DISTRICT CONSUMER DISPUTES REDRESSAL COMMISSION
SOUTH II
CONSUMER COMPLAINT NO. DC/AB1/670/CC/501/2012

Shyam Sunder
PRESENT ADDRESS - A-337 Sangam Vihar New Delhi-62SOUTH EAST,DELHI.
.....Complainant(s)

Versus

Health point Hospital & Anr
PRESENT ADDRESS - H-13 Ratia Marg Sangam Vihar New Delhi-62SOUTH EAST,DELHI.
.....Opposite Party(s)

BEFORE:
MONIKA AGGARWAL SRIVASTAVA , PRESIDENT
DR. RAJENDER DHAR , MEMBER
RITU GARODIA , MEMBER

FOR THE COMPLAINANT:
NEMO

FOR THE OPPOSITE PARTY:
NEMO

DATED: 14/11/2025

ORDER

CONSUMER DISPUTES REDRESSAL COMMISSION – X

GOVERNMENT OF N.C.T. OF DELHI

Udyog Sadan, C – 22 & 23, Institutional Area

(Behind Qutub Hotel)

New Delhi – 110016

Case No.501/2012

Sh. Shyam Sunder
S/o Sh. Dhuji Ram
R/o A-337, Sangam Vihar,

New Delhi-110062. **…..COMPLAINANT**

Vs.

1. Dr. Rajesh Agarwal

Proprietor of Health Point Hospital

H-13, Ratia Marg, Sangam Vihar,

New Delhi – 110062.

2. On Duty Doctor, Health Point Hospital

H-13, Ratia Marg, Sangam Vihar,

New Delhi – 110062.

3. On Duty Doctor, Health Point Hospital

H-13, Ratia Marg, Sangam Vihar,

New Delhi – 110062. **…..RESPONDENTS**

Date of Institution-26.10.2012
Date of Order-14.11.2015

O R D E R

RITU GARODIA-MEMBER

1. The complaint pertains to deficiency in service on part of OP.

2. Facts as stated in complaint are that the complainant's deceased son, Vishal, was suffering from low fever and pain in abdomen. It is stated that his son suffered from mild pain in stomach and even vomited once. The complainant's son was taken to the hospital of OP-1 for treatment on 01.11.2010.

3. It is stated that the complainant's son was admitted to the hospital on the advice of OP-3 at about 2:00 pm. OPs diagnosed the complainant's son with Dengue fever and conducted some tests. It is stated that the complainant's son was not having high grade fever at the time of his admission in the hospital.

4. It is stated that at around 10:00 pm, the complainant's son suffered from stomach pain. OP-2 examined the patient and ordered the nurse to administer an injection. The condition of complainant's son worsened and white froth started coming out from his mouth. Thereafter, the complainant's son became unconscious who was then referred by OP-2 to nearby hospital.

5. It is stated that the complainant's son was rushed to nearby Batra Hospital and Medical Research Centre at Emergency. It is alleged that a doctor stated that the complainant's son had expired about thirty minutes before.

6. It is alleged that though OP-1 is providing 24 hours emergency services, there were no ambulance or ventilator. It is alleged that the complainant's son had died at the Health Point Hospital and OP-2 referred him to higher centre to escape liability. It is further alleged that no prescription containing details of medicine administered to the patient was handed over.

7. It is stated that the body was taken back to OP-1's hospital wherein the police was called. Thereafter, the body of the complainant's son was taken to All India Institute of Medical Sciences (AIIMS) for conducting post mortem.

8. It is alleged that OP-1 was not present when the complainant's son was referred to higher centre by OP-2. It is further alleged that medicines and prescriptions and

other medical documents were not handed over to the complainant.

9. It is stated that the name of the injection Hycort 100 mg was written on one page document which was handed over at the time of discharge. It is alleged that Hycort 100 mg is lifesaving drug and is given only in a very extreme condition. The Post Mortem Report shows about 500 cc of yellow fluid i.e. pus was found in the chest of the complainant's son.

10. It is alleged that OPs failed to take any steps regarding raised SGPT (Serum Glutamic pyruvic transaminase) in the blood test report. It is further alleged that no X-ray and ultrasound of abdomen was conducted to know the cause of abdominal pain.

11. The complainant prays to direct OP to pay Rs.5,00,000/- as compensation and Rs.25,000/- towards litigation expenses.

12. OP in its reply submits that no expert opinion was taken. OP has also denied that the complainant's son died due to their negligence.

13. It is stated that the complainant's son was admitted to the hospital of the OP-1 on 01.11.2010 with mild fever and pain in abdomen. As per the documents, the complainant's son had fever for 4 days. It is stated that the viral/dengue fever was a provisional diagnosis as dengue fever was prevalent during October- November 2010.

14. It is further stated that tests for dengue were not conducted because of the financial constraints of the patient. At the time of admission, Rs.800/- was deposited by the patient's relatives.

15. It is stated that OP-1 examined the complainant's son at 09:30 pm on 01.11.2010 before leaving for dinner. The condition of the complainant's son was not alarming at that time. It is further stated that the complainant's son developed respiratory distress at around 10:30 pm. OP-2 directed the nurse to give an injection of a lifesaving steroid.

16. It is explained that the attendants of the patient wanted to take the patient to Batra hospital for further treatment and forced OP-2 to discontinue the treatment and they forcefully took away the patient. The slip handed to the attendant was just a noting of the emergency drug given and the provisional diagnosis.

17. It is clarified that the ambulance service and ventilator are not pre-requisites for providing 24 hours medical services. It is clearly written at the reception that the hospital run by OP-1 does not have any ICU facilities or ventilator services. It is submitted that the complainant's son was very much alive when he was forcefully taken out of the hospital. It is denied that the patient was ordered to be shifted because froth was coming out of his mouth and the patient was not responding.

18. OP-1 reached the hospital after dinner within minutes of the complainant's son being taken away from the hospital. He was subsequently manhandled by the attendants of master Vishal who had accumulated there. Police was called in order to control the unruly crowd. OP-2 was already present in the hospital and after the police arrived, OP-1 requested for a post mortem examination. It is alleged that OP-1 and OP-2 were rescued by the police and all the hospital records were immediately seized by the police and post mortem was ordered.

19. It is submitted that steroids may be given to the patient when there is complaint of respiratory distress. It is submitted that no consent of parents/attendants is required to be taken at the time of giving steroid treatment to the patient. It is submitted that hypersensitivity test is never done on steroids. It is submitted that the complainant himself has admitted that the condition of the patient Vishal was not alarming till 10:00 pm on 01.11.2010.

20. It is submitted that a provisional diagnosis of viral fever with secondary infection was the basis on which the complainant's son was treated. A normal platelet count at initial stage does not ensure a persistent platelet count.

21. The preliminary treatment was started with IV fluids and antibiotics (Injetion Cefoperazone and Sulbactum) and Antiviral hepatoprotective preparation (Syrup LIVFIT). Initial clinical examination and the preliminary basic laboratory test findings were the basis on which the treatment was started. It is submitted that period of 6 hours is not adequate time to diagnose a disease especially when treatment was started on symptoms.

22. The complainant has filed his rejoinder in consonance with the averments made in the complaint.

23. The complainants has filed his evidence by way of an affidavit and has exhibited the following documents:

i. Copy of statements of the deceased patient is exhibited as Exhibit Ex-CW1/A

ii. Copy of letter dated 06.01.2011 is exhibited as Exhibit Ex-CW1/B.

iii. Copy of letters dated 18.01.2011 to the office of DCP and Police Commissioner are exhibited as Exhibit Ex-CW1/C and Exhibit Ex-CW1/D.

iv. Copy of post mortem report is exhibited as Exhibit Ex-CW1/E.

v. Copy of hospital reports and records are exhibited as Exhibit Ex-CW1/F.

24. OP-1 has filed evidence by way of an affidavit. OP-1 has also placed forensic report from AIIMS and findings of MCI on record.

25. Both the parties have filed their written argument.

26. The Commission has considered the documents on record. The prescription of Health Point Hospital on 01.10.2011 shows that the patient had abdominal pain and repeated vomiting. It also shows that the patient was suffering from fever from 3 to 4 days. The discharge from Health Point Hospital shows that master Vishal, the complainants' son, was admitted in Health Point Hospital at 04:00 pm at 01.11.2010. and Rs.800/- was paid as advance to Health Point Hospital. The medical report shows that the complainant was prescribed some injections and syrups. A slip dated 01.11.2010 shows that the complainant had dengue fever. He has severe distress and was being referred to higher center for further evaluation. One injection Hycort 100 mg has been given to the patient.

27. The blood test report from the same day from the same Hospital reveals that SGPT of the patient was 250 IU/L.

28. As per ***https://www.maxhealthcare.in/blogs/sgpt-test-result***

What is the SGPT Test?

The SGPT test, also known as the ALT (alanine aminotransferase) test, is a blood test used to check the health of the liver. It measures the level of an enzyme called SGPT that is mainly found in liver cells. When the liver is healthy, only a small amount of this enzyme is present in the blood. However, if the liver is damaged or inflamed, more SGPT can leak into the bloodstream, leading to higher levels. This makes the test useful for detecting early signs of liver problems, even before symptoms appear. It is often included as part of liver function tests and is commonly used to monitor liver associated conditions.

29. The report from Department of Forensic Medicine, AIIMS is as follows:

Brief history as per inquest papers including FIR/DD etc.

Alleged history of patient suffering from fever, pain abdomen for which he was taken to Health Point Hospital, where he was treated with Tramazac, emset, ketbalten and inj PNZ in drip, syrup anaforte, inj buscopanand, inj hydrocortisone but he deteriorated and died on the way to Batra Hospital. There is also an allegation that patient deteriorated after he was given some injection at Health Point Hospital.

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J-TIME SINCE DEATH- In this case, about half a day.

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K-OPINION: The cause of death to the best of my knowledge and belief- is kept pending till the viscera analysis reports are made available from FSL/CRSL.

30. Subsequent opinion from Department of Forensic Medicine, AIIMS bearing no.1157/10 is as follows:

OPINION – Keeping in view of the detailed Postmortem finding and the FSL viscera report, I am of the considered opinion that cause of death in this case is shock due to septicemia which is a natural cause of death.

31. A complaint was filed in Delhi Medical Council against OP-1 who passe an Order dated 01.11.2018. The council found the doctor, OP-1, negligent. It was further observed that Livfit is an ayurvedic drug and an allopathic doctor should refrain from prescribing such medicines.

32. Thereafter, an appeal was filed with Medical Council of India by the doctor, OP-1. The Medical Council vide Order dated 04.08.2020 made the following observation

After detailed discussions & perusal of statements of both parties & other document deliberations, and the Ethics Committee made the following observation:

- *Dr. Rajesh Aggarwal is a practicing Physician cum Surgeon. He is practicing in Sangam Vihar alongwith his wife who is a medical graduate.*

- *Sangam Vihar is a vast colony and is thickly populated. The healthcare providers are couple of medical graduates apart from many quacks over there.*

- *Though Dr. Aggarwal is a Surgeon by qualification but as per the basic needs of the locality, the couple was doing general practice as well as doing minor surgical procedures only. As per Dr. Rajesh Aggarwal he was dealing only with daycare patients of all streams since the paying capacity of the residents was very meager.*

- *The patient Master Vishal came to his OPD at 4 pm on 01.11.2010 at the time when Dengue cases were rampant. He was sick for last 4 days and was being managed by the quacks. The child came with the complaints of vomiting and pain abdomen which subsided with symptomatic treatment.*

- *As a child was better within the 2-3 hours so ultrasound abdomen was not done as the cost factor was a constraint for the family.*

- *On the advice of doctor, injection Hydrocortisone was given by his attendant.*

- *The attendant, though qualified (BUMS); was working as a compounder only.*

- *The patient was taken to Batra Hospital within 7 hours of admission.*

- *The patient was declared dead at Batra Hospital and the cause of death was given as Septicemia.*

- *Dr. Rajesh Aggarwal had a little span of 7 hours for assessment and treatment that too under the conditions and circumstances of workplace.*

The committee after hearing both the parties and on perusal of all statements & records as above decided to exonerate Dr. Rajesh Aggarwal from all the charges of medical negligence levelled against him."

33. Thereafter, the complainant filed a writ in Delhi High Court against the Order passed by the Medical Council of India. Delhi High Court vide Order dated 25.07.2024 observed that the writ was being withdrawn by the complainant and the consumer complaint should be adjudicated on its own merits.

34. Thus, it is evident that the doctor had a span of only 7 hours for assessment and treatment. Moreover, ultrasound could not be done as the cost factor was a constraint to the family. However, OP-1 had prescribed Ayurvedic Medicine for which he was not qualified. Hence, we find OP-1 negligent to this extent and direct OP-1 to pay Rs.5,000/- as compensation. Order to be complied within 90 days failing which the said order will carry an interest @ 7% from the date of Order till realization. Orders to be uploaded and sent to parties free of cost.

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MONIKA AGGARWAL SRIVASTAVA
PRESIDENT

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DR. RAJENDER DHAR
MEMBER

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RITU GARODIA
MEMBER