

**THE WEST BENGAL CLINICAL ESTABLISHMENT  
REGULATORY COMMISSION.**

**Present: Justice Ashim Kumar Roy, Chairperson.**

**Dr. Sukumar Mukherjee, Member.**

**Dr. Madhusudan Banerjee, Member.**

**COMPLAINT ID: NPG/2017/000101.**

**Mr. Chandi Kabasi .....Complainant.**

**-versus-**

**Narayana Multispecialty Hospital. & others.....Respondents**

**Date of judgment: 16<sup>th</sup> March, 2018.**

**J U D G M E N T .**

In his letter of complaint addressed to the Commission, the complainant made the following allegations against Narayana Multispeciality Hospital (hereinafter referred to as "the respondent hospital").

- a) The son of the complainant, aged about 3 years 4 months was admitted at the responded hospital, on May 4, 2017 with fever for one day and frequent loose motion and vomiting and on May 10, 2017 the complainant got him discharged as the recovery was not satisfactory.
- b) Although his son remained admitted and was treated at the respondent hospital for about 6 days but there was no remission of fever and recovery but after discharge consuming a single dose of medicine prescribed by another doctor his son become fully cured.
- c) During his stay at the hospital, doctor advised for EEG for his son and he was told that such procedure has to be conducted in sleeping condition. Accordingly sleeping drug was given to the child on the previous night but at the OT table he suddenly woke up. Although the

complainant's wife, the mother of the child, who was present there tried to asleep the boy by fondling but the doctors refused to do the EEG and told that the procedure will be done on the next morning after administering higher dose of sedative.

- d) The complainant was never communicated about the progress of the condition of the patient by the hospital authority.
- e) There was no arrangement in the hospital for grievance redressal.
- f) The patient was admitted under mediclaim. Although in case of other categories of patient from time to time the parties were informed about the daily bill but in his case that was not done.
- g) The TPA for the first time was informed by the respondent hospital about the bill on 8<sup>th</sup> of May 2017 i.e. after about 5 days after the admission of the patient.
- h) IV channel was not dressed regularly although there was inflammation.
- i) Several blood tests were repeated during this short stay of 6 days.

Lastly, it is submitted that complainant is not urging for any compensation and the treatment expenses has been borne out by the mediclaim authority and only prayer he is making that the respondent hospital, which is a very famous one, be directed to rectify above lapses.

3. On receipt of the complaint the Commission forwarded the same to the respondent hospital seeking its response against the allegations made in the complaint and to furnish the medical file of the service recipients.

4. At the time of hearing the respondent Clinical Establishment was represented by its medical superintendent and treating doctor, Dr. Subhas Ch. Poddar was present before the Commission.

The respondent Clinical Establishment and the treating doctor in their written reply and oral submissions refuted all the allegations made by the complainant.

5. Heard the parties. Consider their respective submissions. Perused the medical file and other materials on record.
6. Although, the complainant at the outset submitted that he is not pressing for any compensation, still we propose to adjudicate the case on merit since much has been argued from the side of the parties in support of their respective case.
7. We find that the son of the complainant, aged about 3 years was admitted at the respondent Clinical Establishment with fever and history of frequent vomiting and loose motion from the previous day of his admission. We further find that at the hospital the patient was conservatively treated with antibiotics and other drugs and was discharged in stable condition. We do not find any indications from the records that it is a case of discharge on risk bond or a case of discharge against medical advice as alleged by the complainant. The allegations of the complainant that several test were repeated during six days of treatment is also not correct. Except, routine blood test and test for sodium and potassium, no test was repeated. The tests which were repeated in a case of this nature cannot be said to be unnecessary. The allegation about non-conducting the EEG because the patient woke up and deferring to the next day, prescribing high dose of sedative, there is also nothing wrong since such dose does not exceed the dose, medically prescribed for a child. The allegation that the condition of the patient was not communicated to the complainant by the doctor appears to be contradictory from the content of the letter of complaint. We find, according to the complainant's own showing, several times he had a talk with the treating doctors. The allegation that there was no arrangement in the hospital for grievance redressal has been vehemently disputed from the side of the respondents. According to them, they have a fixed grievance redressal desk in front of the billing department and such facts has not been disputed by the complainant. However, on our query, the Medical Superintendent of the Clinical Establishment while claiming that they are maintaining a register for recording the grievances of the patient party but failed to apprise us as to how such grievances are redressed and communicated to the patient party. We are of the opinion that mere maintaining a grievance redressal cell by any Clinical Establishment is not sufficient or is in accordance with the requirements of the West Bengal Clinical Establishment

(Registration, Regulation & Transparency) Act, 2017. Simultaneously, it is the obligation of every clinical establishment to enquire into the complaint and then to communicate to the complainant as to the outcome of the same. It is also not at all reasonable for any Clinical Establishment, even in a case where a patient admitted under the category, *a case covered under mediclaim* (corporate sponsored), not to inform the patient party how much expenditure has been incurred against each day's treatment, if not on the very day but by the next day. On close scrutiny of the medical files, we do not, however, find any deficiency on the part of the Clinical Establishment and, therefore, we find no reason to invoke our power conferred under Section 38 of the West Bengal Clinical Establishment (Registration, Regulation & Transparency) Act, 2017.

Having regards to above, this case stands disposed of with a direction upon the Clinical Establishment that henceforth whatever complaint about patient care service they shall receive from the patient party, not only the same has to be looked into forthwith but the outcome must also be communicated to the patient party and the record of the same to be properly maintained. We further direct even in a case where the treatment is covered under mediclaim, the expenditure incurred on account of treatment shall also be communicated to the patient party at regular interval.

Sd/-

Justice Ashim Kumar Roy  
Chairperson

Sd/-

Dr. Sukumar Mukherjee, Member.

Sd/-

Dr. Madhusudan Banerjee, Member.



*Authenticated*

*[Handwritten signature]*

*16/3/2018*

Secretary  
W.B.C.E.R.C.  
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