marginal increase of pleural effusion. Continued on BIPAP support and other supportive treatment. USG on 5.11.25- Gall bladder sludge, mild ascites, Pancreas not visualized. BHT note on 6.11.25. revealed tachycardia, tachypnea and SPO2 was 92% on 3 litres of oxygen.

On 7.11.25 patient condition deteriorated. BHT note on 7.11.25. at 11am revealed hypotension, tachycardia and patient is unresponsive. Started on vasopressor and kept on bag and mask ventilation Started again on steroid and newer antibiotics. Counselling relatives for shifting to a Govt or low cost setup. Patient was referred to CCU consultant Dr Raktim Guha. At 3 pm on 7.11.25 SPO2 dropped to 82% on BIPAP support and BP was 90/60mmHg on Noradrenaline support. Condition at 5 pm was still critical. Patient was shifted under Dr Raktim Guha as Dr Amitabha Roy was on leave. Patient relatives explained for shifting the patient to a Government Medical College. The note at 7pm mentions that patient relatives are not willing for shifting the patient. In spite of deteriorating condition of the patient, she was shifted to JIMSH in a critical care ambulance. The details of treatment at JIMSH is not available. The patient died on 9.11.25. at JIMS.

Patient was admitted for ERCP with an estimate of Rs 40000. In view of ERCP complications hospital stay became prolonged and hospital bill has gone to about 180000 and also patient has to purchase medicines from outside.

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Observations and comments:-

- *This elderly lady suffering from obstructive jaundice due to gall stone is a surgical disease, however she was treated by a physician and was not referred to a surgeon even after development of complication of acute pancreatitis. This has become now a practice in many CE that surgical patients are admitted under a physician. This issue needs to be considered by the CE and formulate a guideline for admission of patient under a consultant.*
- *Two Liver function test done before admission revealed diminution of jaundice. USG done outside revealed gall stone and CBD stone. This is a fact that USG is not reliable for CBD stone. MRCP is now the gold standard for evaluation of CBD stone. MRCP done later showed no CBD stone. If the MRCP would have been advised before ERCP procedure then this ERCP related complications and subsequent death could have been avoided.*

- *Dr S Pattnaik is posted as associate consultant gastroenterologist at NMH. A doctors without postgraduate qualifications is not entitled to be posted as a specialist.*
- *After development of acute pancreatitis patient was continued to be seen by Dr Amitava Roy and Dr Saurav Basu and was not seen by any specialist during her stay at NMH and while she was being treated for acute pancreatitis. Only on last day patient was referred to CCU consultant Dr Raktim Guha.*
- *The treatment advised for acute pancreatitis which was progressing towards severe pancreatitis was not as per standard guidelines resulting in further deterioration of the patient. Inadequate IV fluid therapy, daily enemas are not the proper treatment for a patient with severe pancreatitis.*
- *Inspite of deterioration of the patient condition of the patient – Severe respiratory distress and severe hypotension patient was referred to a Private Medical College where she died in 2 days time. This is an extremely inhuman behaviour on the part of treating doctors and CE to avoid responsibility of treating a critically ill patient.*

- *This is a fit case for award of compensation to the complainant.*

OUR VIEW

We have considered the rival contentions. We have also carefully gone through the expert opinion given by Dr. Saha.

To remove our doubt we requested West Bengal Medical Council to examine whether Dr. Pattanaik was eligible to do the ERCP procedure in this case. The West Bengal Medical Council vide mail dated February 10, 2026 replied to our quarry as under:-

“As per your Memo No. 145/6A-293/WBCERC/2025 dated 09.02.2026 sent through the trailing mail seeking clarification on the competence of Dr. Sabyasachi Pattanaik, please note that as per the Register of Registered Medical Practitioners being maintained by this Council, qualification of Dr. Sabyasachi Pattnaik (Not Pattanaik) is only M B B S (1977), MKCG Medical College (Berhampur University) and no additional qualification is recorded in the Register of Registered Medical Practitioners.

As per Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, chapter-7 (7. MISCONDUCT) under point 7.20- a Physician shall not claim to be specialist unless he has a special qualification in that branch.

However, as per our record an MBBS doctor is not debarred from practicing to any branch of medicine under the present Bengal Medical Act 1914 provided the candidate has sufficient exposure in the branch and/or in the particular discipline to gain proficiency and/or confidence in dealing with such cases belonging to discipline concerned. However, considering medico legal aspect, it is necessary to have a degree/diploma in the particular subject for independent practice.”

On a combined appreciation of facts and submissions we hold as under:-

- I) The patient visited the CE where Dr. Amitava Roy examined the patient and advised her to have the ERCP procedure done by Dr. Pattanaik who was stated to be “Associate Consultant Gastroenterologist”. It now appears, Dr. Pattanaik was not eligible to function as “ Associate

Consultant Gastroenterologist". In course of hearing, he admitted so.

The CE misrepresented to the patient and / or her relatives that Dr. Pattanaik was a qualified Gastroenterologist.

- II) Once the patient had severe complication after the procedure the CE should not have shirked their responsibility by referring the patient to Jagannath Gupta Medical College which cannot be said to be a higher set-up than NMH which is having a proper critical care set-up to take care of the complication.
- III) The above two incidents were responsible for deterioration of the patient condition who ultimately breathed her last within two days after release from NMH.

We hold the CE responsible for multiple deficiencies in course of treatment of the patient ultimately resulting in her death.

We already directed the CE to refund the entire bill amount realized from the complainant. Such direction is made absolute.

We award a compensation of Rs. 10,00,000/- to be paid to the complainant by the CE.

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

Authenticable

[Signature]

Secretary
West Bengal Clinical Establishment
Regulatory Commission