

Office of the West Bengal Clinical Establishment Regulatory Commission
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Case Reference: ID-SPG/2018/000487

Present: Justice Ashim Kumar Banerjee (Retired), Chairman

Smt. Sanghamitra Ghosh, IAS, Vice -Chairman

Dr. Sukumar Mukherjee,

Dr. Makhanlal Saha,

Dr. Madhusudan Banerjee,

Dr. Maitrayee Banerjee and

Dr. Pradip Kumar Mitra.

Samar Kumar Saha.....Complainant

- Versus-

AMRI Hospitals Mukundapur (Vision Care
Hospital).....Respondent

Heard on: April 16, 2019 and May 16, 2019.

Judgment on: July 04 , 2019

COMPLAINT

The complainant's wife Smt. Gita Saha had a sudden fall on August 12, 2018. The complainant got her admitted in AMRI Hospital, Mukundapur on

the next day i.e. on August 13, 2018 under Dr. Anupam Das and Dr. Ritwik Ganguly. She was under treatment on and from August 13, 2018 to August 20, 2018. At the time of discharge the hospital issued a discharge summary together with medical reports with patient ID No.AM30057440. In the discharge summary the hospital mentioned "**Undisplaced Fracture Left Head of Femur**". The said report was signed by Dr. Sumit Dutta. The CT scan report mentioned "**Isolated Fracture of Anterior Wall of Left Acetabulum**". The patient visited the hospital outdoor on August 31, 2018 when the hospital issued a different discharge certificate and a different CT scan report with the same ID. The two CT scan reports and two discharge summary made the patient and the complainant totally confused. On a query made, the treating doctors could not give any plausible explanation. Finding no other alternative, the complainant filed the above complaint before the Commission.

HOSPITAL VERSION

AMRI Hospital, vide letter dated January 2, 2019, addressed to the Commission, submitted their explanation. According to them, the CT Scan was done on August 13, 2018 that would show no fracture. After conservative management the petitioner was discharged on August 18, 2018 with diagnosis of "**Undisplaced Fracture Left Head of Femur**" as per X-ray findings. For further evaluation the patient was advised a NCCT PELVIS both hips. On

examination of the CT Scan films Dr. Dutta observed, it was a case of "**Undisplaced Fracture of Anterior wall of Acetabulum**". Since, in the X-ray there was an overlapping Anterior Wall of Acetabulum on the femoral hip any subtle suspected fracture in these regions would be difficult to interpret in the X-ray, hence the CT Scan was done. However, the management protocol remained the same i.e. conservative management with rest and non weight bearing. The hospital would observe, it was very unfortunate that the patient got a discharge summary with the old suspected X-ray findings, however, during OPD consultation on further review of CT Scan by Dr. Sumit Dutta, no true fracture was detected as evident by lack of haematoma of Iliopsoas and obliteration on myofascial planes which was eminent findings in a case of true fracture. After reviewing the CT Scan finding and discussing with the Radiologist the final CT Report and diagnosis in the discharge summary was made after full counseling of the patient. According to the hospital, since the anomaly did not hamper conservative management protocol and the patient did not suffer for such anomaly the complaint was frivolous and baseless.

HEARING

We heard the parties on April 16, 2019 when upon hearing we referred the medical records for expert opinion of the Head of the Department of Radiology, Dr. Utpalendu Das, SSKM Hospital. Prof. Das submitted his report

and we finally heard the matter on May 16, 2019 when Prof. Das was present and participated at the hearing.

EXPERT OPINION

Dr. Utpalendu Das

OBSERVATION

➤ Opinion of Dr. Anupam Das:-

- X-ray pelvis - ? Undisplaced fracture head femur (left) dt.13.08.18
- NCCT Pelvis with both hips with 3D reconstruction – appears to have undisplaced anterior column fracture of left acetabulum dt.14.08.2018 & 17.08.2018

➤ Opinion of Dr. Dutta (dt14.08.2018):-

? Old fracture 2, 5, 6, 7 and 8 ribs with mild left sided pleural effusion.

➤ Opinion of Dr. S. Shamim (dt.16.08.2018):-

Few ground glass (minimum), does not require any active treatment for lung.

• Opinion of Dr. Sisir Das (Dt.?)

NCCT brain – Normal



Discharge diagnosis

01. Undisplaced fracture left head of femur (discharge date – 18.08.2018) – printed on 18.08.2018.
02. Undisplaced hairline fracture anterior wall of left acetabulum (discharge date – 18.08.18) – printed on 31.08.2018.

Signature of Doctor – different.

REPORT

Chest X-ray, AP View (Examination dated 13.08.2018 Reporting dated 17.08.2018)- printed on – 17.08.2018 – unremarkable finding.

Pelvis with both hips AP-(Examination date 13/08/2018, Reporting date 17.08.2018) – printed on 17.08.2018.

- Reduced joint spaces at both S.I. Joints
- Osteoporotic bone.

LS Spine AP & Lateral (Examination date 13.08.2018, Reporting date 17.08.2018) Printed on – 17.08.2019

- Osteoporotic bones.
- Spondylotic Changes.
- Grade I Spodylolisthesis at L2-L3 and L3-L4 levels.
- Reduced joint spaces at both SI joints.

CT Scan of brain (Examination date 13.08.2018, Reporting date 14.08.2018)- printed on 14.08.2018.

- No significant intracranial abnormality.

1st Report – CT Scan of Pelvis with both hip joint (3D Reconstruction) (Examination date 13.08.2018, Reporting date 14.08.2018- printed on 28.12.2018)

- No fracture seen
- Degenerative changes seen
- Both hip joint and sacral space appear intact.

NB: All these reports are signed by Dr. Sumit Dutta, Radiologist.

2nd Report – CT Scan of Pelvis with both hip joint (3D Reconstruction) (Examination date 13.08.2018, Reporting date 14.08.2018 – printed on 28.12.2018)

- Isolated fracture of anterior wall of left acetabulum.
- No fracture seen.
- Degenerative Changes seen.
- Both hip joint and sacral space appear intact.

NB: This 2nd CT scan report has following difference from 1st report.

01. No signature of Dr. Sumit Dutta, Radiologist.
02. Has added the line of “Isolated fracture of anterior wall of left acetabulum” at the top of previous three lines.
03. Age- Different.
04. Order Id- different.
05. Payer Name- Mentioned. (not mentioned in prior report)
06. Report print date – 28.12.2018 (1st report mentioning no fracture printed on 14.08.2018)

Conclusion

1. 2nd CT scan report of pelvis with both hip joint (3D reconstruction) mentioning fracture – is likely to be due to a fabricated report.
2. Discharge diagnosis in both discharge summaries are different and has no support from reports of Radiologist (Dr. Sumit Dutta).

Dr. Makhan Lal Saha

"Geeta Saha 58 years lady attended emergency at AMRI Mukundapur on 13.8.18 at 3.13pm. She was assessed initially at ER by Dr Mainak Saha. She had a history of fall at bathroom on 12.8.18. at night (9pm) and complained of low back pain and pain over the hip bone following the fall. She had no history of LOC, seizure, vomiting and headache..The working diagnosis was undisplaced fracture of head of femur on left side. She was admitted under Dr.Ritwik Ganguly and Dr Anupam Das on 13.8.18. Patient was reassessed in the ward after admission on 13.8.18. at 20.43. The clinical impression was Traumatic injury in Left hip and left lower border of chest wall. Patient was advised Inj PCM and Inj Pan and a chest X-ray .Subsequently advised CT brain, X ray dorsal spine and L-S spine and X ray Pelvis, seen by Dr Anupam Das and noted the details clinical assessment of the patient. His observation on X ray pelvis Undisplaced fracture head of femur (Left). Patient was referred to neurosurgeon, Dr Mainak Malhotra for multiple comorbidities and Dr Arijit Dutta for chest injury. On 14.8.18 case discussed with Dr

Arijit Dutta and advised for HRCT chest and USG of abdomen and NCCT pelvis, seen by Dr Arijit Dutta on 14.8.18. at 20.50 and advised conservative treatment for chest trauma. Also noted history of previous chest injury 2 months back when she had sustained multiple rib fracture. One progress note on 15.8.18. at 9.30pm. revealed that the patient was walking around and going to bathroom despite being told to be in strict bed rest. Patient was counselled regarding the possible complication which might be because of walking. On 16.8.18. patient was referred to cardiologist Dr Saumitra Saha. On 16.8.18 Dr Anupam Das referred the patient to Dr U.S Saha for chest pain, Dr U.K.Saha and Dr Alokanda Dutta for anxiety. Patient was also referred to Dr Shelly Shamim on 16.8.18.ECHO done on 16.8.18. Seen by Dr Animesh Das on 17.8.18 at 10am and made an impression of undisplaced fracture of anterior wall of acetabulum. Patient was symptomatically better and advised for discharge from orthopedics point of view and seek opinion of Dr U.K.Saha, Dr S. Shamim, Dr Arijit Dutta and Dr Alokanda Dutta advised for follow up after 2 weeks.

Patient was discharged on 18.8.18.at 17.38 and diagnosis written in discharge summary was Undisplaced fracture of left head of femur.

When patient came for follow up after 2 weeks she was given a second discharge summary signed by Dr Anupam Das and the diagnosis was changed as Undisplaced hairline fracture of anterior wall of acetabulum. This second discharge summary is printed on 31.8.18.

Reports of different X- rays done on 13.8.18 and reported on 17.8.18. X ray Pelvis-Bones diffusely osteoporotic, Both hip joint space normal. Both sacroiliac joint appears reduced.

X ray L-S spine- impression was ankylosingspondylitis ? lumbar spondylosis. Chest X- ray reported as normal.

CT scan report done on 13.8.18. and reported on 14.8.18. signed by Dr Sumit Dutta revealed – No fracture, Degenerative changes seen, Both hip joints and sacroiliac joints spaces appears intact.

When patient came for follow up after 2 weeks she was handed over a second CT scan report by Dr Anupam Das

which was printed on 28.12.18.but not signed by Dr Sumit Dutta.The patient age and the Order ID is different in the 2nd CT scan report. The report impression is changed and a line added "Isolated fracture of anterior wall of left acetabulum."

Patient's husband Samar kr. Saha lodged a complaint before WBCERC alleging issue of 2 discharge certificate and CT scan report of the same patient on same date.

Expert opinion was sought from Prof. Utpalendu das regarding the disparity in imaging reports. Dr Das opined that the second report is fabricated, issued a later a date, ID is different and not signed by the radiologist. The diagnoses written in both the discharge summary is not supported by radiologist report.

The patient was treated conservatively and no surgery was done and patient is recovering. The very fact that the patient was walking going to bathroom inspite of doctors advise of rest in bed, indicates that she did not have any serious injury.



Issuance of 2 discharge certificate and 2 CT scan report which seems to be fabricated amounts to unethical trade by the clinical establishment.”

According to Prof. Saha, the report was changed subsequently. The second report did not have any signature of the Radiologist. There are other anomalies as mentioned in his observation. Prof. Das concluded, the second CT Scan Report was likely to be fabricated report that had no support from the concerned Radiologist Dr. Sumit Dutta whose signature was conspicuously absent. According to Dr. Saha, the issuance of the second discharge certificate and the second CT Scan Report would amount to unethical trade by Clinical Establishment.

MY VIEW

Once the patient was admitted and discharged after treatment the discharge summary issued at the time of discharge cannot be subsequently changed and/ or modified. The clinical establishment could not have done so. If there was a mistake in the discharge certificate that should have been clarified by a separate letter. There could not have been a second discharge certificate. Similarly the CT Scan Report once issued under the signature of the Radiologist, could



not be changed subsequently and that too, without the signature of the Radiologist. Pertinent to note, the second report did not have signature of the Radiologist. If the establishment would feel, the first report was wrong they must admit it and offer the patient re-examination free of cost. It was not done. Once the examination was done and the report was given, there cannot be any scope of amendment and/ or change as the clinical establishment in the instant case sought to have done without having the Radiologist taking responsibility of the same by prescribing his signature.

CONCLUSION

I have no hesitation to hold; the clinical establishment was guilty on negligence and is liable for such negligence.

RESULT

We impose a fine of Rs.1lac to be paid to the petitioner within a period of two weeks from date. We would also penalize them for a further sum of Rs.1lac to be deposited to the Commission within two weeks thereafter and upon such deposit being made the same may

be paid to Ramkrishna Mission Seva Pratisthan and Bharat Sevasram Sangha (Toka Hospital) in equal share. The complaint is disposed of accordingly.

(ASHIM KUMAR BANERJEE)

We agree,

Smt. Sanghamitra Ghosh, IAS, Vice –Chairman

Dr. Sukumar Mukherjee,

Dr. Makhanlal Saha,

Dr. Madhusudan Banerjee,

Dr. Maitrayee Banerjee

Dr. Pradip Kumar Mitra.

Authenticated

ARSHAD HASAN WARSI
WBCS (Ex)
Secretary
West Bengal Clinical Establishment
Regulatory Commission
&
Joint Secretary
Health & F.W. Department

