

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference: ID- WBCERC/HGY/275/2025-26

Present: Justice Ashim Kumar Banerjee (Retired), Chairman

Dr. Sukumar Mukherjee

Dr. Makhan Lal Saha

Smt Madhabi Das

Mr. Pratap Chandra Ghosh.....Complainant

- Versus-

Narayana Superspeciality Hospital.....Respondent

Heard on: April 22, 2026.

Judgment on: May 29, 2026.

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BACKDROP

22 years old female patient attended Emergency at Narayana Superspeciality Hospital, on January 9, 2026 with the history of severe breathing difficulty, chest pain and abnormal pulse rating. She was admitted under Dr. Rajkumar Manna, MD. The patient was admitted under WBHS category. Dr. Manna advised ECG, ECHO/ USG and other blood investigations. After ECG was done Dr. Manna evaluated the same and found it doubtful and advised consultation with a senior cardiologist. The patient was shifted to HDU. However, the hospital could not arrange for a cardiologist on the same day. The complainant was told that the patient was feeling well and hungry. On January 10, 2026 at about 7.45 am the investigation report came that revealed Hyperthyroidism / Thyrotoxicosis, a well established medical Emergency, causing fetal cardiac arrhythmias. No emergency treatment could be given in absence of a senior cardiologist. Ultimately, the patient breathed her last without any proper treatment. The patient was admitted at 9.05 am on January 9, 2026 and declared dead at 4.55 pm on January 10, 2026.

CHRONOLOGY OF EVENTS

1. The patient was admitted to HDU at 9.00 pm when BP was 120/80, pulse rate 80/min, respiratory rate 18/ min.
2. Post admission patient was stable with all vital parameters with normal limit.
3. As per the hospital the patient was seen by critical care consultant on the next day morning. Patient was asymptomatic with no tachycardia, no oxygen support with adequate urine output.
4. Patient underwent USG of thyroid gland and 2D ECHO.
5. The patient was hemodynamically stable. At 12.30 pm, she was seen by the on duty RMO.
6. At 2 pm she had lunch.
7. At 3.02 pm the patient had an episode of seizure followed by systole and received CPR as per ACLS protocol. She could be revived at 3.12 pm when she was intubated.
8. At 4.13 pm she had again cardiac arrest for which she was given CPR as per ACLS. She was revived at 4.24 pm.
9. At 4.32 pm, she had again cardiac arrest and revived at 4.36 pm. She had cardiac arrest that could also be successfully taken care of at 4.58

pm. The fourth cardiac arrest was at 5.50 pm when unfortunately despite CPR being given she could not be revived and ultimately declared dead at 6.20 pm.

From the chronology of events it would appear that the patient had as many as consecutive four cardiac arrest.

The complainant, the unfortunate father of the young lady, filed a complaint before us on February 13, 2026. We forwarded the complaint to Narayana for their response. Narayana gave their response on February 23, 2026. According to them, the patient was given appropriate treatment as and when required and ultimately after four cardiac arrest she could not revive and was declared dead at 6.20 pm on the second day of the admission.

RESPONSE

CE also placed their views in line with their written response submitted by them before us on February 23, 2026.

HEARING

We heard the complaint on April 22, 2026.

The complainant reiterated his ordeal.

CE reiterated what they stated in their response.

We have heard the parties at length.

We reserved our judgment.

EXPERT OPINION

Our esteemed medical member Dr. Sukumar Mukherjee has evaluated the medical records and has given his opinion which is extracted herein under:-

"Ms. Sumana Ghosh, 22years D/O Pratap Chandra Saha

Chronology of events:-

- 1. The patient was admitted to HDU via the Emergency Department of Narayana Superspeciality Hospital, Howrah, Andul Road on 09.01.2026 at about 09.00 pm and was offered bed at 09.30 pm because of shortness of breath, giddiness, chest discomfort and palpitation since last one week. She was seen by RMO in the hospital when her BP was 120/80 and pulse rate 80/min, respiratory rate 18/min.*
- 2. She was examined by Critical Care consultant in the following morning i.e; 10.01.2026 at 9 am when vitals were found stable.*

3. *But abnormal laboratory markers include high NT PROBNP 2980 a marker of cardiac dysfunction, normal Troponin I level (5.1), abnormal ECG with Right axis deviation, RBBB with abnormal ST-T changes, dilated IVC on echocardiogram. More so she had Thyroiditis with thyroid nodule, as detected by USG normal haemoglobin, normal renal and hepatic function, raised CRP, euglycemia but raised FT4 and very low TSH suggesting hyperthyroidism. There was compromised right ventricular function. She was on beta-blockers for palpitation.*
4. *There is no reference about Thyroid autoantibodies indicative of autoimmune thyroiditis and estimated pulmonary artery pressure for pulmonary hypertension.*
5. *The patient was re-examined at 12.35 pm on 10.01.2026 when she was hemodynamically stable. Even at 2 pm on 10.01.2026 the patient had lunch and was hemodynamically considered stable.*
6. *At 3.02 pm on 10.01.2026 the patient had an episode of seizure followed by asystole. CPR was given as per ACLS protocol and ROSC was achieved at 03.12 pm. Following this the patient was intubated. She was put on vasopressors for hypotension. Incidentally*

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the patient had repeated hyperkalaemia which was duly attended and shifted to MICU.

- 7. However, unfortunately she had repeated cardiac arrest at 4.24 pm , 4.36 pm and 4.58 pm on 10.01.2026. She was given CPR as per ACLS protocol but she could not be stabilised. Relatives of the patient were duly informed about repeated cardiac arrest her and poor outcome.*
- 8. On 10.01.2026 at 5.50 pm she had again cardiac arrest despite standard care of CPR as per ACLS protocol with repeated efforts but the patient could not be saved and was declared dead on 10.01.2026 at 6.20 pm.*

Observation:-

- a) There are no pre hospital health check up and records about the diagnosis of pulmonary hypertension and thyroiditis. These are all chronic conditions which were probably unrecognised.*
- b) Triggers of pulmonary hypertension remained elusive which is a major concern for fatality Thyroiditis with hyperthyroidism is not the possible cause of unfortunate death at a tender age. Hypoxia and heart failure may be presumptive factor for repeated cardiac arrest.*

c) In absence of post mortem of such a complex clinical situation and premature death at a tender age could not be linked finally with medical negligence alone with repetitive cardiac arrest in patient with pulmonary hypertension.”

We also requested Dr. Asim Kumar Kundu, Professor and Head of the Department of Critical care medicine, IPGMER to evaluate the medical record and give his opinion. Accordingly Dr. Kundu has given his opinion i.e; extracted below:-

“ I have gone through the copy of complaint of Pratap Chandra Ghosh and reply/response from the CE along with BHT Medical records etc.

My observations are summarized below:-

- 1) 22 year old Ms Sumana Ghosh had attended the Emergency of Narayana Health on 9-1-26 with SOB and palpitations for last one week; heaviness in chest for 1 day.*
- 2) Got admitted in HDU on 9-1-26 around 8.34 pm. At that time her Pulse Rate was 112/min, RR-30/min, BP-100/60 mm Hg, SPO2-100%, Tem-98⁰ F, GCS=15/15*

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- 3) *Tab Inderal (20) BD and Nexito plus OD was advised. Investigations were suggested, cardiology and Endocrinology referral were done.*
- 4) *On 10-1-26(9 am) it was recorded that tachycardia was settled.*
- 5) *USG thyroid was done (11.50 am); Echocardiography 2D was done (after 12 noon) of 10.1.26.*
- 6) *She suffered seizures and cardiac arrest around 3 pm on 10-1-26, ROSC achieved, intubated, Mechanically Ventilated at MICU.*
- 7) *Suffered multiple asystoles and finally succumbed to death at 6.20 pm on 10-1-26.*
- 8) *The patient was not attended by Endocrinology.*
- 9) *On-call-cardiology attended the patient at 4.00pm of 10-1-26; i.e after she suffered seizures and Cardiac arrest around 3.00 p.m. of 10-1-26.*
- 10) *There was a note that IVC was congested (Cardiologist's note and Paed Cardiology Echo report) but in final Echo report it was not recorded.*
- 11) *Her previous TSH was 0.11 uIU/mL.*

12) Her investigation reports showed T3 of 1.36 ng/ml, Free T4 2.76 ng/dl, TSH 0.0742 uIU/mL, USG Thyroid showed features of Thyroiditis, nT pro BNP was 2980 pg/mL, Echo showed dilated RA/RV, Moderate TR, Moderate PAH, Paradoxical motion of IVS.

Conclusion:-

- a) From the investigation of other reports the cause of death is inconclusive. The cause of death could be ascertained through Medico-legal Post-mortem of this particular patient.
- b) Hospital authority should have arranged for early Endocrine and Cardiologist consultation.
- c) Death due to thyrotoxicosis is unlikely.

OUR VIEW

We have considered the rival contentions as well as the experts opinion of Dr. Mukherjee and Dr. Kundu. On a combined reading of the entire records and the experts opinion we are of the view, there had been failure on the part of the establishment to have opinion of the cardiologist immediately on admission of the patient.

Our medical experts are of the view that there should have been endocrine consultation at the earliest. The CE miserably failed to do so. Moreover, when the patient died and the treating team was clueless about the cause of the death, they should have advised the family to go for post mortem. Had it been done so, we could have ascertained the real cause of death. Our experts are of the opinion that the cause of death as stated in the death summary is inconclusive that could only be ascertained had there been medico legal post mortem done. We hold the establishment guilty of the hospital negligence. We award compensation of Rs.10,00,000/- as against the CE to be paid to the unfortunate father of the deceased who lost his daughter at a prime age of 22 years.

The complainant is directed to share his bank details with CE so that money could be transferred to his account at the earliest.

The complaint is disposed of accordingly.

Sd/-

(ASHIM KUMAR BANERJEE)

We agree,

Sd/-

Dr. Sukumar Mukherjee



Sd/-

Dr. Makhan Lal Saha

Sd/-

Smt Madhabi Das

Authenticate



**Secretary
West Bengal Clinical Establishment
Regulatory Commission**

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