

Case Reference: INT/HOW/2023/121

Ms. Sandhya Hazra ..... Complainant

vs

Narayana Superspeciality Hospital, Howrah..... Respondent/ Respondents

**ORDER SHEET**

Office Note	Order No.	Date	Order
	1.	24/07/2023	<p>The complaint would principally relate to medical negligence.</p> <p>The patient had an history of cardiological ailment with shortness of breath. He was seen by cardiologist and coronary angiogram was done which was found to be in order but there was Aortic Ectasia with Aortic Regurgitation and heart failure for which he was referred to cardio thoracic surgeon Dr. D Das and the patient was operated in January 11, 2023 Dr. Das and St. Judes prosthesis was placed to correct the structural abnormality. It was followed up time and again by Dr. Das and his team. But there was some discharge time to time from post operative wound which was attended by the concerned team. Subsequently he developed acute</p>





renal failure with a low urine output following sepsis. In the month of May 2023 because of deteriorating renal condition he was put on dialysis by nephrologist Dr. Pratik Das and his team. At that time blood examination revealed anti HCV positive but HCV- RNA was negative. In addition, he was found to have c-ANCA positive and low C3 and C4. The renal failure was suspected to be due to Rapidly Progressive Glomerulonephritis (RPGN) hence, dialysis was continued both as in-patient initially and later on OPD basis.

The patient was planned for discharge on May 23, 2023 as per record when he was in ICU. The patient was re-advised for visit on May 24, 2023 when he was shifted to general ward. Ultimately the patient was discharged on May 25, 2023 from general ward.

Our esteemed member Dr. Sukumar Mukherjee has perused the medical records and he has interaction with the complainant, the widow of the deceased patient as well as Mr. Rakshit representing CE.

According to Mr. Rakshit, the complainant wanted



		<p>to shift the patient to Government setup and made such oral request on May 20, 2023. The patient summary was prepared and handed over to her for onward transmission to other higher setup. He was planned to be shifted to SSKM hospital as we come to know from the submission of the complainant. SSKM Hospital did not agree to take the patient for want of ICU accommodation.</p>
--	--	--

According to Mr. Rakshit, on her request the discharge was planned. He would refer to the BHT where we find, Dr. P. Mitra under whom the patient was in ICU, advised shifting to general ward on May 23, 2023 as it appears from page 44. Accordingly, on May 23, 2023 the patient was shifted to general ward bed no 406. Subsequently on the same day it was recorded "May be discharged and advised to continue HD on OPD".

The patient could not be discharged on May 24, 2023. Ultimately he was discharged on May 25, 2023. It was a normal discharge as we find from the discharge summary.

On perusal of the records including BHT, Dr. Mukherjee is of the prima facie view that the patient was



too critical and was not fit for discharge.

However the patient was discharged on May 25, 2023 however, the CE could arrange an ambulance on the next day and hence the patient was taken back home on May 26, 2023. The patient was admitted at SSKM Hospital on May 27, 2023 and died on May 28, 2023 at SSKM Hospital.

The complainant would also have grievance as against Mr. Rakshit. According to her, Mr. Rakshit insisted discharge of the patient although the patient was too critical and the complainant was not ready and willing to accept such discharge. She refused to sign the discharge note. She was forced to sign by the female security of the CE.

We have considered the complaints. To decide on the issue we have to first have a proper adjudication of the question as to whether the patient was actually fit for transfer to general ward on May 23, 2023 and subsequently fit for discharge on May 24, 2023 or May 25, 2023 or May 26, 2023 when he was actually sent



back home.

This question could only be effectively gone into by an appropriate authority having medical expertise.

We refer the issue to the West Bengal Medical Council. The West Bengal Medical Council would be free to review the entire treatment record including those pertaining to shifting of the patient from ICU to general ward and his subsequent discharge.

The complainant has also raised administrative complaint. It would be proper for us to wait for a decision from the West Bengal Medical Council.

In case the complainant succeeds in her complaint as to medical negligence she would be at liberty to approach us afresh.

The West Bengal Medical Council is also requested to send us their adjudication note to enable us to decide on the issue finally.

The complainant would also contend, she paid Rs. 28,000/- for tests relating to Plasma Therapy as well as Rs. 15,000/- for Hepatitis test. Mr. Rakshit would



		<p>contend, in case such money is received and test is not done the money would be refunded to her.</p> <p>The complaint is disposed of.</p> <p>It may be revived, if required, on receipt of the report from the West Bengal Medical Council.</p> <p>Sd/-</p> <p>The Hon'ble Chairperson</p> <p>Sd/-</p> <p>Prof. (Dr.) Sukumar Mukherjee – Member</p> <p>Sd/-</p> <p>Prof. (Dr.) Makhan Lal Saha – Member</p> <p>Sd/-</p> <p>Dr. Maitrayee Banerjee – Member</p> <p>Sd/-</p> <p>Smt Madhabi Das – Member</p> <p><i>Authenticated</i></p> <p><i>[Signature]</i></p> <p>Secretary West Bengal Clinical Establishment Regulatory Commission</p> <p>Secretary West Bengal Clinical Establishment Regulatory Commission</p>
--	--	--