Office of the West Bengal Clinical Establishment Regulatory Commission
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Case Reference: KOL/2017/000254

Present: Justice Ashim Kumar Banerjee (Retired), Chairman
Dr. Sukumar Mukherjee,
Dr. Madhusudan Banerjee,

Sreemoyee Nag.....Complainant
- Versus-
Desun Hospital.....Respondent

Heard on: March 14, 2018, April 25, 2018, July 25, 2018, August 29, 2018 and December 5, 2018.

Finally Heard on: June 19, 2019.

Judgment on: August 21 **, 2019**

Smt. Rupasree Nag sustained burn injury in her puja room from the candle (prodeep) on May 20, 2017. She got 35% burn injury. She was rushed to CMRI Hospital which refused her to admit as the burn injury was more than 15% and they did not have the proper infrastructure to treat a patient above 15% burn injury. Ultimately, she was admitted in Desun Hospital on the same day at about 6.30 P.M. in the evening.

It was contended, although she received 35% burn injury, she was stable and walked down to the hospital during admission. She was initially admitted at the burn ICU for three days and ultimately shifted to a single cabin no.6004 on May 23, 2017. The dressing went on time to time. During dressing, a tissue swab test was done where bacterial infection could be detected. She was admitted in the said hospital for about 43 days. She breathed her last on July 1, 2017. After her demise, her daughter, Smt. Sreemoyee Nag, lodged a complaint on June 3, 2018 pointing out various infirmities and deficiency in service. She alleged lack of communication and counseling by the hospital and / or the treating doctors. She also charged the treating doctors for medical negligence.

My predecessor, while heading the commission, examined the complainant, two doctors including Dr. Avisek Mukherjee who was a General Physician under whom the patient was admitted. He claimed to be associated with the burn unit. According to him, the patient was initially admitted under Critical Care Unit Specialist Dr. Aniruddha Sarkar and then under Dr. Tibar Banerjee.

I need not deliberate in detail with the complaint that was made by the complainant as I would find, she was consistent, rather explicit, at the time of deposition. It would be proper to consider her deposition where she would raise twelve issues indicating medical negligence and deficiency in service.

The treating doctors, namely, Dr. Avisek Mukherjee and Dr. Tibar Banerjee also gave a brief idea of the treatment during their deposition.

It would be fruitful to refer to the depositions of the complaint and two treating doctors that are quoted below:-

Deposition of Mrs. Sreemoyee Nag.

"My first grievance that is my mother was admitted with only 30 percent burn and after 42 days of treatment she died. we failed to understand how did this happen. We were told by the hospital authority that she is always keeping well and they are providing the best treatment to the credit to Desun Hospital. I believe that if there had been proper treatment of my mother and there had been no negligence on the treatment I would not have lost my mother. So far as Clinical Establishment is concerned my grievance are as follow :

1) My mother was admitted at the Hospital on 20/05/2017 and central line was done on 1st June, 2017. Which was removed after 25 days i.e 25/06/2017. They have to explain the delay.

2) On 01/06/2017 the INR value was 11.8 when the central line was done. On 17/06/2017 the INR value was again checked may be they want to remove the central line and that time it was 16. I failed to understand the delay of 17 days in taking the decision to changed the central line.

3) On 21/06/2017 the INR value was again checked and found to be 36.5. What measure has been taken in this 5 days i.e 17/06/2017 to 21/06/2017 to check the rise in INR value.

4) The hospital did not respond to our phone calls and whenever we made a call it was transferred to someone else and we got a futile answer every time that she is taking rest on her bed.

5) Although I was inclined to stay with my mother and also requested the same to hospital authorities but my request was declined citing the reason that she was a burn patient but a private attendant was allowed in. Anyway I appointed a private nurse attended but I was told by my mother who at that time was in her full senses that the attendant did not report on duty continuously for 3 days. Those three days may be 23,24 and 25th May, 2017 or 24,25 and 26th May, 2017

6) They did not allow my mother to use mobile on the plea pretext that it may cause infection.

7) Several days when I went to visit my mother at the cabin I found that she had vomited on herself and it was not cleaned and it was dried up on herself.

8) Not only that we were not allowed to remain in the suit at night but Hospital staff used to enter the room without mask and with their shoes on and on enquiry every I was told the mask have not been indented.

9) No apron was used by the hospital staff

10) Doctor Avisek Mukherjee used to give wrong information when contacted over telephone regarding state of my mother's health.

11) I feel that Dr. Avisek Mukheree treating physician and Dr. Sujata Ghosh used high dose of sedatives.
12) Staff of the hospital were very arrogant. They misbehaved with us and did not allow us to stay in the lobby. Regarding misbehavior by the hospital staff we tried to report to Mr. Sujay Ghosh but he also refused to entertain."

Cross Examination : Declined.

Deposition Dr Avisek Mukherjee.

"Whenever, any burn patient is brought in our hospital he/she is admitted in burn ICU and after little improvement the patients are transferred to the burn ward. I am associated with the burn unit. The patient was initially admitted under critical care unit Specialist Dr. Aniruddha Sarkar (critical care specialist), Dr.

Tribar Banerjee, as plastic surgery. Thereafter when she was shifted to the burn unit she was under my care as physician and also Dr. Banerjee plastic surgery. The patient suffered from 35 percent full thickness burn and that was associated with infection and confusion . I informed that facts to the patient party. However, there is no note in the bed head ticket that I informed the patient party about the aforesaid facts. I also used to talk to the daughter of the patient over phone. I referred the patient to Dr. Sujata Ghosh psychiatric on 28th May 2017 which is noted in the bed head ticket. I referred the patient to psychiatrist because in her past history I found depression and she was on regular medication for depression according to her history. I did not have any recent history about the patient's psychiatric problem. In this case where the patient was sufferring from confusion and sepsis with the past history of psychiatric problem, according to the medical protocol, doctor should give more care to control of sepsis and confusion rather than depression. I am quite aware that the patient was confused and depressed with a previous prescription for drugs of depression by psychiatrist. I admit that possibility of hospital psychosis in this case in view of patient confusional state and depression. I am aware of the nutritional deficiency which has been addressed by putting her per oral feeding. I admit that we had three board meeting dated 14/06/2018, 23/06/3018 and 27/06/2018 and apprised the whole situation to her daughter.
We thought to discharge on 23 June and counseled her daughter to take her home for improvement of mental state and home care. However, blood count increased to 23,000 WBC. I deny that I gave any wrong information to her daughter. She finally died of sepsis. I admit that I could not change central line because of all cougulopathy and finally it was ultimately changed after 25 days and no peripheral access could be found. I am on the pay roll of Desun Hospital. The patient was already receiving Amytriptiline when I received the patient in the ward from ICCU. I cannot say who prescribed the medicine in the ICCU."

Deposition of Dr. Tibar Banerjee.

"I am Dr. Tibar Banerjee, Visiting Consultant Plastic Surgeon and not under the pay role of Desun.
Initially, the skin showed improvement with minimal infection. Since 20th June, 2018 it went other way with a progressive infection and pseudomonas was detected from the wound and I

found the patient confused. The patient was not febrile but with low urinary output.

After 23rd June, 2018 there was a decline of urine output further and deterioration of blood pressure and clinical status. Ultimately, she died out of sepsis. Initially, nutrition was adequate but ultimately deteriorated. Skin grafting could not be done because of wound bed was not ready."

Cross Examination: Declined.

We heard the parties at length. The complainant made her submission before us. She was consistent to give a brief narration what had transpired during treatment. According to her, the doctors all through out gave her impression, the patient was well till the time when the condition really deteriorated. On the deficiency of service on the part of the hospital management, she was critical about the callous attitude of the para medical staff. According to her, the minimum decorum to be followed in a burn unit particularly, with regard to hygiene, was performed in breach. According to her, even the treating doctors did not have any control over the para medical staff. At one point of time, Dr. Banerjee expressed his helplessness when the patient was found to be sleeping in urine. The hospital referred the patient to Dr. Sujata Ghosh, physiatrist who prescribed medicine without the knowledge of the treating doctors. On June 23, 2017, the doctors informed, the parameters were closed to normal and suddenly on the next day, they informed the patient party, the condition became critical and she had to be shifted to Burn ICU. She was put under ventilator support. The infection was 24000 on June 23, 2017 and rose up to 38000 on

the next date. In the Burn ICU, Dr. Mohit Kharbanda tried his level best to save the patient. However, such attempt went in vain and the patient succumbed to the infection on July 1, 2017. The hospital authority was represented by Dr. J. P. Sarma, Director strategy & growth who contended, all precautions were duly taken to avoid infection. Yet, the parameters went high and the patient ultimately died on the 43rd day of her admission. Our panel was represented by two experts being Dr. Sukumar Mukherjee and Dr. Madhusudan Banerjee who gave their opinion separately. They are as follows:

Opinion of Dr. Sukumar Mukherjee

"Profile: Smt. Rupasree Nag 57 years (Since deceased) was admitted on 20th May, 2017 in Desun Hospital with 30 – 35 per cent accidental burn injury at home while doing puja. She has background illness of T2DM, Hypertension Hypothyroidism for some time for which she is undergoing treatment at home. Besides, she had history of major depressive disorder and was under care of Dr. Kanika Mitra, Senior Psychiatrist during 2013 – 2015 as per records. No other prescriptions are available for subsequent maintenance treatment. She was refused admission earlier on 20th May, 2017 at CMRI in view of burn injury (TBSA) more than 15%.
At the time of admission on 20th May, 2017 She was alert and haemodynamically stable in presence of 35% burn at Emergency department of Desun Hospital. But her random blood sugar was pretty high nearly 400 mg percent. On admission on 21st May, 2017 her blood sugar was 353mg per cent and Hb A1C (Glycated haemoglobin) was 9.2%. This indicates poor glycemic control. She was initially admitted ICU Burn unit of the said hospital on 20th May, 2017 and subsequently shifted to a single Cabin (6004) on 23rd May, 2017. On 21.05.2017 the patient was advised Tryptomer 25mg (antidepressant) by Dr. Shikdar.
The patient was primarily admitted under General Physician Dr. Abhishek Mukherjee (!) and plastic surgeon Dr. Tribar Banerjee.
On 02.06.2017 the burn wound was found to be infected with Acenetobactor Baumani – (hospital acquired infection.)
The central line (IV) was put on 01.06.2017 and charged only after an interval of 17 days when other lines could not be available

as per report but INR value was 16 (not bad). But on 21.06.2019 INR was found to be abnormal (36.5)
During her stay in the hospital for 42 days from 20.05.2017 till 01.07.2017 she had series of wound infections, feeding problems, profound drowsiness (perhaps due to sedatives and antidepressants prescribed by psychiatrists) leading to hemodynamic crisis and ultimately succumbed on 01.07.2017.

She was seen by Psychiatrist Dr. Sujata Ghosh on referral by Dr. Abhishek Mukherjee, General Physician on 28.05.2017. Dr. Ghosh prescribed Tryptomer 50mg (antidepressant) on 28.05.2017. On 03.06.2017 she stepped up the dose to Tryptomer SR 75 and also added Quetipine 25 mg at night. The patient remained drowsy and sleepy and a presumptive diagnosis of "Acute hospital psychosis" was made.
There were two Board meetings on 14th January 2017 and again on 23rd June 2017 and her daughter was apprised of the situation. But on 24th June, 2017 the patient became critical and from that time onwards the patient had a stormy course till death.
Regular dressing of the burn wound was done in OT under GA but infection could not be eradicated in the hospital.
The supportive care was carried with blood transfusion, IV fluids and albumin infusion, series of antibiotics and nutrition.
Proper counseling time to time, discussion on the progress of the patient's status and nursing support to a drowsy, confused patient were reportedly far from adequate. The patient with unstable glycemia, uncontrolled sepsis, delayed change of IV Central line, drowsy clinical state and inappropriate use of antidepressant and sedatives, paucity of quality nursing care and counseling remain adverse risk factors for unfortunate death at the age of 57 years with 35% burn injury. The post mortem report also supports the cause of death as burn injury and sepsis."

Opinion of Dr. Madhusudan Banerjee

"The patient in reference was admitted in the aforesaid institute with 30 percent burn of the trunk & chest. She was diabetic on treatment and hypothyroidism that was controlled .Initially the burn wound started healing well with treatment at the institute. Everything was going well at that phase. The patient could have gone home at that time and she could be taken care of the burn at home as well.

However she stayed in the hospital for complete cure before going home. That was the turning point towards worsening of the progress of the case.

She developed wound infection by hospital acquired infection by virulent organisms like pseudomonas species and aerobactor aerugenosa which proved resistant to available antibiotics. The sepsis became generalized and systemic . She developed wide spread edema of the body including the brain.

She eventually died of septicemia and Heart failure.

Comment- The hospital acquired infection causing intractable sepsis should have been prevented and could have been prevented. The standard of asepsis &cleanliness at the burn ward / centre was sub-standard. The attendants there were casual in their manners.
Incidentally postmortem report clearly states 'Sepsis' as the cause of death."

If we look to the complaint and consider the consistent stand of the complainant even during her deposition and submission, we would find the following issues :

I. There had been an inordinate delay in removing the central line on the 26th day of her admission and that too, when the decision to remove the central line was taken on the 18th day of her admission.

II. On June 21, 2017, when INR value was found to be 36.5, what measure the establishment took to control the same?

III. The hospital did not respond to the phone calls of the patient party and if responded, futile answer would come, the patient was taking rest on her bed.

IV. The complainant wanted to stay with the patient that was declined. Ultimately a private nurse was engaged who was not regular as complained by the patient when she was in her sense. The patient was not allowed to use mobile on the pretext of infection. Several days patient was found to be unclean as she was not cleaned after vomiting, the same was dried up on herself. The people were casually roaming around the burn unit without a mask and with their shoes on. The hospital staff did not use any apron.

V. Dr. Mukherjee used to give wrong information, when contacted on telephone.

VI. The psychiatrist might have used higher dose of sedatives that made the situation worse.

VII. Last but not the least, the para medical staff were arrogant misbehaving with patient party, even the patient party were not allowed to stay in the lobby. Complaint made to Mr. Sujoy Ghosh was not attended to.

The allegations are serious in nature. There was no specific answer on the part of the hospital to counter-act, particularly, on the issue of lack of communication, counseling and misbehavior of the para medical staff. They

also could not give any plausible explanation as to the complaint relating to the lack of precautions in the burn unit.

I have carefully gone through the opinion of the experts. Dr. Mukherjee was critical about counseling, delay in change of central line, inappropriate use of anti-depressive drugs and sedatives. He was also critical about the paucity of qualified nursing staff. Dr. Banerjee would comment, the hospital acquired infection causing intractable sepsis could not be prevented.

I have also examined the post mortem report which would clearly indicate, sepsis was the cause of death. The relevant part of the post mortem report is quoted below: -

> *"Death was due to the effects of sepsis following septic absorption from the infected ulcers following burn injury. Anti-morten nature as noted above. "*

I am told, the Medical Council already took cognizance of the complaint as against Dr. Avisek Mukherjee, Dr. Tibar Banerjee and Dr. Sujata Ghosh. We do not wish to comment on the issue. We would rely on the post mortem report that would suggest sepsis being the direct cause of the death. It is admitted position, the sepsis was due to hospital acquired infection. No attempt was taken to control to such infection. The hygiene protocol was not maintained as apparent from the medical records and depositions referred to

above. Over and above, there was serious complaint of lack of counseling. The patient party was not duly informed about the condition of the patient. I hold the clinical establishment responsible for the death of the patient.

In accordance with the provisions of the West Bengal Clinical Establishments (Registration, Regulation and Transparency) Rules, 2017, particularly Section 33 thereof, I would award compensation to the extent of Rs.10 lakhs to be paid by the clinical establishment to the complainant within a period of one month from date. The clinical establishment would submit report of compliance immediately thereafter.

The complaint is disposed of accordingly.

Sd/-

ASHIM KUMAR BANERJEE

We agree,

Sd/-

Dr. Sukumar Mukherjee,

Sd/-

Dr. Madhusudan Banerjee.

Authenticated

ARSHAD HASAN WARSI
WBCS (Ex)
Secretary
West Bengal Clinical Establishment
Regulatory Commission