

Office of the West Bengal Clinical Establishment Regulatory Commission

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**Case Reference: ID- WBCERC/HGY/286/2025-26**

**Present: Justice Ashim Kumar Banerjee (Retired), Chairman**

**Dr. Sukumar Mukherjee,**

**Dr. Makhan Lal Saha**

**Smt Madhabi Das,**

**Mr. Nirmal Chandra Saha.....Complainant**

**- Versus-**

**The Dr. Datta's Clinic .....Respondent**

**Heard on: April 22, 2026 and April 30, 2026.**

**Judgment on: May 29, 2026.**

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*AL*

## **BACKDROP**

12 years old young girl reported at the Emergency on April 10, 2025 at 11.45pm. She was presented with shortness of breath for last two days and loose stool for about seven days with the history of backache and vomiting five days prior to admission.

The patient was earlier treated by Dr. Arindam Paul. She was attended by RMO at Emergency when her blood pressure was 80/50, Pulse rate 144/ min, temperature 90° F, oxygen saturation 86 %.

In view of critical condition the RMO advised immediate admission to ICU. The family however, declined.

The patient was transferred to general bed at 12.05 pm under Dr. C K Som. However, Dr. Som did not see the patient at 12.35 pm. Dr. Som advised conservative management over phone. The patient was given oxygen support at the rate of 6 litre / min, normal saline, injection PAN 40, Jofar, Augmentin 625 mg. She was given nebulization with Duolin and Budecort(1:1 ratio) hydrocortisone 100 mg, Sodium Bicarbonate 70 mEq in normal saline over one hour. Blood gas analysis was carried at

12.51 pm. The bed side X-ray was done at 1.18 pm. There had been improvement of oxygen saturation level at to 98 % at 2 pm. At 2.45pm Dr. C K Som came and examined the patient. He referred the patient to Dr. AbhisekSaha, Pulmonologist.

Dr. Saha did not see the patient. Investigation report received at 3.15 pm. The CPR was given. Hemoglobin of 7.9 gm/dl. Total bilirubin of 1.80 mg/ dl (conjugated 0.95 mg. dL and unconjugated 0.85 mg/dL, thatcorroborated the grave critical condition of the patient.

According to the family, they wanted to take her to a higher centre and accordingly thepatient was discharged. However, the discharge summary was a normal one. It was not a case of DAMA / LAMA.

The patient was shifted to the ambulance however, the ambulance driver declined to proceed because of the acute critical condition. The patient was again brought back to the CE. According to the CE, Emergency measure wastaken however, thepatient did not respond to the treatment protocol. She was declared dead at 5.15pm on the same day i.e; April 10, 2025.

After the death of the patient there had been unrest. Ultimately the matter was investigated by the office of the CMOH, Hoogly.

The post mortem was done, however, we have not received with the copy of the post mortem report as yet.

## **COMPLAINT**

The complainant filed a complaint dated February 20, 2026 alleging medical negligence as well as hospital negligence. It further appears that series of complaints were made to the police station who refused to take cognizance of the offence.

The report of Enquiry held on May 13, 2025 and May 20, 2025, was submitted to the CMOH, Hooghly a copy of which was forwarded along with the complaint to us for our information.

The salient features revealed from the report, are as follow:-

- I) On March 31, 2025 Dr. Koushik Bose prescribed some medicines.
- II) On April 7, 2025 Dr. Arindim Paul was approached. He added new medicines. There was no improvement. The patient was having

breathing difficulty with chest pain and high fever. She was taken to the Emergency of the CE at 11 am on April 10, 2025.

III) According to the CE, the patient reported to the Emergency at 11.45am. RMO examined the patient and advised her for admission in ICU. CE gave a doctor list wherefrom the complainant chose Dr. C K Som. Dr. Som was informed. The patient was shifted to ward at 12.25 pm with oxygen support at the rate of 6litre .

IV) At 12.51pm ABG was done and the result was informed to Dr. Som. On the basis of ABG report findings the patient family was counseled about the critical condition of the patient and asked their consent for ICU transfer. At 1 pm the mother of the patient gave a declaration that they wanted to have treatment at general ward.

V) At 1.05 pm bed side X- ray was done.

VI) At about 1.55 pm soft copy was shown to Dr. Som who advised medicines after examining the image.

VII) At 2.30 pm Dr.Som came and attended patient and counseled the family about the grave situation.

VIII) At about 3.20 pm Dr. Som was consulted over phone about the deterioration of the clinical condition of the patient. Patient party was counselled for transfer to higher set up. They agreed. At 4.25 pm the patient family raised issue with regard to bill.

IX) There had been some delay in arranging transfer. The patient was ultimately shifted to ambulance at 4.50 pm. However, father rushed back to the Emergency informing about collapsing of the patient. CPR was given. Despite Emergency measures taken the patient could not be revived and was declared dead at 5.10pm.

X) During enquiry Dr. Pal submitted, he advised admission verbally.

XI) Four hours were wasted during admission process. Dr. Som submitted, despite repeated requests for ICU admission the family did not agree. In a hurry, the family arranged an ambulance for onward transmission of the patient to Calcutta. However, in transit the patient died.

The observation of the enquiry team are as follows:-

*"I) As complaint of the patient party, that they wanted to keep the patient at The Dr. Datta's Clinic for emergency and adequate management but*

*as per statement of Dr. C.K Som patient party urged to transfer the patient. So there is a gross discrepancy between the two statements.*

*II) There was definitive delay in patient attending by consultant Doctor after admission.*

*III) Even after managing the patient for four (04) hours, Dr. C.K Som and attending RMO failed to assess the grave condition of the patient and allowed her referral without stabilizing the patient and without adequate arrangement and patient collapsed within minutes of travel.*

*IV) In case of Dr. Arindam Pal, he failed completely to diagnose and assess the urgency of the case even after repeated visit and nowhere in written document hospitalisation was advised which caused significant delay in initiation of proper treatment.*

*V) As per statement of Dr. Kaushik Bose, he advised hospitalisation on 02/04/2025 but the advice wasnot followed. If patient was hospitalized earlier, possibly the catastrophe could be avoided.”*

## HEARING

We heard the complaint on April 22, 2026 and April 30, 2026 when the rival parties reiterated their stand as per their written submissions made to the Commission through complaint and response respectively.

We reserved our judgment for appropriate evaluation of the medical records.

## EXPERT OPINION

Our esteemed medical member Dr. Sukumar Mukherjee had interaction with the complainant, the unfortunate father of the child as well as the representative of the CE. He also evaluated the medical records. His opinion is extracted hereunder:-

*"Patient: Ms. Nilomi Saha, 12 years age*

### *Sequence of events:-*

- 1. The index patient had been suffering from frequent cough, fever with chest pain. She was taken to Dr. Kaushik Bose for first consultation on 31.03.2025 who checked her and prescribed some medicines without*



*basic investigations but she did not get well. Hospitalization was not advised.*

- 2. Mr.Saha (father) decided to take her to another practitioner Dr.ArindamPal who examined and prescribed some medicines on 02.04.2025. Subsequently, Mr.Saha met Dr.Pal without the index patient because of non-improvement of clinical status on 07/04/2025 and 09/04/2025. Chest X-ray was advised on 07.04.2025 along with other tests. Hospitalization was not advised on prescription by the treating physician.*
- 3. In view of deterioration of clinical status Mr.Saha took her to Dr. Dutta's clinic out of desperation for emergency care and admission.*
- 4. The patient was admitted in the above clinic at 11.45 am on 10/04/2025 when RMO examined and advised ICU admission. However Mr.Saha preferred her to be admitted in general ward. The patient was put on O2 therapy at 12.40pm in view of deteriorating O2 saturation to 86%, Pulse rate of 148/ min and BP 80/50 . Portable chest X-ray was done at about 1 pm . Nebulization with Budecort was started.*

5. Dr. C K Som, MD examined the patient only at 2.30 pm ( 2 hours 45 minutes later since admission) on 10.04.2025 and the chest X-ray confirmed the diagnosis of Right sided pneumothorax with pneumonitis. Dr.Som wanted to shift to patient to ICU or to a higher centre for proper monitoring and water-seal drainage under the guidance of pulmonologist Dr. A Saha. He discussed the status of the patient with her father and disclosed the severity of the condition. But the father of the patient preferred to shift her elsewhere instead of shifting to ICU as advised at around 3.30 pm.
6. The patient remained critical with BP 90/50, SPO2 96% on O2 therapy of 6 Litres/ min, Pulse rate 133/ min at around 4 Pm. Nebulization was done.
7. Subsequently the patient was transferred to ambulance arranged by the party on a stretcher at around 4.40 pm to 4.50 pm with necessary discharge certificate as signed by party for transfer to Higher Centre. Unfortunately at 5 pm the patient worsened further in ambulance when She was taken back to Emergency of the index clinic for urgent cardiopulmonary resuscitation. However, the patient did not survive and was clinically declared dead at around 5.10 pm on 10.04.2025.

**Observation:-**

- a) *There is inordinate delay in appreciation of progressive severity of the disease course on and from 31.03.2025 by the medical practitioners in succession till the time of admission on 10.04.2025 when she was critically unwell. The treatment offered to patient before hospitalization was basically symptomatic without a definitive diagnosis.*
- b) *Following admission at Dr. Dutta's clinic, Chandernagar, Hooghly at around 11.45 am on 10.04.2025 bedside chest X-ray was only done at 1 pm when the patient was seriously ill with hypoxia and hypotension associated with anemia.*
- c) *More so, the patient was examined by consultant physician Dr. C K Som MD, first time at 2.30 pm with a delay of about 2 hours 45 minutes from the time of admission at 11.45 am on 10/04/2025.*
- d) *This is undesirable that Mr.Saha also preferred her to be treated in general ward against the advice of the treating doctor. Instead he wanted to shift her to higher centre. Mr Saha arranged for ambulance personally for transfer.*

e) *It is also distressing to note that the patient was discharged at 4.40 pm to 4.50 pm officially without sustained stabilization of hypoxia, hypotension and anemia which may be the major risk factors for eventual cardiac arrest at around 5 pm. Apparently she was not discharged against medical advice (DAMA).*

f) *The pathetic outcome of this young girl is primarily attributable to delay in decision making, lack of optimization of care in time and official discharge of this critically ill patient without sustained stabilization."*

## **OUR VIEW**

We have considered the rival contentions the report of the enquiry team conducted by office of the CMOH, Hooghly, and valued opinion of our esteemed medical member Dr. Sukumar Mukherjee.

The patient had been suffering critical ailment that could not be taken care of seriously by either Dr. Koushik Bose or Dr. Arindam Pal when the patient visited their chamber.

There was no documentary evidence to support the assertion of Dr. Pal that he advised admission of the patient.

The patient was taken to the CE when she became critical on April 10, 2025.

There had been inordinate delay in the admission process.

The patient attended Emergency at 11 am. According to the CE the patient attended at 11.45 am. Even if we give full credence to what CE would contend, we find, except RMO no senior doctor visited the patient until 2.45 pm when Dr. Som examined the patient.

It is true, despite advice of ICU admission the family did not agree, probably because of the financial reason. However, the discharge appearing at the record would not indicate that the patient was discharged at DAMA or LAMA. In such event, the criticality of the situation did not support formal discharge of the patient when she already started deteriorating and ultimately collapsed in the ambulance.

Three doctors were involved Dr. Koushik Bose, Dr. Arindam Pal and Dr. C K Som.

The West Bengal Clinical Establishments (Registration, Regulation and Transparency) Act, 2017 could not empower the Commission to go into details of the treatment protocol. However, the laxity on the part of the

CE, as apparent from the face of the record, would definitely deserve appropriate dealing at our end.

The young girl lost her life at a very young age. No amount of financial compensation could compensate such loss to the parents including the complainant.

Considering the entire circumstances resulting in ultimate death of the patient we feel, interest of justice would be sub-served if we award appropriate compensation of Rs. 10,00,000/- to be paid by the CE to the mother of the child on sharing of her bank details.

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**

*Authenticated*  
  
**Secretary  
West Bengal Clinical Establishment  
Regulatory Commission**

*BS*