

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

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

**Dr. Sukumar Mukherjee, Member.**

**Dr. Madhusudan Banerjee, Member.**

**COMPLAINT ID: PAB/2017/000268.**

**Mr. Kalim Mia.....Complainant.**

**-versus-**

**Apollo Gleneagles Hospital.....Respondents.**

**Date of judgment: 26<sup>th</sup> June, 2018.**

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

The complainant is the son of the service recipient Mannu Mia, who died on 27.11.2017 while undergoing treatment at Apollo Gleneagles Hospital.

2. The case of the complainant as it transpires from his letter of complaint and complaint in the form of affidavit is as follows,

His father, Mannu Mia was admitted at Apollo Gleneagles Hospital on 03.11.2017 with chest pain and shortness of breath. He was told by the doctor that his father was suffering from accumulation of fluid in the lung and was treated by doctors, Dr. Debasis Ghosh, Dr. Subhasis Ghosh, Dr. Suraj Pradhan and Dr. Chandrasish Chakraborty. During his treatment on 06.11.2017 his father was operated upon for removal of fluid from the lung but that was unsuccessful. Then again attempts were made on 06.11.2017 and 08.11.2017 for removal of fluid by surgical operation but that were unsuccessful. Subsequently, on 18.11.2017 , the



doctors were able to successfully remove the fluid and told the complainant that his father will be released within 5 days. Although chest pain reduced but his left leg was found swollen and infected as also the testicles. According to the doctors that his father was suffering from an infection DBT and his both kidneys had been affected. The complainant immediately contacted the Medical Superintendent of Apollo Gleneagles Hospital who assured him that they would take all necessary care and complainant need not to be worried but finally on 27.11.2017 his father expired. Apollo raised a bill of Rs.11,60,000/- and out of that Rs.4,60,000/- has been paid.

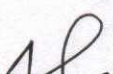
During his oral submission, it is alleged that his father died due to the wrong treatment and negligence of the doctor at the Apollo. It is further contended that it is beyond his understanding how a patient admitted with lung problem died due to renal failure. It is added that the charges are too high with the prevailing market rate.

3. In response to the notice issued in connection with the complaint, the Clinical Establishment entered appearance and submitted their reply in the form of affidavit in response to the allegations made in the complaint.

4. The complainant's father an elderly person aged about 72 years reported to the emergency of Apollo on November 3, 2017 complaining pain in both sides of lower chest wall and both flanks of abdomen coupled with shortness of breath associated with low grade fever since October 29, 2017. Before admission at Apollo, the patient was treated at a different nursing home. The patient was a non-diabetic but had uncontrolled hypertension. The hospital authority was informed by the complainant that before admission at Apollo, he was treated as indoor patient in a different nursing home. On November 3, 2017, the patient was initially assessed by Dr. Debasis Ghosh, Consultant Cardiologist at emergency and on examination having found that he had a primary chest disease, transferred him in ICU under Dr. Chandrasish Ghosh. CT scan of chest was done and it was diagnosed that the patient was suffering pneumonia, diastolic heart failure and encysted collection on right side. He was then referred to Dr. Suraj Pradhan, Consultant CTVS Surgeon for insertion of intercostals chest drain in right plural chest but that yielded no plural fluid since he was experiencing difficulty in breathing, he



was put on Bipap and standard investigation for determining the cause was carried out on 07.11.2017 Dr. Subhasis Ghosh, Consultant Pulmonologist was consulted. When it was decided that the patient required thoracotomy and decortication for source control. He had deranged coagulation since admission. Dr. Kingshuk Das, Consultant Gastroenterologist was referred to rule out Chronic Liver Disease. Hence no chemical DVT prophylaxis was started. High Risk Consent for thoracotomy and decortications was taken before the procedure by Dr. Suraj Pradhan, on the next day, i.e. on November 8, 2017. Encysted collection was seen around the right lung which was entrapped with fibrous tissue and thickened pleura. Decortication surgery was also done along with removal of encysted collection. ICD was placed on both sides and the patient was sent to CTVS ITU on ventilator. Fibreoptic bronchoscopy was done by Dr. Subhashish Ghosh and Broncho Alveolar Lavage (BAL) fluid from the left lung which had pneumonia was sent for investigation including culture and sensitivity. BAL fluid grew Acinetobacter and antimicrobials were accordingly modified. He was extubated from ventilation on November 10, 2017 and put on BIPAP. The patient was being monitored by the Critical Care Team at the ITU including Dr. Suraj Pradhan. Dr. Subhashish was also consulted on one or two occasions on the patient's condition. Due to the improvement in his condition, the patient was transferred to General Ward on November 13, 2017 and ICDs that were placed, were removed on November 14, 2017 and he was ambulated. It was expected that the patient would be discharged on November 16, 2017. There was no further complaint by the patient of any problem thereafter related to lung conditions and the treatments of such problems were considered to be optimal. However, on the morning of November 15, 2017 it was found that the patient had developed swelling on his left limb. An ultrasound Doppler was done immediately which revealed extensive Deep Vein Thrombosis (DVT) extending up to left external iliac vein. The patient was thereafter shifted to CTVS ITU and was treated with appropriate medication. The complainant was informed about extensive DVT of the left lower limb on the same day and was also informed that the patient would require intensive care to treat the same, as also the chances of pulmonary thrombo embolism and its consequences. The complainant was also verbally informed of the associated costs that may be required to be incurred in this regard. The





complainant acknowledged such information being provided to him by signing Bed Head Ticket (BHT) on the very same day.

The hospital authorities did not at any point of time undertake any act or course without the knowledge or consent of the complainant. All steps that were taken were with the knowledge, consent and approval of the complainant. The complainant has alleged that he came to learn of his father's condition of DVT only on November 16, 2017 (which was the date initially fixed for discharge of the patient). Such allegation is completely falsified by the fact that the complainant has signed and acknowledged the BHT as stated above, on November 15, 2017 wherein DVT issue, amongst others, had been made clear to the complainant. Dr. Bikash Majumder, Consultant Cardiologist was consulted for need of IVC filter. Opinion of Dr. Suresh Ramasubban, Consultant Intensivist was also sought along with that of Dr. Manish Jain, Consultant Nephrologist in view of the patient's rising serum creatinine levels and their advices were followed. The patient's renal function was improving and swelling on his left leg had subsided to a large extent and his chest was clinically normal. Report Doppler study of left leg also showed beginning of recanalization though edema still persisted. At all times, the patient's family was counseled and kept suitably informed of the patient's clinical condition, the course of treatment and prognosis. Despite of the aforesaid, on the morning of November 26, 2017 the patient developed sudden onset of shortness of breath without chest pain along with hypotension and hypoxia requiring inotropes and BIPAP. His chest x-ray carried out did not reveal any change in the patient's condition and ECHO Cardiogram conducted on November 27, 2017 also did not reveal any evidence of pulmonary embolism. Despite the intensive treatment given to the patient, the patient's condition deteriorated rapidly over the course of the next day, i.e. on November 27, 2017 requiring high dose multiple inotropes and ventilation. Opinions of Dr. Bikash Majumdar, Dr. Subhasish Ghosh and Dr. Suresh Ramasubban were sought. However, in spite of the best efforts of the multidisciplinary team of clinicians, the patient succumbed to the new sepsis with multi organ failure on November 27, 2017.

5. We have given our anxious and thoughtful consideration to the rival submissions of the parties. Considered their respective affidavits including the medical file of the patient.



The Members of the Commission with medical expertise took active part in the deliberation.

6. Now, on examination of the Bed Head Ticket we do not find that any lapses or deficiency in service either on the part of the treating doctors or the hospital authority. All necessary standard care was taken for the treatment of the patient which is evident from the clinical notes. Therefore, no case of deficiency in patient care service can said to have been made out.

7. The complainant, at the time of hearing alleged that the charges at the hospital were quite high in comparison to the charges in other hospitals. However, it is not his case that the charges levied for the treatment of his father was in deviation of declared fees and charges. Therefore, no intervention is called for. We find that nothing has been charged over and above the specified tariff by the Clinical Establishment, Apollo Gleneagles Hospital.

The complainant claimed that total bill was of Rs.11.60 lakh (Eleven lakh and sixty thousand only) and out of that he paid Rs.4.60 lakh (Four lakh and sixty thousand only). However, according to Apollo, the bill amount was Rs.8.97 lakh (Eight lakh and ninety seven thousand only) and the complainant had paid Rs.3 lakh (Three lakh only) and Rs.5.97 lakh (Five lakh and ninety seven thousand only) is still outstanding.

So far as outstanding amount is concerned, no order is needed to be passed by the Commission and it is for the Clinical Establishment to proceed in accordance with law for recovery.

8. This case has no merit and stands dismissed.

Sd/-

Dr. Sukumar Mukherjee, Member.

Sd/-

Dr. Madhusudan Banerjee, Member.

Sd/-  
Justice Ashim Kumar Roy  
Chairperson.

*Authenticated*  
*WJ*  
*29/6/2018*