

# Kamlesh Yadav vs National Heart Institute & Ors. on 24 July, 2025

NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION  
NEW DELHI  
CONSUMER COMPLAINT NO. NC/CC/130/2018

KAMLESH YADAV  
PRESENT ADDRESS -

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Versus

NATIONAL HEART INSTITUTE & ORS.  
PRESENT ADDRESS - 49-50, COMMUNITY CENTRE, EAST OF KAILASH, , NEW DELHI-110065  
THE MEDICAL SUPERINTENDENT  
PRESENT ADDRESS - NATIONAL HEARTH INSTUTURE 49-50, COMMUNITY CENTRE, EAST OF KAILASH, , NEW DELHI-110065  
DR. VINOD SHARMA  
PRESENT ADDRESS - NATIONAL HEARTH INSTITUTE 49-50, COMMUNITY CENTRE, EAST OF KAILASH, , NEW DELHI-110065

.....Opposite Party(s)

BEFORE:

HON'BLE MR. JUSTICE SUDIP AHLUWALIA , PRESIDING MEMBER  
HON'BLE MR. JUSTICE ANOOP KUMAR MENDIRATTA , MEMBER

FOR THE COMPLAINANT:

MS. MANSI BAJAJ, ADVOCATE (AMICUS CURIAE) MS. NIDHI TYAGI, ADVOCATE

FOR THE OPPOSITE PARTY:

MR. SATYAKAM, ADVOCATE DR. VINOD SHARMA, ADVOCATE MR. S.K. SHAILLY.

DATED: 24/07/2025

ORDER

JUSTICE SUDIP AHLUWALIA, MEMBER This Consumer Complaint has been filed under Section 21(a)(i) of the Consumer Protection Act, 1986, seeking compensation from the Opposite Parties for causing death of the patient due to medical negligence and deficiency of service.

2. The factual background, in brief, is that on 30.04.2015, Shri Rajendra was admitted to National Heart Institute, New Delhi/Opposite Party No. 1 with acute chest pain. After an angiography, they informed both the Complainant (wife of Shri Rajendra) and her brother-in-law that significant coronary blockage required immediate intervention. A coronary procedure was accordingly scheduled and performed on 04.05.2015 at approximately 2:30 p.m., but post-operative progress was poor. But instead of stabilising, the patient's condition worsened rapidly through the night. At

2:00 a.m. on 05.05.2015, frantic activity erupted in the Intensive-Care Unit, and the nursing staff telephoned Medical Superintendent/Opposite Party No. 2 and Dr. Vinod Sharma/Opposite Party No. 3 repeatedly, urging their immediate presence because the patient's vitals were crashing. The Complainant entered the ICU and found her husband in a markedly deteriorated state with no senior Doctor in attendance. An hour later, the Opposite Party No. 3 arrived and placed the patient on a ventilator. By that time, according to the Complainant, Shri Rajendra had already succumbed for want of prompt, expert resuscitation. A subsequent Post-Mortem placed the time of death at around 6:00 a.m. on 05.05.2015.

3. A PCR call (DD No. 33-A) was lodged the same day at P.S. Amar Colony by the Complainant's brother-in-law, alleging death from medical negligence. Under MLC No. 5987/2015 the body was transferred to AIIMS mortuary, where the Post-Mortem examination was performed. On 10.08.2015, the Deputy Commissioner of Police, South-East District, formally referred the matter to the Delhi Medical Council. The Council's Disciplinary Committee, after full a record review, delivered a detailed Order in December, 2016 noting that the angiography was unjustifiably deferred on the day of admission for a patient with acute inferior-wall Myocardial infarction; that the Angioplasty was again postponed until day four, that during PTCA on 04 May, 2015 a proximal Right-Coronary-Artery dissection occurred, necessitating stenting, while the distal RCA was left unopened; that the patient thereafter suffered Ventricular Tachycardia, required intubation, and finally developed Brady-arrhythmia and cardiac arrest culminating in his death at 06:25 a.m. On 05.05.2015, holding that Dr. Vinod Sharma had not exercised reasonable skill and care, the Committee issued him a warning and directed that he complete 15 hours of CME in Interventional Cardiology within six months. On 28.03.2017 the Complainant, through her Counsel, got issued a Legal Notice to all the Opposite Parties demanding Rs. 5.50 crores in compensation. The Opposite Parties' reply denied liability and branded the allegations baseless. Meanwhile on 01.04.2017, P. S. Amar Colony registered FIR No. 0119/2017 under Section 304 - A of the Indian Penal Code against the Opposite Party No. 3. The case at the time of filing of the Complaint, was pending before the Court of Ms. Ankita Lal, Metropolitan Magistrate, Saket, where a Charge-Sheet dated 21.11.2017 had been filed, and the next hearing fixed for 13.04.2018.

4. The family circumstances amplify the loss of Shri Rajendra. He was a Constable in Delhi Police, and the sole earner for the Complainant (a homemaker), their son, presently studying engineering and a younger brother-in-law who, though living at his paternal home, received financial support from the deceased. The son's first attempt at the IIT entrance examination in 2015 failed, which the Complainant attributes to trauma following his father's death. The household now faces acute financial strain with them having no residential property in Delhi-NCR, nor sufficient ancestral agricultural land to meet their basic needs. The Complainant, therefore, contends that Opposite Parties' conduct amounts to an unfair medical practice, medical negligence, deficiency in service and consequent wrongful death. Aggrieved with the same, she filed the present Complaint praying as follows -

"(a) Direct the Respondents jointly or severally to pay the compensation of Rs.5,50,00,000/-(Five Crore Fifty Lacs only) to the complainant for the deficiency in providing medical services the sufferings caused to the Complainant due to the act of

the medical negligence and

(b) Direct the Respondents to pay the cost of litigation..."

5. The Opposite Parties filed their Written Statement and resisted the Complaint. They have denied all the material averments made by the Complainant. The Opposite Parties have averred that the Complaint raises multiple disputed facts requiring detailed evidence and therefore is not maintainable before this Commission. The Complainant should approach the Civil Court instead. The Complainant has also failed to justify the basis of compensation sought, making the Complaint defective. Moreover, medical negligence is not independently established by the Complainant, who has merely relied upon the findings of the Delhi Medical Council (DMC). That the Opposite Party No. 3 is an experienced Cardiologist holding MBBS (1983), MD (1986), DM in Cardiology (1992), and MBA in Healthcare Administration (2009). He has substantial clinical and teaching experience at reputed Institutions including National Heart Institute and Sir Ganga Ram Hospital. National Heart Institute itself is an accredited and renowned cardiac-care facility. The patient, Late Shri Rajendra, was admitted on 30.04.2015 with acute Myocardial infarction occurring approximately 24 hours earlier, and already evaluated previously at Rockland Hospital, a fact not disclosed at admission but revealed later during proceedings. Due to this delay, immediate Thrombolysis or Angioplasty was medically unsuitable and instead, Coronary Angiography was conducted on 01.05.2015, indicating a double-vessel blockage. Although Angioplasty was recommended promptly, the patient's family did not consent immediately. The patient developed an AV block but remained stable in the ICU. Only after obtaining consent from the patient's brother-in-law on 03.05.2015 was Angioplasty performed on 04.05.2015. During the procedure, a rare complication, dissection of the proximal Right Coronary Artery (RCA) occurred, for which a stent was successfully placed. However, distal RCA exhibited slow blood flow, managed appropriately by medical protocols. Signs of facial palsy indicating stroke risk forced Doctors to halt further aggressive intervention due to risks of worsening cerebral bleeding. Despite appropriate medical management, the patient succumbed at 6:25 p.m. on 05.05.2015.

6. The Opposite Parties have further averred in the Written Statement that all medical decisions adhered strictly to standard cardiac care protocols, supported by detailed medical records. The Opposite Parties categorically reject allegations of negligence or malpractice. Allegations such as organ removal were proven entirely baseless by the Post-Mortem findings. The Delhi Medical Council initiated an inquiry based on Police communication without initially providing the Opposite Parties with adequate documentation. In their submissions, the Opposite Parties had explained clearly the medical rationale for procedural timings, consent-related delays, and procedural management. Despite this, the DMC's disciplinary Committee, without adequate reasoning or discussion of critical facts, held the Opposite Party No. 3 liable for not performing Angiography immediately and an Angioplasty subsequently. The Opposite Party No. 3 appealed to the Medical Council of India (MCI), which dismissed the Appeal on procedural grounds of delay without addressing substantive issues. A Writ Petition challenging these findings was then filed in the Hon'ble High Court of Delhi.

7. The Opposite Parties have averred that obtaining patient consent is legally and ethically mandatory, supported by judgments of the Hon'ble Supreme Court, notably in "Samira Kohli v. Dr Prabha Manchanda, (2008) 2 SCC 1" and "Kusum Sharma v. Batra Hospital, (2010) 3 SCC 480". Delays in conducting Angioplasty were directly attributable to delayed family consent, not medical inaction. The complications that were encountered, such as arterial dissection, slow-flow phenomenon, and stroke risk are rare but recognized clinical occurrences, documented in the medical literature annexed to the record. Therefore, the Opposite Parties maintain that their conduct and treatment fully conformed to medical standards of competence and reasonableness, negating allegations of negligence. The present complaint lacks merit and should be dismissed.

8. Rejoinder on behalf of the Complainant to the Written Statement by the Opposite Parties has been filed; It has been averred therein that the present Complaint is legally maintainable and has been filed under due provisions of law. It stated in the Rejoinder by the Complainant that the claim amount is not arbitrary but is based on the age, income, dependency, and emotional loss suffered due to the death of her husband, and that no monetary amount can truly compensate for the loss of human life. The allegation that no independent case of medical negligence has been made out has been specifically denied, with the Complainant further asserting that other complaints are also pending against the Opposite Party No. 1 in different Fora. The Complainant has further denied the Opposite Parties' assertion that the deceased had previously visited Rockland Hospital, which was allegedly not disclosed at the time of admission. It has been submitted that all necessary consents for treatment, including for the procedure of Percutaneous Transluminal Coronary Angioplasty (PTCA), were duly given by the family members of the deceased, and that the treatment was undertaken negligently, resulting in the death of the patient. The claim that standard medical protocols were followed has also been denied, and the Complainant has relied on the findings of the Delhi Medical Council, which held the Opposite Parties guilty of medical negligence.

9. The Complainant has further stated in the Rejoinder that the assertion that consent was delayed by the patient's family or that there was any indecision in taking medical decisions is incorrect. It has been specifically submitted that the Deceased expired due to the negligent conduct of the Opposite Parties and not due to any inherent medical condition or delay in consent. The findings of the Disciplinary Committee of the Delhi Medical Council have been relied upon, wherein the treatment of the Deceased was found to be deficient and lacking the exercise of reasonable medical skill and diligence. The Complainant has also denied all allegations made by the Opposite Parties attributing the fatality to the patient's condition rather than the negligent conduct of the treating Doctors and Hospital. The Complainant has maintained that the steps taken by the Hospital were neither in accordance with standard protocols nor sufficient in the circumstances. It is further stated that all necessary consents were duly signed and that the Complainant's family cooperated fully with the treating Doctors at every stage. Allegations that Attendants kept changing or that the family took 3 days to decide have been specifically denied.

10. Evidence by way of Affidavit has been filed by Complainant Smt. Kamlesh Yadav; Evidence by way of Affidavit has been filed on behalf of the Opposite Parties by Dr. Vinod Sharma, Vice Chief Executive Officer of National Heart Institute.

11. Heard Ld. Counsel for Complainant and the Opposite Parties, and perused the material available on record.

12. Ld. Counsel for the Complainant has argued that the deceased was admitted to National Heart Institute on 30.04.2015 with chest pain with consent for Angiography being taken on the same day. The Angiography procedure was conducted on 01.05.2015, revealing 70-75% blockage in the left artery and diagnosing Coronary Artery Disease and Double Vessel Disease; That, as per established Medical Literature, a Stenosis exceeding 70% warrants immediate Angioplasty, yet no such procedure was done on the day of Angiography. The Angiography Consent Form that was signed on 30.04.2015 included a section detailing the risks of Angioplasty, suggesting that both procedures were contemplated from the outset. Despite the serious condition diagnosed, consent for Angioplasty was taken only on 03.05.2015, and the procedure was conducted on 04.05.2015 at 2:30 PM. The delay of two days, despite the known severity, is alleged to be a case of deficiency in service and failure to act with urgency. Following the Angioplasty on 04.05.2015, the patient experienced Ventricular Tachycardia at around 5:20 pm, for which a DC shock was administered. Despite temporary stabilization, his condition deteriorated further, with facial palsy and slurring of speech. He suffered episodes of Ventricular Fibrillation around 6:30 PM and Brady-arrhythmia at 4:30 AM the next morning, ultimately leading to his death at 6:25 AM on 05.05.2015. Ld. Counsel for the Complainant has argued that the Angioplasty was not effectively performed, as there was proximal dissection requiring stenting in the proximal RCA, while the distal RCA remained untreated; That the patient was diagnosed with Acute Myocardial Infarction, yet the Hospital delayed necessary intervention by alleging absence of consent, which is denied. It is submitted that no family would delay consent when informed of the urgency of a serious blockage. It is also contended that Clause 9 of the Consent Form signed on 30.04.2015 empowered the Doctor to act in case of life-threatening events during the procedure, thereby nullifying the justification for delay.

13. Ld. Counsel for the Complainant has further argued that the Death Summary Notes that on 01.05.2015 the patient developed AV block but, being hemodynamically stable, was merely monitored, with no immediate recommendation for Pacemaker or Angioplasty. This evidences the afterthought nature of the Opposite Parties' contentions regarding urgency and family delay. It is further submitted that the complaint referred by the Deputy Commissioner of Police (South East), found Dr. Vinod Sharma guilty of medical negligence by order dated 22.12.2016. The Committee found that the Doctor failed to exercise a reasonable degree of skill and diligence, and recommended issuance of a warning and mandatory Continuing Medical Education (CME) hours. Ld. Counsel for Complainant has placed reliance on "Lochgelly Iron and Coal Co. v. Mullan, [1934] AC 1", where negligence was defined as involving a breach of duty resulting in damage to a person to whom that duty was owed. The Complainant further submits that the threefold test of negligence as defined by 'Percy and Charlesworth' is satisfied in the present case, i.e. a duty of care owed by the Opposite Parties, breach of that duty, and resulting damage. The maxim 'res ipsa loquitur' is invoked to assert that the circumstances clearly indicate negligence, thereby shifting the burden of proof onto the Opposite Parties. The three cardiac episodes following the Angioplasty, at 5:20 pm on 04.05.2015, 6:30 pm on 05.05.2015, and 4:30 am on 05.05.2015, followed by death at 6:25 am on 05.05.2015, substantiate the Complainant's allegation that the Complications arose due to medical negligence. Additionally, the onset of facial palsy and slurring of speech post-procedure, along with the

dissection flap in the proximal RCA and associated brain haemorrhage, further point to a lack of due care. Reliance is placed on the judgments of "Baidya Nath Chakraborty (Dr.) & Ors. v. Chandi Bhattacharjee & Ors., MANU/CF/0200/2014" and "Vishwanath Shivling Birajdar v. Gangadhar Sangram Mitkari & Ors., MANU/CF/0266/2014", which reinforce the principles of medical negligence.

14. Ld. Counsel for the Opposite Parties has argued that the Complaint is primarily premised on the findings of the Delhi Medical Council (DMC) and the filing of a Charge Sheet under Section 304A IPC, as referenced in paragraphs 9, 10, 12, 13, 14 and 17 of the Complaint. However, it is submitted that the DMC's findings were subsequently challenged before the Medical Council of India (MCI), whose Ethics Committee, after due deliberation, concluded that no medical negligence could be attributed to Dr. Vinod Sharma. The Committee noted that the delay in performing Angioplasty was due to the lack of requisite consent from the patient's Attendants. The MCI's recommendations, including exoneration of Dr. Sharma, were duly approved by its Board of Governors in their Meeting dated 14.11.2019. In a parallel development, the Metropolitan Magistrate considered an Application under Section 258 of Cr.P.C. and observed that the prosecution's case rested solely on the Complainant's allegations and the DMC's Disciplinary Committee findings. The Court, relying on the MCI's final opinion and the Hon'ble Supreme Court's decision in "Jacob Mathew v. State of Punjab, (2005) 6 SCC 1", held that the case lacked substantive evidence to support the charge of medical negligence, thereby terminating the criminal proceedings against Dr. Vinod Sharma under Section 258 Cr.P.C. It is further submitted that in cases involving medical negligence, greater weight ought to be accorded to the views of the MCI, a statutory professional body. The MCI's decision has attained finality and has not been challenged. In support of this proposition, reliance is placed on the decision of the Hon'ble Supreme Court in "Harneek Singh v. Gurmit Singh & Ors., (2022) 7 SCC 685", where the Court held that in proceedings involving claims of medical negligence, the MCI's professional opinion carries significant evidentiary value. This Commission has similarly upheld the authority of the MCI and its successor bodies in various decisions, including "Pushpa Verma & Ors. v. Bhardwaj Nursing and Maternity Home Pvt. Ltd. & Ors., 2023 SCC OnLine NCDRC 208", "Somraj Sen & Ors. v. Kothari Medical Centre & Ors., 2023 SCC OnLine NCDRC 385", "Manik Chandra Khan & Ors. v. Amit Saha & Ors., 2023 SCC OnLine NCDRC 827", and "Prem Kishore v. Dr. Sudhir Khanna & Ors., 2023 SCC OnLine NCDRC 1011".

15. Ld. Counsel for the Opposite Parties has further argued that the Complaint herein is substantially based on the DMC's findings and the Charge Sheet under Section 304A IPC. However, in the light of the MCI's subsequent findings and the Court's dismissal of criminal proceedings, this is not a case warranting application of the doctrine of 'res ipsa loquitur'. With no prima facie negligence now standing judicially or professionally affirmed, the burden of proof does not shift to the Opposite Parties. The Opposite Parties submit that the allegations in the Complaint arise from grief over the patient's demise, and that the Complainant, being the Deceased's spouse and the deceased himself being a Police employee, had access to institutional mechanisms that facilitated filing of multiple proceedings. It is further submitted that the DMC's proceedings were procedurally flawed. An earlier DMC order dated 26.09.2016 had directed the Complainant to produce certain documents. However, the said documents were not placed on record and no further steps were taken in accordance with that direction. The MCI, therefore, considered the DMC's determination to

be lacking in transparency and procedural fairness. Moreover, if the patient had suffered a cardiac event 24 hours prior to being admitted at the National Heart Institute, and that information was not disclosed to the treating Doctors, then the nature of the clinical decision-making would necessarily be impacted. The DMC also failed to adequately assess the treating Doctor's explanation that consent for Angioplasty was not provided by the Complainant or her relatives, merely accepting the Complainant's version. That although the Complainant was present in the Hospital, she never signed the Consent Form. The Doctor's assertion that multiple Attendants were present but none provided timely consent for Angioplasty remains uncontroverted. Notably, the consent for Angiography (a diagnostic procedure) was signed by the nephew of the patient, whereas the consent for PTCA (a surgical intervention) was signed later by the brother-in-law; That the treating Doctor had a statutory and ethical obligation to obtain specific and informed consent before proceeding with Angioplasty. This requirement was fulfilled once consent was finally obtained on 03.05.2015, and the procedure was carried out on 04.05.2015. The mere assertion of the Complainant to the contrary cannot override the procedural and factual record.

16. Ld. Counsel for the Opposite Parties has additionally argued that PTCA and post-procedure protocols were duly followed. New complications such as dissection, coronary spasm, or no/slow flow were managed in accordance with existing clinical guidelines. The patient, it is noted, had approached the Hospital after the 'window period', over 24 hours after the suspected cardiac event. Stabilization was attempted first, and Angiography followed. Only upon receipt of consent on 03.05.2015 was Angioplasty undertaken the next day. The presence of multiple Attendants further complicated the consent process. For instance, consent for Angiography was given by Mr. Kushi Ram, the nephew, whereas consent for Angioplasty was given by Mr. Yogpal, the brother-in-law. It is also submitted that Myocardial Infarction due to Coronary Artery Disease is a leading cause of death, as supported by relevant medical literature. Furthermore, in acute heart attacks, immediate stent placement can sometimes cause slow blood flow, whereas deferred procedures can reduce clot burden and improve outcomes. This approach is backed by clinical studies. The procedural sequence of treatment has been detailed in the reply and evidence Affidavit, including clinical studies, and is not reproduced here for brevity. It is emphasized that cardiac arrests and strokes are not always attributable to negligence and can result from the underlying disease. The record reflects that standard treatment protocols were followed without deviation; That the treating Doctor acted in accordance with the expected standard of care, and this view stands reinforced by the MCI's findings and the dismissal of the criminal proceedings. Therefore no case of medical negligence or deficiency in service is made out against the Opposite Parties.

17. A critical aspect that shapes the overall clinical outcome in cases of myocardial infarction is the time at which the patient presents to a tertiary care facility after symptom onset. In the present case, the deceased, Shri Rajendra, had been experiencing chest pain since the previous day, i.e., approximately 24 hours prior to his admission at National Heart Institute (NHI) on 30.04.2015 at 3:02 PM. It is a well-established medical principle that the "golden hours" in acute Myocardial infarction are the first 3 to 6 hours, a period within which timely intervention has the greatest likelihood of reducing mortality and long-term cardiac damage. That the patient had survived well beyond this critical window strongly mitigates the inference of any causality between subsequent in-hospital events and the initial delay in performing Angioplasty. Moreover, prior treatment had

been administered at Rockland Hospital, a fact admitted before the Delhi Medical Council and posthumously established through the final records placed before it, but denied by the Complainant during the course of hearing before us. The Opposite Parties, therefore, were not treating a fresh cardiac event but a medically altered, delayed presentation. This fact alone is sufficient to displace any presumption that immediate invasive intervention was both warranted and safe on the date of admission.

18. The Complainant has levelled sweeping allegations that the delay in Angioplasty was either due to carelessness or a commercially motivated attempt to 'prolong' the patient's hospitalization. This assertion is directly contradicted by documentary evidence. The deceased was a serving Constable in the Delhi Police and was admitted under the Central Government Health Scheme (CGHS), which operates on a fixed Package- payment model. Under this model, the Hospital is reimbursed on a pre-approved package regardless of the number of days of treatment. Hence, the treating Hospital stood to gain nothing financially by extending the patient's stay. In fact, as noted in the record, the Complainant perhaps attempted to conceal this fact at the time of admission by suppressing the word "CGHS" in the Admission Form submitted before this Commission. Such concealment materially undermines the Complainant's credibility and casts doubt on the motive behind the belated initiation of criminal and regulatory proceedings, especially when seen in conjunction with the subsequent demand of an exorbitant compensation of Rs. 5.5 Crores.

19. In assessing medical negligence, the Hon'ble Supreme Court in "Jacob Mathew v. State of Punjab, (2005) 6 SCC 1", has held that a Doctor is not to be held negligent simply because a mishap occurred. The relevant extracts are set out as below -

"30. The purpose of holding a professional liable for his act or omission, if negligent, is to make the life safer and to eliminate the possibility of recurrence of negligence in future. The human body and medical science, both are too complex to be easily understood. To hold in favour of existence of negligence, associated with the action or inaction of a medical professional, requires an in- depth understanding of the working of a professional as also the nature of the job and of errors committed by chance, which do not necessarily involve the element of culpability.

31. The subject of negligence in the context of medical profession necessarily calls for treatment with a difference. Several relevant considerations in this regard are found mentioned by Alan Merry and Alexander McCall Smith in their work Errors, Medicine and the Law (Cambridge University Press, 2001). There is a marked tendency to look for a human actor to blame for an untoward event, a tendency which is closely linked with the desire to punish. Things have gone wrong and, therefore, somebody must be found to answer for it. To draw a distinction between the blameworthy and the blameless, the notion of mens rea has to be elaborately understood. An empirical study would reveal that the background to a mishap is frequently far more complex than may generally be assumed. It can be demonstrated that actual blame for the outcome has to be attributed with great caution. For a medical accident or failure, the responsibility may lie with the medical practitioner



and equally it may not. The inadequacies of the system, the specific circumstances of the case, the nature of human psychology itself and sheer chance may have combined to produce a result in which the doctor's contribution is either relatively or completely blameless. The human body and its working is nothing less than a highly complex machine. Coupled with the complexities of medical science, the scope for misimpressions, misgivings and misplaced allegations against the operator i.e. the doctor, cannot be ruled out. One may have notions of best or ideal practice which are different from the reality of how medical practice is carried on or how in real life the doctor functions. The factors of pressing need and limited resources cannot be ruled out from consideration. Dealing with a case of medical negligence needs a deeper understanding of the practical side of medicine."

(emphasis supplied)

20. Liability arises only where no prudent medical professional in the ordinary course of practice would have adopted the treatment in question. Applying this standard, it becomes evident that the treatment strategy adopted by Dr. Vinod Sharma and the attending team was medically reasoned and guided by the clinical status of the patient, who was haemodynamically stable but still vulnerable. In such cases, immediate Angioplasty without adequate preparatory investigation and family consent could have proven equally, if not more, dangerous. The post-operative complications, including RCA dissection, facial palsy, and eventual Brady-arrhythmia, are all recognized risks of interventional procedures and not ipso facto indicators of negligence. This is supported by the MCI Ethics Committee's conclusive finding that Dr. Vinod Sharma had no discernible reason to delay Angioplasty except for the procedural necessity of obtaining informed consent from the patient's relatives, an interpretation supported by the principle of preponderance of probabilities.

21. The record clearly demonstrates that while consent for Angiography was obtained on 30.04.2015, consent for PTCA (Angioplasty), a separate invasive therapeutic procedure, was received only on 03.05.2015 and signed by a different Attendant (brother-in-law). The treating Doctor, bound by legal and ethical norms as reinforced in "Samira Kohli v. Dr. Prabha Manchanda, (2008) 2 SCC 1", could not proceed with an invasive and potentially life-threatening procedure without formal an Angiography Consent Form empowered the Hospital to proceed with Angioplasty is misplaced. Clause 9 refers only to intra-procedural exigencies and cannot substitute formal consent for a separate interventional act conducted on a later date. Therefore, the delay, if any, was not due to any omission by the Opposite Parties but arose from a combination of clinical caution and lack of family consensus, neither of which can form the basis of a finding of negligence.

22. Although the Complainant has placed considerable reliance on the decision by the Delhi Medical Council in 2016, this finding was later placed before the Ethics Committee of the Medical Council of India, the Apex regulatory Authority under the Indian Medical Council Act. The Board of Governors in its Order dated 24.12.2019 held the following -

"The above matter was considered by the Ethics Committee at its various meetings and lastly at its meeting held on 10th and 11th August, 2019. The operative part of

proceedings of the said meeting is reproduced as under :-

"..... the patient was admitted with complaints of chest pain on 30.04.2015, angiography done, angioplasty was done on 4th day i.e. on 4th May 2015 that resulted in complications and subsequently death of the patient. The mortality during angioplasty is rare but known complication. The angiography and angioplasty should have been done on the day of admission. According to Dr. Vinod Sharma, the delay in angioplasty was due to lack of consent from the patient party.

The procedural mortality, of course a known complication, is unfortunate but not due to lack of expertise or diligence on the part of the doctor. Dr. Vinod Sharma has enough technical experience and academic excellence and the procedure with care was also duly done. In view of the above, no medical negligence can be attributed on part of Dr. Vinod Sharma and is therefore exonerated from the charges levelled against him...." "

(emphasis supplied)

23. In "Harneek Singh v. Gurmit Singh, (2022) 7 SCC 685", the Hon'ble Supreme Court held that the MCI's findings in medical negligence cases carry overriding evidentiary value. The Complainant cannot cherry-pick a lower body's opinion while ignoring the binding determinations of the Apex professional Authority, especially when the MCI's opinion has already been relied upon by the Criminal Court in terminating the proceedings under Section 258 Cr.P.C.

24. Equally important is the context in which this Complaint was lodged. Being a Delhi Police constable, the Deceased's death naturally triggered reaction, leading to a prompt Police complaint and registration of an FIR. However, the record reflects that the Complaint included wild and unsubstantiated allegations, including claims of illegal kidney removal. These were conclusively disproved by the Post-mortem conducted at AIIMS, which confirmed that both kidneys were intact. The resort to sensational accusations unsupported by medical or forensic proof suggests that the Complainant's version of events is not only exaggerated but also vitiated by conjecture and hearsay. Mere dissatisfaction with the outcome or tragic death of the patient does not ipso facto translate into deficiency in service or medical negligence. As laid down in "Kusum Sharma v. Batra Hospital, (2010) 3 SCC 480", The Courts must exercise great caution before substituting their own medical opinion for that of the treating physician, especially when a professional body like the MCI has already deliberated on the issue.

25. In the light of the totality of the material on record, including the nature of the illness, the delayed presentation of the patient, the suppression of prior treatment history, the delay in obtaining informed consent, the fixed-fee CGHS payment model, and the exoneration by the Medical Council of India, no case of deficiency in service or medical negligence is made out against the Opposite Parties. The treatment administered was consistent with clinical standards and dictated by medical prudence under constrained circumstances. The Complainant's allegations, though emotionally charged, are legally unsustainable and factually unsubstantiated. Accordingly,

the Complaint stands dismissed. 26. No order as to costs.

27. This Commission also places on record its appreciation for the Ld. Amicus Curiae, Ms. Mansi Bajaj for her exceptional hard work in assisting us in this case.

28. Pending application(s), if any, also stand disposed off as having been rendered infructuous.

.....J SUDIP AHLUWALIA PRESIDING MEMBER .....J ANOOP KUMAR  
MENDIRATTA MEMBER