

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

Present: Justice Ashim Kumar Roy, Chairperson.

Dr. Sukumar Mukherjee, Member.

Dr. Gopal Krishna Dhali, Member.

Dr. Madhusudan Banerjee, Member.

COMPLAINT ID: HGY/2018/000394.

Mr. Ranjit Dutta.....Complainant.

-versus-

Tata Medical Center.....Respondents.

Date of judgment: 26th December, 2018.

J U D G M E N T.

It is the case of the complainant that his son Priyojit Dutta was diagnosed leukemia (blood cancer) in the month of August 2015 by doctors of Tata Medical Center. Initial estimate of Rs.4 lakh for treatment was given by the hospital which ultimately raised to the tune of Rs.7.5 lakhs. Within 2 years of such treatment, his son began to suffer from headache and was taken to the said hospital. The doctors at the Tata Medical Center, after bone marrow and CSF test concluded that the disease has relapsed and the treatment would cost Rs.8-10. When the hospital authority was requested to furnish the estimate, they insisted for payment of Rs.2 lakhs to start the treatment. Since, the complainant was unable to make such initial payment, the hospital refused to give any estimate. But the doctors advised IT injection which was given

on weekly basis and this treatment continued for 8 weeks. During this period, the vision of the left eye of the patient gradually blurred. The complainant requested for an MRI to find out the cause of the blurring but they stated that nothing has happened to the eyes. Later on 10.05.2018, methotrexate 17.5 mg/ week was administered. CBC blood test was done and a wrong report was given showing a count of 14000. The complainant brought this report to the notice of the doctor showing his concern on such a report. It was told by the doctor that this is immaterial and the count will go up after some days. He requested for fresh test and it was made on payment by him and the report showed a rise in the total count to the tune of 142000. He alleges wrong treatment on the basis of such reports. Later, on 11.05.2018 after intake of tablet methotrexate, the condition of his son continued to deteriorate and despite his request, no treatment was done. He again insisted for an MRI and it was informed that MRI machine was out of order. As the condition deteriorated, the hospital authority informed that the patient has to be shifted immediately to ICU and for this payment has to be made. It was also told that in case the complainant is unable to make payment he should shift the patient to any ICU of any other hospital. The complainant insisted on the continuation of the treatment but the hospital authority categorically denied treatment without payment of at least 2 lakh rupees. As a result, he took the patient out of the hospital and got MRI done at Institute of Child Health, Park Circus and the MRI report showed severe infection in the brain because of which the nerves of the brain had started to damage. Since there was no ICU bed at the ICH, he tried various hospitals and ultimately got his son admitted to Kolkata Medical College and Hospital. By that time, the condition of his son was really very bad and it continued to deteriorate without any improvement and ultimately, his son expired on 20.05.2018. The complainant alleging negligence in treatment of his son by Dr. Sonal Dalvi Mitra, Dr. Arpita Bhattacharjee, Dr. Sital and Dr. Anirban demanded exemplary punishment of the doctors and the Clinical Establishment.

2. On receipt of the complaint, the Commission sought for replies from the Clinical Establishment and necessary medical records including bed head tickets were called for.

3. The Clinical Establishment filed their reply denying all the allegations made against it and contended as follows,

The patient was suffering from leukemia and he was under treatment since August, 2015 and they provided the best treatment with all care and ultimately, there was an improvement but unfortunately, the disease relapsed. When the patient was brought to the hospital for the second time on 04.03.2018 and he was examined and fresh medication was advised. His condition continued to deteriorate because of the nature of the disease and ultimately he required further intensive treatment in ICU set up. Since the patient party was not financially capable, he was requested to shift to any ICU set up and was discharged accordingly.

As far as the MRI test is concerned, the treating doctor did not find it medically necessary and it is not a fact that MRI machine was not functional. The treating doctor also stated that report of MRI may not have altered the line of treatment. So, it was thought that it was not medically required and the hospital did not want to further put financial burden on the patient party without any urgent medical requirement. The hospital admitted that one blood report was likely to be incorrect and immediate measure was taken immediately when that came to their notice and the charges were refunded to the patient party.

6. After hearing the parties and examining all the materials on record and considering the views of the medical members of the Commission, we find as follows,

The son of the complainant, Master Priyojit Dutta, aged about 2 years and 1 month, attended Tata Medical Centre for the first time on 25.08.2015 and then on 03.09.2015 and diagnosed that he was suffering from Pre-B-Lymphoblastic Leukaemia (ALL)—with morphological pattern of B lymphoblastic leukaemia/ lymphoma with hyperdiploidy. Since his first presentation on 25.08.2015, treatment was continued up to May, 2018 and was treated as a high risk patient. In view of poor prednisolone response and bulky disease the child was treated with TMC ALL IR- protocol. The child completed initial consolidation cycle on 03.12.2015 and later put on maintenance cycle. However, the child was also treated with high-

end IV antibiotics for febrile neutropenia in 2015 and later the child was also shown to have L asparaginase hypersensitivity on 27.10.2015 following administration. The child had early isolated CNS relapse on 30.03.2018 which was serially treated during follow up with intrathecal methotrexate for 8 weeks and later oral methotrixate as maintenance therapy. On 11.03.2018, following methotrexate therapy, platelet count was wrongly reported as 14000/cumm, however, it was corrected on the same day without additional charge and platelet count was actually 142000/cumm. The child has been serially followed up in the OPD, day care and some time in hospital. During this period of treatment CNS relapse and the child had loss of vision of left eye. The parents requested to the treating doctor for brain MRI for CNS involvement. However, the MRI brain was not done. Presumably, the MRI was not available at that point of time and the treating physician thought it prudent that by doing MRI there will be of no material change in terms of drug therapy.

After 18.01.2018, the patient could not continue further treatment in view of financial constraints and child was admitted to the other hospital. The patient was admitted in the Institute of Child Health and subsequently, he took discharge and got admitted in Medical College Hospital in Pediatric ICU where child succumbed. There are no accompanying records of Institute of Child Health where MRI brain was suggestive of brain infections as claimed by the complainant.

Having regards to above, we do not find any falsity in the evidence based on cenotaph and other supportive measures taken during the whole period of treatment from 2015 to 2018. It was totally TMC protocol based treatment for which the patient party was adequately pre-informed from time to time and the evaluation summary of every visit has been very clear and transparent. It has been already opined that the type of leukaemia that the child was suffering from was a high risk one and he had several episodes of febrile neutropenia as well because of chemotherapy and these were tackled well. The single organ (brain) involvement in acute leukaemia is considered a serious threat and has been treated properly as standard of care available in literature. The complaint of not doing MRI by Tata Medical Centre did not influence at best the plan of treatment offered to the child. Lastly complaint of high cost and expenses is

likely to be due to existing care facilities available at Tata Medical Centre for which the Clinical Establishment cannot be held responsible. In this regard, it is to be noted that enough discount was granted to the complainant during different phases of treatment from 2015 and 2018 from charitable fund of the hospital.

This case thus having no merits, stands closed and disposed off.

Sd/-
Justice Ashim Kumar Roy
Chairperson.

Sd/-
Dr. Sukumar Mukherjee, Member.

Sd/-
Dr. Gopal Krishna Dhali, Member.

Sd/-
Dr. Madhusudan Banerjee, Member.

Authenticated


ARSHAD HASAN WARSI
WBCS (Ex)
Secretary
W. B. C. E. R. C.