

Date of Filing : 04.03.2021  
Date of Order : 12.04.2023

**BEFORE THE DISTRICT CONSUMER DISPUTES REDRESSAL  
COMMISSION-III, HYDERABAD**

Present

SRI M. RAM GOPAL REDDY, PRESIDENT  
SMT. D.SREEDEVI, MEMBER  
SMT. J.SHYAMALA, MEMBER

Wednesday, the 12<sup>th</sup> Day of April 2023

**C.C. No.164 of 2021**

**Between:**

Smt K.Vasumathi,  
W/o. Late Sri Katukuri Janardhan Reddy,  
Aged about 58 years, Occ: Housewife,  
R/o. H.No.2-8-512, Indira Nagar,  
NGO's Colony Road, Hanamkonda,  
Warangal District, Telangana State – 506001  
Cell: 6281918566.  
Email : [ksrinivasrdy@gmail.com](mailto:ksrinivasrdy@gmail.com)

.....Complainant

**And:**

1. STAR HOSPITALS,  
(A Unit of Unimed Health Care Pvt. Ltd.),  
Represented by its Chairman and Managing Director,  
P. Nagarjuna Reddy, 8-2-596/5,  
Road No.10, Banjara Hills,  
Hyderabad, Telangana State – 500034.
2. Dr. GOPICHAND MANNAM,  
Cardiothoracic Surgeon,  
Star Hospitals, 8-2-596/5,  
Road No.10, Banjara Hills,  
Hyderabad, Telangana State – 500034.

....Opposite Parties

Counsel for the Complainant : M/s V. Gouri Sankara Rao, Advocates  
Counsel for the Opposite Parties : Sri Karra Srinivas, Advocate

**ORDER:**

(PER SMT. J. SHYAMALA, MEMBER, ON BEHALF OF THE BENCH)

1. The Complainant filed this complaint under section 35 of the Consumer Protection Act, 2019, seeking a direction to the opposite parties jointly and severally: (a) holding that the opposite parties are negligent in discharging their duties (b) To award a sum of Rs.2,00,00,000/- as compensation along with interest from the date of complaint till realization, (c) To award costs of the litigation. And pass

such other relief or reliefs as this Commission deems fit and proper in the circumstances of the present case in the interest of justice.

2. The case of the complainant in brief is that, the complainant is a resident of Hanamkonda and is a housewife. Her husband Katukuri Janardhan Reddy worked in Agricultural Market Committee, retired as Selection Grade Secretary which is equal to the post of Deputy Director of Marketing. He had feeling of breathlessness, mild fever and dry cough for which he consulted Dr. Shruthi Reddy at Hanamkonda, on 16.02.2019, as directed by the said doctor, he underwent some tests, and on perusing the test results she opined that, the problem is not in lungs and that the complainant's husband needs to consult a Cardiologist, and he was suggested and referred to Dr. Madhu Kurapati, Cardiologist. On the same day, the complainant's husband and his wife consulted the doctor and the doctor was advised to 2D Echo and Color Doppler study tests and tests were done and per test reports, the doctor advised him to get admit immediately in Rohini Hospital at Hanamkonda for taking treatment as in patient. On 16.02.2019 afternoon the complainant's husband was admitted in the said hospital. In the hospital Doctor C.Mamatha Reddy treated the patient for Palpitation by shifting him to ICU. On the treatment given, the health condition became normal and on discussion had stated that, there are some blockades noticed in MITRAL VALVE and there are chances to repeat the problem again in future. She advised that, heart surgery is a permanent solution and that it is not immediate urgency and on 17.02.2019 afternoon he was discharged and went to home from the hospital under the normal health condition. After, the family members discussed this health situation the son and daughters advised their father to go to Hyderabad for advanced tests and better treatment. Accordingly, on 18.02.2019 the complainant and her husband went to Hyderabad as stayed at their elder daughter's home and consulted Dr. Shailendra Singh in Sunshine Hospital at Secunderabad accompanied by their daughter and her son in law on 19.02.2019. On consultation and examine the patient advised for P T PROTHROMBI TEST WITH INR, ECG, 2 D ECHO WITH COLOR DOPPLER tests which were done. After going through the reports, the doctors viz., Dr. Shailendra Singh and Dr. P.N. Rao, suggested for open heart surgery is required for replacement of the MITRAL VALVE and the valve replacement surgeries are common and need not to worry about it and on enquiry the doctors informed that open heart surgery is a safe method life after surgery. The hospital offered with total package cost for open heart surgery was at Rs.5 Lakhs. But

the complainant and her husband sought a second opinion and they visited Star Hospital Banjara Hills, Hyderabad at about 10-00 am., and met with Dr. Gopichand Mannam Cardiothoracic surgeon. Once again 2 D ECHO test was done and they were asked to come on 23.02.2019 for blood, Urine and other tests and they were undergoing on required tests i.e., Uroflowmetry test, ECG, Color duplex study of Carotid Arteries, USA & P, X-Ray Chest, besides the urine and blood tests were also done. After going through the tests reports the doctor informed them and the other attendants that, heart surgery is required for replacement of the Mitral Valve and besides the conventional methods, for speedy recovery there is a method in surgery called as Minimal Invasive Surgery, and it costs about Rs.10.50 Lakhs and he assured that it was a safe method for performing the surgery and success rate is about 98%. On his assurance the complainant's husband preferred to go for MIC though it cost double the amount when compared to the offer made by the Sunshine Hospital and the decision was taken on account of speedy recovery assured by the Doctor and was asked to get admit on 27.02.2019 for surgery to be performed on 28.02.2019. Thus, an elective procedure, for the elective surgery, decided by Dr. Gopichand Mannam.

The complainant's son who resides in Canada on coming to know about the surgery scheduled through elective procedure on 28.02.2019 having been decided immediately came to India along with his wife. At the time of admission had paid an amount of Rs.6,25,999/-, Rs.1,75,000/- and Rs.10,000/- under the separate bills besides other miscellaneous payments are paid from the son of the complainant. After admission coronary Angiogram test was done and the same was done apart from all other tests were advised. One lady doctor visited, she enquired as to what type of surgery is being planned, she could not say and as per her information it as not decided yet and she left at about 7 pm., all formalities are completed, but no idea whatsoever as to what was being planned on 28.02.2019 i.e., which type of surgery. On 28.02.2019 at about 8-00 am., after preparation the patient was shifted into operation theater for surgery and on enquiry it was informed that, the surgery procedure time is three hours. The complainant, her son and the other attendants and relatives were under an impression that surgery would end at 11-00 am., they were asked to wait in the ground floor and that in case of any requirement they would call. The operation theatre is in third floor. All the family members and relatives were waiting in the ground floor anxiously, but there was no information about the progress of the operation. The complainant's son went to

operation theatre on the third floor, and security personnel informed that the procedure is going on. Even after two hours of scheduled time also there being no information about the progress of operation. For every hour the complainant, her son and other relatives were repeatedly enquired, but they were told that the procedure was going on. At 4 pm., he met the Administrative Officer where upon she called one of the surgeons and they informed that soon they shift the patient to ICU, but same was not done. At about 5-00 pm., Dr. Gopichand Mannam came out from the operation theatre and told the complainant that some complications were developed while in surgery, and that they are trying to overcome. They were deep shock and they begged the doctor to do the needful and to see that the patient is out of danger, finally at about 12-30 (At Midnight) they informed that surgery failed and the patient was declared dead. Except stating that surgery failed, there were no other details forthcoming from them. It is not known till date as to how the complainant's husband died.

The entire medical history of the deceased K. Janardhan Reddy was taken before surgery and after considering all, it was clearly stated that, surgical procedure of Minimal invasive Surgery sought to be done by the Opposite Party No.2 in the Opposite Party No.1 hospital was declared as a safe method with a success rate of 98%. Outcome is contrary to the assurance given by the Opposite Party No.2 and the Opposite Party No.1 hospital doctors. The deceased K. Janardhan Reddy was a hale and healthy person, he was 62 years and also main pillar of support for the entire family and his untimely death in such a manner as rendered the entire family into ruined situation. The loss sustained by the complainant and her children is beyond imagination and there is no explanation forthcoming from the doctors of the Opposite Party No.1 doctors as well as Opposite Party No.2 except stating that the surgery failed. Taking these into consideration and the manner in which the surgery was conducted is the point of gross negligence and deficiency of service, for which the opposite parties are liable to compensate.

In view of the above circumstances the complainant prays this Commission to hold the opposite parties' negligence in conducting the surgery, as a matter of fact, the Case-sheet is not furnished to the complainant till this date except Discharge Summary and some note. A mere perusal of the progress notes shows that, how the situation is a doctor pointing out the gross deficiency and negligence in treating the patient. To grant compensation of rupees two crores for the tragic death of complainant's husband late K. Janardhan Reddy and death cannot be

equated to any terms of money, but however the complainant being rendered helpless and having suffering tremendous agony and trauma which the complainant is not able to come out and the loss sustained to all the children on account of his death as rendered the entire family is headless and in deep trauma. Hence, the complaint.

3. The opposite parties filed their written version stating that, there is no negligence or deficiency in service on its part. The team of doctors in the Department of Cardiothoracic Surgery in the opposite party No.1 Hospital has extensive experience in both adult and pediatric cardiac surgery in mitral valve repair procedures for left ventricular aneurysms. The opposite party No.2 i.e., Dr. Gopichand Mannam has several major pioneering and innovative achievements in the field of Coronary bypass surgery and has more than 50 research publications in peer reviewed international journals and he was the first in south India to perform the Robotic Heart Surgery and second in State of Telangana and Andhra Pradesh to successfully do Heart Transplant. It is true that, Mr. Katkuri Janardhan Reddy aged about 62 years resident of Warangal a known patient of chronic Rheumatic heart disease with severe mitral regurgitation, moderate mitral stenosis and moderate tricuspid regurgitation, normal LV function, who underwent closed mitral valvotomy in the year 1988 consulted Dr. Gopichand Mannam on 20.02.2019 with complaint of worsening of shortness of breath and palpitation of 1-2 months duration. After conducting the required tests and on evaluation of reports, the patient had severe MR moderate MS, severe TR with dilated left atrium and intermittent atrium fibrillation. All these Pre-Operative parameters indicated that the patient has advanced heart disease and suggested Minimally invasive surgery, which allows the surgeon to use techniques that limit the size and number of cuts, or incisions, that they need to make. It's considered safer than open heart surgery and the patient usually recovers more quickly; spend less time in the hospital.

The patient was admitted to Star Hospital, Hyderabad on 27.02.2019 for coronary angiogram followed by mitral valve replacement and possible tricuspid repair. Coronary angiogram showed normal coronary arteries; hence patient was taken up for minimally invasive cardiac surgery-mitral valve replacement on 28.02.2019 after obtaining informed high-risk consent. The hospital has obtained signatures of the complainant's son Sri K. Ranjith Reddy on a bunch of papers without disclosing the type of procedure that is being done on 28.02.2019 is not true and correct. The patient and his attendants were apprised of the

procedure of minimally invasive cardiac surgery, also appraised of benefits and the high risk involved in it, before obtaining signature on the consent forms. Therefore, the allegation of the complaint that the signature of her son was obtained without his knowledge and consent is false and denied. The operation was conducted in 5<sup>th</sup> floor of the hospital building, as the operation theatres and post operative CTICU are in the same floor. The patient was taken up for surgery on 28.02.2019 for MITRAL VALVE REPLACEMENT under MICS procedure with 25mm PERIMOUNT MAGNA ALE + GRAFTS. During the surgery patient could not be weaned off cardiopulmonary bypass after MICS-MVR initially. Tran esophageal echo cardiogram showed significant LV (left Ventricular) dysfunction with ECG changes. Hence, midline sternotomy was done and coronary bypass vein grafts were placed to obtuse marginal branch, posterior descending artery and posterolateral branches. Subsequently, patient was tried to come off bypass and could not be weaned off cardiopulmonary bypass even with high inotropic support and intra-aortic balloon pump support. In spite of stiff inotropes and IABP support patient could be weaned off bypass and the patient was declared dead at 12-10 a.m., on 01.03.2019.

The surgical procedure of Minimal Invasive Surgery is universally adopted and acclaimed method of surgery. However, as per the analysis of the Fred H Edwards, Eric D Paterson, Laura P Coombs et al, prediction of the operative mortality after valve replacement surgery is 6%. The risk factor involved in both traditional method of surgery and minimal invasive method was explained and only on their consent the surgery was done. The allegations that there was gross negligence in the manner in which the surgery was conducted and batched up surgery resulted in the death of complainant's husband are not true and baseless. The Opposite Party No.1 Hospital has best team of doctors in the department of Cardiothoracic Surgery and has extensive experience in both adult and pediatric cardiac surgery and this team has performed more than 700 such procedures with great success. The team has one of the largest experiences in India in mitral valve repair procedures for ischemic mitral regurgitation and left ventricular restoration procedures for left ventricular aneurysms. Therefore, the allegations made by the complainant in these paragraphs against the opposite parties.

The opposite parties discharged its functions as per the procedure; therefore, there is no deficiency in service on its part. In spite of its best efforts the team of doctors could not save the life of Mr. Katukuri

Janardhan. There is no justification on the part of the complainant in making baseless allegations basing on her own presumptions and assumptions. There is no negligence on the part of the Opposite Party No.1 hospital or its doctors in discharging their functions. The complaint is filed claiming exorbitant compensation making wild allegations against the opposite parties without any basis, damaging its reputation in the public and hence the same is liable to be dismissed by awarding with exorbitant costs.

4. During the course of trial, the complainant is examined as PW1 and marked Ex. A1 to A33. Sri Gopichand, Managing Director of the Star Hospitals is examined as Dw1 on behalf of the opposite parties and also cross-examined by counsel for complainant, which is recorded and report is filed by Advocate commissioner and got marked Ex. B1 to B5. Both parties filed written arguments and citations. Heard both sides.

5. The points that arise for consideration are:-

- (1) Whether there is any deficiency in service on the part of the opposite parties?
- (2) Whether the complainant is entitled for the reliefs as prayed for?
- (3) To what extent?

6. Point No.1 & 2 :-

There is no dispute that, the complainant's husband underwent Mitral Valve replacement surgeries at opposite parties Hospital on 28/09/2019 and died on operation table. The case of the complainant is that, on 16.02.2019 the husband of the complainant Katukuri Janardhan Reddy (herein after called 'Patient") had feeling of breathlessness, mild fever and dry cough for which he consulted Dr. Shruthi Reddy at Hanamkonda, and as directed by the said doctor, he underwent some tests as per Ex. A1 to A13, and on her advice met Dr. MadhuKurapati, Cardiologist who advised to 2D Echo and Color Doppler study tests. After that, he advised that, due to the problem in heart valves the present health issues are developed and asked him to get admit immediately in Rohini Hospital at Hanamkonda for taking treatment as in patient. On 16.02.2019 afternoon the complainant's husband was admitted and Doctor C.Mamatha Reddy treated the patient for Palpitation by shifting him to ICU. On the treatment given, the health condition became normal and on discussion stated that, there are some blockades noticed in MITRAL VALVE and there are chances to repeat the problem again in future and

advised that, heart surgery is a permanent solution and that it is not immediate urgency and on 17.02.2019 afternoon patient was discharged under the normal health condition. After that, the family members decided to go to Hyderabad for next treatment. Accordingly, on 18.02.019 the complainant and her husband went to Hyderabad and consulted Dr. Shailendra Singh in Sunshine Hospital at Secunderabad and on consultation and examination the patient advised for P T PROTHROMBI TEST WITH INR, ECG, 2 D ECHO WITH COLOR DOPPLER tests which were done. After going through the reports, the doctors viz., Dr. Shailendra Singh and Dr. P.N. Rao, suggested for open heart surgery for replacement of the MITRAL VALVE as it is a safe method and total package cost for open heart surgery was at Rs.5 Lakhs as per Ex.A14 to A17. But the complainant and her husband sought a second opinion and they visited Star Hospital Banjara Hills, Hyderabad at about 10-00 am., met Dr. Gopichand Mannam Cardiothoracic surgeon. Once again 2 D ECHO test was done and on 23.02.2019 blood, along with other necessary tests. After conducting the required tests and on evaluation of reports as per Ex.A14 to A.30, the opposite party No.2 Doctor identified that, patient had severe MR moderate MS, severe TR with dilated left atrium and intermittent atrium fibrillation. All these Pre-Operative parameters indicated that the patient has advance heart disease. If we go through the medical literature we can understand that in heart disease, severe MR means: Mitral regurgitation (MR), which is also known as mitral insufficiency, is a common heart valve disorder. When MR is present, blood leaks backwards through the mitral valve when the heart contracts. Moderate MS means: Mitral valve stenosis — sometimes called mitral stenosis — is a narrowing of the valve between the two left heart chambers. The narrowed valve reduces or blocks blood flow into the heart's main pumping chamber and TR is Tricuspid regurgitation, or tricuspid valve regurgitation, is a type of heart valve disease that occurs when the valve's flaps (cusps or leaflets) do not close properly. The tricuspid valve controls the flow of blood from heart's right atrium (top chamber) to the right ventricle (bottom chamber). As per policy, the hospital has taken written consent from the attendants of the patient as per Ex.B3. ExB3 also had bunch of signed consent forms for HIV TEST, high risk consent indemnity statement, Cardiothoracic surgery high risk consent, Informed consent for cardio thoracic operation, Cardiac Diagnostic Therapeutic interventions, Anaesthesia, High risk consent indemnity statement of Anesthesia signed on same date and time.



The patient was admitted on 27.02.2019 for coronary angiogram followed by mitral valve replacement and possible tricuspid repair. Coronary angiogram showed normal coronary arteries; hence patient was taken up for minimally invasive cardiac surgery-mitral valve replacement on 28.02.2019. The patient was taken up for surgery on 28.02.2019 for MITRAL VALVE REPLACEMENT under MICS procedure with 25mm PERIMOUNT MAGNA ALE + GRAFTS. During the surgery patient could not be weaned off cardiopulmonary bypass after MICS-MVR initially. Tran esophageal echo cardiogram showed significant LV (left Ventricular) dysfunction with ECG changes. Hence, midline sternotomy was done and coronary bypass vein grafts were placed to obtuse marginal branch, posterior descending artery and posterolateral branches. Subsequently, patient was tried to come off bypass and could not be weaned off cardiopulmonary bypass even with high inotropic support and intra-aortic balloon pump support. In spite of stiff inotropes and IABP support patient could be weaned off bypass and the patient was declared dead at 12-10 a.m., on 01.03.2019 as per Ex.B4 & B5.

As per I.A.No.86/2022, filed by complainant, Advocate commissioner was appointed to record the cross-examination of Dr. Gopichand Mannam. During cross-examination, Dw1 stated that, *“it is true that in Ex.A.13 angiogram report in the diagnosis column ‘normal LV function’ was mentioned. It is true to say that, before surgery left ventricle function was normal, as per ECHO cardiogram report. It is true to say that as per pre-operative information, the patient was taken up for high risk Mitral valve replacement surgery. CABG was not planned as a primary operation. it is true that, no separate consent was taken up for CABG. It is a documented data that the following MVR, especially severe MITRAL VALVE REGURGITATION, the left ventricular function is observed to diminish after surgery. This fact is well documented in Cardio Thoracic Literature. It is a fact that in patients with Chronic Mitral Valve regurgitation, the underlying LV Dysfunction is underestimated. It will only come to light after replacement of Mitral Valve. This is well-documented literature. This could be one of the reasons for heart failure. As the heart was not supporting the circulation due to the previous mentioned reasons, the CPB could not be weaned off. This is a long standing disease which is called Chronic Rheumatic Heart Disease (CRHD), and patient already underwent surgery in 1988 to relieve blockage to the valve (CMV). Patient has been advised to take penicillin injections for the reason that it is a progressive disease.*

What is midline sternotomy?

A sternotomy, or median sternotomy, is a procedure to create access to your heart or other body parts your breastbone protects. Surgeon cuts

through breastbone or sternum and spreads the two sides apart to be able to see and operate on heart. Though opposite party No.2 Doctor wanted to go with MICS that limit the size and number of cuts, or incisions, that they need to make, but they had to again do midline sternotomy as the patient was tried to come off bypass and could not be weaned off as per the death summary of patient.

The entire medical history of the deceased patient was taken before surgery and after considering all these it was clearly stated that, surgical procedure of Minimal invasive Surgery sought to be done by the Opposite Party No.2 in the Opposite Party No.1 hospital, who declared it as a safe method with a success rate of 98%. But, the outcome is contrary to the assurance given by the Opposite Party No.2 Doctor. There is no explanation from the doctors of the Opposite Party No.1 Hospital as well as Opposite Party No.2 Doctor, except stating that the surgery failed. Taking these into consideration and the manner in which the surgery was conducted for 16 Hours continuously without updating the health condition of the patient, and not explaining the reason for failure of surgery is the point of gross negligence and deficiency of service, for which the opposite parties are liable to compensate.

As per Complainant, there was negligence in conducting the surgery, as the Case-sheet was not furnished to the complainant till this date except Discharge Summary and some note is the gross deficiency and negligence in treating the patient and entitles them for a compensation of rupees two crores for the tragic death of complainant's husband late K. Janardhan Reddy and death cannot be equated to any terms of money, but however the complainant being rendered helpless and having suffering tremendous agony and trauma which the complainant is not able to come out and the loss sustained to all the children on account of his death as rendered the entire family is headless and in deep trauma.

Coming back to the facts of the case, it is clear that, the opposite parties know their patient from just one day before surgery. Regardless, the patient must be seen by the operating surgeon as soon as possible, as patient characteristics play a more important role in a minimally invasive approach, compared to full sternotomy. Particular attention should be paid to body habitus (e.g., obesity, funnel chest), medical history (e.g., previous chest surgery, trauma) as well as aortic valve and root anatomy (e.g., degree of calcification, bicuspid valve, rheumatic disease, concomitant mitral calcifications). Thus, all available images should be evaluated as soon as possible. Conversion of a MIC-

AVR to full sternotomy is not only a defeat for the surgeon and the team, but also creates trauma to the patient.

The complainant relied upon *M/s. Spring Meadows Hospital & Anr V/s. Harjol Ahluwalia 1998(1) CPJ 1 SC* wherein Hon'ble Supreme Court held that the principle of *res ipsa loquitur* applies where for a child the Nurse gave adult dose of inj. Lariago instead of Pediatric dose resulting in the boy went into vegetative stage. In *Samira Kohli V/s. Dr.Prabha Manchanda & anr.1 (2008) CPJ 56 (SC)*, that failure on the part of the Doctor to obtain separate consent form from the patient or his family members for additional surgery amounts to deficiency in service. The same theory is followed in a recent judgement held by Hon'ble NCDRC in R.P.No.1391-1393 of 2017 in *Dr.JS Sidhu vs Ashok Bhandari & 3 others* dt 13/3/2023 regarding valid informed consent, which exactly fits to the present case.

The opposite parties relied upon *Kusum Sharma & others V/s. Batra Hospital and Medical Research Centre & Others (Reported in 2010(3) SCC 480)* laid down certain principles in deciding the cases on medical negligence and after going through the same, we feel the same does not support the opposite parties case.

The opposite parties violated the regulation (1.3) of MCI who failed to supply patient's medical record. Hon'ble National Consumer Disputes Redressal Commission in *Barnali Chowdhury & Anr. vs Woodlands Medical Centre Ltd. & ors. on 3 April, 2023* held that, *In my view, now there is no need to dissect more to prove the negligence of the OPs. The "things speak on its own" the principle of "Res Ipsa Loquitor" squarely applicable to the case on hand. There is no need go to great lengths to prove the negligence. In the instant case, upon hearing the arguments from OPs, it seems the OPs are shirking way from each of their responsibility, but they are trying to shift the blame on one and another. Was it an inadvertent mistake or an accident ?* while deciding the above case, Hon'ble Supreme Court on the concept of Duty of Care clearly explained in the case of [Dr.Laxman Balakrishna Joshi v. Dr. Trimbak Babu Godbole](#) as below: *A person who holds himself out ready to give medical advice and treatment impliedly undertakes that he is possessed of skill and knowledge for that purpose, 1. he owes a duty of care in deciding whether to undertake the case 2. he owes a duty of care in deciding what treatment to give 3. he owes a duty of care in the administration of that treatment and breach of any of these duties gives a right of action for negligence to the patient.*

Coming back to conclude the case, it is true that, the age of the deceased patient was about 62 years at time of surgeries in OP No.1-Hospital and complainant paid Rs.10,50,000/- towards treatment charges. Keeping the deceased patient for 14 hrs on operation bed without explaining the

progress of surgeries to the attendant's, not providing medical record of patient, not investigating the reasons for LV failure after Mitral valve replacement, assuring success of MICS and collecting more expensive fee for the same but going to less expensive open heart surgery, not explaining the abnormal delay in the surgical procedure which has taken 16 Hrs instead of scheduled surgical period of 3-4 Hrs amounts to medical negligence and deficiency in service by opposite parties, hence the complainant is entitled for compensation and cost of litigation. Although, the loss suffered by the complainant due to deficiency in service and medical negligence of Opposite parties cannot be compensated in terms of money, yet in view of law laid down by the Hon'ble Supreme Court in above referred authority, age of the patient, and the totality of facts and circumstances of the case, we award lump sum compensation of Rs.15,00,000/- (Rupees Fifteen Lacs only) to the complainant, due to deficiency in service, medical negligence on the part of Opposite parties for causing mental agony, harassment, to the complainant.

7. Point No.3 :-

In view of our above discussion, the complaint is partly allowed directing the opposite parties Jointly and severally:

- i) To pay lump sum compensation of Rs.15,00,000/- (Rupees Fifteen Lakhs only), on account of deficiency in service and medical negligence on the part of the Opposite parties causing loss and mental agony,
- ii) To pay Rs. 25,000/- (Rupees Twenty-five Thousand only) as litigation costs to the complainant.

Time for compliance 45 days from the date of receipt of this order.

Dictated to steno transcribed and typed by her pronounced by us on this the 12<sup>th</sup> Day of April' 2023.

MEMBER  
KPS

MEMBER

PRESIDENT

**APPENDIX OF EVIDENCE**  
**WITNESSES EXAMINED**

**For Complainant:-**

PW1 : Smt K.Vasumathi

**For Opposite Parties:-**

DW1 : Sri Gopichand, Managing Director of the Star Hospitals

**DOCUMENTS MARKED:-**

**For Complainant:**

- Ex.A1– is the copy of Prescription of Dr. A. Shruthi Reddy, R.M.S. Hospital, dt.16.0.2019.
- Ex.A2 – is the copy of AEC Test Report, dt.16.02.2019.
- Ex.A3 – is the copy of CBP report, dt.16.02.2019.
- Ex.A4 – is the copy of Prescription of Dr. Madhu Kurapati (Cardiologist), dt.16.02.2019.
- Ex.A5 – is the copy of 2 D Echo report by Dr. Madhu's heart car dt.16.02.2019.
- Ex.A6– is the copy of Doppler study report dt.16.02.2019.
- Ex.A7– is the copy of Admission advice of Rohini Hospital dt.16.02.2019.
- Ex.A8 –is the copy of Test reports CPK MB, Troponin-T by Rohini Hospital, dt.16.02.2019.
- Ex.A9 – is the copy of Clinical Pathology report (CUE-RBS, RFT,SE), dt.16.02.2019.
- Ex.A10–is the copy of Hematology reports (CBP), dt.16.02.2019.
- Ex.A11–is the copy of Bio chemistry reports (liquid, APTT, PT) dt.17.02.2019.
- Ex.A12– is the copy of B and C time report dt.17.02.2019.
- Ex.A13–is the copy of Discharge summary issued by Rohini Hospital, dt.17.02.2019.
- Ex.A14–is the copy of Prescription of Sunshine hospital, dt.19.02.2019.
- Ex.A15–is the copy of ECG reports Sunshine hospital, dt.19.02.2019.
- Ex.A16 – is the copy of Reports of PT with INR Sunshine hospital, dt.19.02.2019.
- Ex.A17–is the copy of 2 D echo with colour Doppler Sunshine hospital, dt.19.02.2019.
- Ex.A18–is the copy of Estimate certificate of CT surgery Star HOSPITALS dt.19.02.2019.
- Ex.A19– is the copy of 2 D Echo cardiogram colour Doppler study dt.20.02.2019.
- Ex.A20 – is the copy of X-ray chest PA view reports dt.23.02.2019.
- Ex.A21– is the copy of Colour duplex study of carotid arteries STAR HOSPITALS, dt.23.02.2019.
- Ex.A22– is the copy of Ultrasound abdomen and pelvis reports, dt.23.02.2019.
- Ex.A23 – is the copy of Department of Serology reports (2 Pages), dt.23.02.2019.
- Ex.A24 – is the copy of Department of hematology reports (3 pages), dt.23.02.2019.
- Ex.A25 – is the copy of Department of biochemistry reports (2pages), dt.23.02.2019.

Ex.A26–is the copy of Department of clinical pathology reports,  
dt.23.02.2019.

Ex.A27–is the copy of Department of blood bank reports,  
dt.23.02.2019.

Ex.A28 – is the copy of PET report, dt.23.02.2019.

Ex.A29 – is the copy of Uroflowmetry report, dt.23.02.2019.

Ex.A30 – is the copy of angiography report, dt.27.02.2019.

Ex.A31– is the copy of Bill Payment receipts (2 pages), dt.27.02.2019.

Ex.A32– is the copy of Used implant details patients, dt.28.02.2019.

Ex.A33– is the copy of Department of cardiothoracic Surgery death  
summary, dt.28.02.2019.

**For Opposite Parties :**

Ex.B1 – is the copy of Registration Data, dt23.02.2019.

Ex.B2 – is the copy of Admission & Medical Reports (Bunch), dt.27.02.2019.

Ex.B3 – is the copy of Consent forms, dt.28.02.2019.

Ex.B4 – is the copy of Pre-Operation Notes & Post operation Record,  
dt.28.02.2019.

Ex.B5 – is the copy of Death Summary, dt.01.03.2019.

MEMBER  
KPS

MEMBER

PRESIDENT

//CERTIFIED TRUE FREE COPY //