

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

Present: Justice Ashim Kumar Roy, Chairperson.

Dr. Sukumar Mukherjee, Member.

Dr. Makhan Lal Saha, Member.

Dr. Gopal Krishna Dhali, Member.

Dr. Madhusudan Banerjee, Member.

COMPLAINT ID: KOL/2017/000136.

Mr. Kailash MitraComplainant.

-versus-

Desun Hospital and Heart Institute & others.....Respondents.

Date of judgment: 20th April, 2018.

J U D G M E N T .

A letter of complaint was received by the Commission from the service recipient Kailash Mitra, against Desun Hospital alleging deficiency in service, overbilling, unnecessary cross treatment and misbehavior. During the course of hearing, the complainant made further allegations in writing.

2. According to the case of the complainant, on June 13, 2017, in the afternoon, the complainant while attending his professional duty at Kolkata Dock sustained injury. Immediately, after the incident his colleagues took him to Desun Hospital at EM Bypass, Kolkata. The Hospital authorities from the very beginning started very rudely asking him whether he had the capacity to spend Rs.40,000 to Rs, 45,000 per day towards his treatment and if only the patient party had such capacity, the patient will be admitted. When a patient

needed an emergency treatment, such an approach of the hospital is quite inhuman and from a Superspecialty Hospital which always advertise 24x7 days' service and committed to best service but the actual picture is completely different. He was in a straightway admitted in ICU where the doctor fees and other charges for various procedure and blood tests are abnormally high than the normal scheduled charges knowing fully well in his case, the treatment only by an Orthopaedic was needed. No Orthopaedic treatment was done for the affected wrist and an abnormal bill of Rs.80,000/- plus cost of medicine of Rs.10,000/- was demanded. On June 15, 2017, after realizing the situation, the charges and parameter of the treatment, the patient party decided to get him released from the Hospital on risk bond. No medical officer was available to answer their queries. Thereafter the complainant got treated and the surgery of the wrist only was done without any medical hassle and abnormal cost by an Orthopaedic doctor on June 18, 2017 and he is now quite well.

Subsequently, the complainant claimed the excess amount of Rs.50,000/- charged by Desun Hospital be refunded. It was added that when he was taken to Desun Hospital with the injury in his right wrist which he sustained at Kolkata Dock while handling a Cargo movement on June 13, 2017, the approach of the Hospital was undesirable. They, instead of taking care for immediate treatment, offered ICU accommodation and conducted different costly tests, MRI, CT Scan, HIV etc and unnecessary consulted specialized doctors and charges were quite high.

3. Immediately upon receipt of the complaint, the Commission issued notice against the clinical establishment Desun Hospital seeking their response and asked for furnishing of the medical files and bill details.

4. In response to the notice, the clinical establishment sent its reply disputing all the allegations and it was submitted that they have grievance redressal cell still without approaching the cell the complainant approached the Commission alleging negligence in treatment.

5. The case of the clinical establishment is as follows.

The complainant was brought into the hospital emergency department on 13.06.2017 at 03.10pm with multiple trauma. The persons accompanying the complainant informed the Hospital authority that while offloading a consignment, the complainant sustained injury on a fall of about 400-500 kg weight over his chest at about 01.30pm on 13.06.2017. When the hospital received the complainant at its emergency department, the complainant was bleeding from his mouth associated with bruises and abrasions over the chest and neck and pain and swelling over right wrist. The oxygen saturation of the complainant at that time was only 84% in room air and the GCS was 13/15, chest air entry was low and there was tenderness over abdomen. The complainant's pain score was 5/10. With all this initial findings the complainant's clinical condition was traumatized and critical. The complainant was immediately admitted in the ICU of the hospital. However, the complainant to mislead the Commission suppressing critical nature of injuries sustained by him simply stated, "sustained injuries".

The complainant was immediately administered moist oxygen inhalation, IV fluid, IV analgesic, IV PPI and other essential medications in the emergency department of the hospital itself and the provisional diagnosis was blunt trauma abdomen, blunt trauma chest, right sided hemothorax, fracture around right wrist joint and facial injury.

The complainant was admitted under the supervision and care of Dr. Mohit Kharbanda (Critical Care), Dr. Sanjay Singh (Cardio Thoracic Surgeon), Dr. Niloy Biswas and Dr. K. Guha (General Surgeon), Dr. Avishek N.K. Saha (Orthopaedic Surgeon) and Dr. Subhankar Bandopadhyay (Dental Surgeon).

Several investigations were done as per the advices of the above named doctors attending the complainant and several medicines were administered on the complainant as per the advices of the said doctors.

It is submitted that the allegations made against the hospital were of conducting various investigation, which were non-relevant, without justification and superfluous and all such investigations were done only for monetary gain of the hospital, were never correct and are baseless. In fact those investigations were conducted as per the advice of the attending doctors

of the complainant and according to the international norms, standards and protocol in a case of multiple trauma.

The clinical status of the complainant when received at the emergency department of the hospital, all the investigations conducted on the complainant were relevant and were required to save his life and also to rule out any possibilities of missing any injury, in a case of multiple trauma, which were not apparently symptomatic but underlying. If ignored and/or not pre-assessed that could emerge as a life threatening situation. It is globally accepted in the medical fraternity that first 48 hours of any multiple trauma is of utmost importance for a human life and every possibility of any severe threat which is not apparent and/or symptomatic should not be ignored.

There is allegation of misbehavior by the employees of the hospital.

Since his admission in the ICU, the patient was treated conservatively and was under constant monitoring. The complainant had also undergone the pre anesthetic check up on 14.06.2017 as the complainant was advised surgery on his right wrist.

In a case of multiple trauma, if the apparent/symptomatic injuries require surgery, the patients are to be monitored in ICU to assess whether he can withstand any surgery. The complainant was posted for surgery on 16.06.2017 and on 14.06.2017 in the evening he was shifted to general bed. However, on 15.06.2017, at about 1.25pm, the complainant asked for discharge on risk bond and accordingly, around 4.18pm he was discharged with provisional diagnosis, a) blunt trauma chest, b) multiple rib fractures, c) fracture in right distal radius, d)BPH.

Keeping in mind the underlying complexity in a multiple trauma case different physicians of various fraternities were involved in the treatment of the complainant. The complainant had multiple rib injuries which involved a cardio thoracic surgeon, fracture in right distal radius which involved an orthopaedic surgeon, blunt trauma abdomen which involved a general surgeon, facial trauma which involved a dental surgeon and the ICU management involved the critical care specialist.



The involvement of the multiple fraternity of doctors were required for the following reasons,

- a) Blunt Trauma Chest finding, multiple rib fracture, doctor involved, cardio Thoracic Surgeon.
- b) Blunt trauma abdomen to rule out any intra-abdominal hollow viscus injury, doctor involved, General Surgeon.
- c) Fracture in right distal radius, doctor involved orthopaedic surgeon.
- d) Facial and dental trauma, doctor involved, dental surgeon.
- e) Critical care management doctor involved critical care expert.
- f) Furtherance to the advices of the above named doctors of different specialties, different investigations including pathology and radiology & imaging were done. All the medicines those were administered were as per the advice of the above named doctors.

The hospital authority to maintain transparency in billing and treatment procedure intimated and apprised the patient party about the tentative cost and treatment protocol and having done so no wrong has been committed.

6. Heard the parties. Considered their respective submissions. Perused the petition of complaint and response in writing submitted from the side of the Desun Hospital. The medical file of the complainant and the bills are also perused.

According to the complainant, after his discharge from Desun Hospital, he consulted Dr Kaushik Sarkar, Orthopaedic at RSV and thereafter he was admitted at Aurobindo Seva Kendra under him and his injuries were repaired. We have also perused the prescription of Dr Kaushik Sarkar as well as the discharge summary issued by Aurobindo Seva Kendra.

7. Now going through the medical file of the complainant, we find that he came to the emergency of Desun Hospital at around 3.10pm on June 13, 2017 with bleeding from mouth, pain, bruises and abrasions over chest, neck; pain and swelling on his right wrist and with the history of sustaining injuries on an accidental fall of a cargo weighing about 400-500kg at his

work place while working there as reported by the patient party. Provisionally, it was diagnosed as a case of blunt trauma over different parts of the body and fracture of right wrist joint. Such diagnosis was then confirmed by x-ray report. On x-ray it was found that the complainant suffered fracture of right distal radius and multiple rib fracture namely fracture of 6th, 7th, 8th and 9th ribs. There was no further x-ray and findings of that x-ray at Desun has not been disputed. The allegation of the complainant that without giving any treatment for right distal radius fracture, he was admitted at ICU and unnecessary investigation and tests were done by the hospital only to escalate the bill amount and for their monetary gain, has been vehemently contested by the hospital authority. According to them, since the patient was found suffering blunt trauma chest, multiple rib fracture, fracture in right distal radius and BPH and as this was a case of multiple trauma which was not apparently symptomatic, following the international protocols and guidelines and it is globally accepted that first 48 hours in such case is very crucial, he was admitted at ICU for observation at around 4.45pm (June 13, 2017) and was shifted to general bed on the next day i.e. on June 14, 2017 in the evening as reflects from the medical file. We also find the complainant was charged for 1 day ICU (13.06.2017) and 1 day general ward bed (14.06.2017). Against the allegation of the complainant that unnecessarily different doctors were consulted although the consultation of an Orthopedic Surgeon was sufficient has been refuted by the hospital authority. They categorically explained why the different physicians of multiple fraternity were involved in the treatment of the complainant and according to such explanation the complainant having suffered multiple rib injuries, a Cardio Thorasis Surgeon was involved, for fracture in right distal radius an Orthopedic Surgeon was consulted, similarly, for blunt trauma abdomen a General Surgeon was consulted and for facial trauma a Dental Surgeon. Finally, for ICU management the Critical Care Specialist was involved. We are satisfied with the explanation forthcoming from the side of the hospital authority for consulting different doctors of various branches. In addition to that, it was contended from the side of the hospital authority that all investigation has been done according to the advice of the consultants and all medicines were prescribed by them. We further find there was justification for admitting the patient in ICU for a single day during his 2 days' stay in the hospital.

8. It appears that after obtaining discharge on risk bond, the complainant consulted Dr. Koushik Sarkar, Orthopedics and then was admitted at EEDF Medicare Centre under him. We find that in his prescription, Dr. Sarkar also noted the same findings regarding the nature of injury as that of the consultants at Desun Hospital.

9. Now coming to billing issue, we find at the time of admission (on 13.06.2017) the complainant paid Rs.10,000, on 14.06.2017 Rs.20,000 and finally Rs.33,044 on 15.06.2017. We further find although an extra sum of Rs. 24,609 was shown in the bill raised to the tune of Rs.82,986 but this extra amount was adjusted in the final bill as pharmacy refund and the complainant paid only a total of Rs.63,044 for his treatment in the hospital. The breakup of the final bill of Rs.63,044 also shows that Rs. 7970 was charged for bed charges, Rs.23,515 for investigations and Rs 9532 for pharmacy, Rs.11,500 for doctor fees, Rs.4710 for equipment procedure and Rs. 1150 for other charges. The complainant could not identify the area where there was overbilling and was unable to establish such charge.

10. For the reasons stated above, we do not find any merit in this complaint and the case is dismissed.

Sd/-

Justice Ashim Kumar Roy
Chairperson.

Sd/-

Dr. Sukumar Mukherjee, Member.

Sd/-

Dr. Makhan Lal Saha, Member.

Sd/-

Dr. Gopal Krishna Dhali, Member.

Sd/-

Dr. Madhusudan Banerjee, Member.

Authenticated

[Signature]
20/4/2018

