NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION
NEW DELHI

FIRST APPEAL NO. 587 OF 2023

(Against the Order dated 15/02/2023 in Complaint No. 10/2010 of the State Commission Madhya Pradesh)

1. V.C. RAWAT & 3 ORS.
S/O SHRI PRABHU DAYALJI, AGED 79 YEAR, R/O 13-HIG A, VIDYA NAGAR , HOSHANGABAD ROAD
BHOPAL
2. SHISHIR RAWAT A
S/O SHRI V.C. RAWAT AGED 50 YEARS R/O 13-HIG A, VIDYA NAGAR, HOSHANGABAD ROAD
BHOPAL
3. SUMIT RAWAT
S/O SHRI V.C. RAWAT AGED 48 YEARS R/O 13-HIG A, VIDYA NAGAR, HOHANGABAD ROAD
BHOPAL
4. SACHIN
S/O SHRI V.C. RAWAT, AGED 33 YEAR5S, R/O 13-HIG A, VIDYA NAGAR, HOSHANGABAD ROAD
BHOPAL .....Appellant(s)

Versus

1. AKSHAYA HOSPITAL & ANR.
RISHI NAGAR CHAR IMLI BHOPAL
2. UNITED INDIA INSURANCE CO. LTD
CITY BRANCH OFFICE NO 3, 131/11, ZONE-2, M.P. NAGAR
BHOPAL .....Respondent(s)

BEFORE:

HON'BLE MR. JUSTICE RAM SURAT RAM MAURYA,PRESIDING MEMBER
HON'BLE BHARATKUMAR PANDYA,MEMBER

FOR THE APPELLANT : MR. ARUN SINGH TOMAR, ADVOCATE
MR. VIKAS UPADHYAY, ADVOCATE

FOR THE RESPONDENT : FOR THE RESPONDENT-1 : MR. DEEPESH JOSHI, ADVOCATE
: MR. AMUL GUPTA, ADVOCATE
: MR. DEEPAK C. ADVOCATE
FOR THE RESPONDENT-2 : MS. SWETA SINHA, ADVOCATE

Dated : 26 June 2024

ORDER

1. Heard Mr. Arun Singh Tomar, Advocate, for the appellants, Mr. Deepesh Joshi, Advocate, for respondent-1 and Ms. Sweta Sinha, Advocate, for respondent-2.

2. Above appeal has been filed against the order of State Consumer Disputes Redressal Commission, Madhya Pradesh, dated 15.02.2023, dismissing CC/10/2010 filed by the appellants.

3. V.C. Rawat, Shishir Rawat, Sumit Rawat and Sachin Rawat (the appellants) filed CC/10/2010, for directing the respondents to pay (i) Rs.60/- lakhs with interest @18% per annum from 01.04.2009 till the date of realisation, as the compensation; (ii) litigation costs; and (iii) any other relief which is deemed fit and proper in the facts and circumstances of the case.

4. The complainants stated that V.C. Rawat is husband and Shishir Rawat, Sumit Rawat and Sachin Rawat are sons of the deceased Smt. Rama Rawat. Smt. Rama Rawat, aged about 63 years (for short the patient) did Post Graduation in (i) Sociology, (ii) Drawing & Painting and (iii) Music and was on Singer's List of All India Radio, Bhopal. She was an active member of IAS Officers Wives Association Club, Vanita Samaj Ladies Club, Anand Vihar and Vidya Nagar Colony Club. The patient was a regular morning walker and did not ever have angina chest pain. Her post retirement life was sailing happily and smoothly. V.C. Rawat along with the patient went for a stroll at about 18:00 hours on 31.03.2009. On returning home, the patient complained uneasiness and discomfort. Dr. S.K. Parashar, Additional Director, Central Government Health Scheme (CGHS), Office and Dispensary at Jahagirabad, Bhopal, resides at a distance of 1000 feet from the house of the complainants. As V.C. Rawat was a life member of the CGHS, he requested Dr. S.K. Parashar on telephone to examine the patient. Dr. S.K. Parashar, however, without examining the patient, asked V.C. Rawat to take the patient to Akshaya Hospital, which was an empaneled hospital of the CGHS. After meal, V.C. Rawat took the patient to Akshaya Hospital, reaching there at 20:30 hours on 31.03.2009. The patient was admitted to Intensive Care Unit (ICU) Ward straightway prior to completing documentation. While, the patient was on the bed in ICU, ECG wire terminals were attached to her body and ECG was done at 21:31 hours on 31.03.2009. Dr. Amit Singh MD was monitoring the ECG. The attendants handed over a list of medicines to V.C. Rawat, be brought from the medical store at the basement. When V.C. Rawat was returning with medicines to the lift, Dr. P.C. Manoria, Cardiologist came out of the lift. V.C. Rawat requested him to examine the patient in ICU. Although he nodded but did not turn up to examine the patient. When V.C. Rawat came to ICU with medicines, he found that the patient was being attended by Dr. Gupta, a very junior MBBS doctor and two homoeopathy assistants namely Rajesh Panderiya BHMS and Vinod Kumar BHMS. By inserting a drip needle into wrist, they were transfusing saline liquid to the patient. They informed V.C. Rawat that the ECG of the patient did not show any alarming condition. Later on V.C. Rawat learnt that they had also transfused NTG injection to the patient. In ICU ward, there were 8 to 10 ICU cabins in semicircular situation and the attending doctors and staffs were located in center of it. V.C. Rawat inquired from the attendants that when the senior doctors namely Dr. Anil Gupta and Dr. Deepak Chaturvedi would examine the patient. They informed that the senior doctors would not come in night and would be available at 8:00 AM on the next morning. There is no need for them to come, as the young doctor Gupta (Junior) was also MBBS. Beside this, one Dr. Amit Singh was doing central monitoring of ECG. They again assured V.C. Rawat that there was no emergent condition of the patient, which

required immediate examination by the senior doctor. V.C. Rawat asked for phone numbers of the senior doctors but the staff did not provide phone numbers of the senior doctors. The patient suffered from headache, sleeplessness and vomiting sensation, which was informed to the attending doctors by V.C. Rawat. The patient was pressing for going to the home but V.C. Rawat consoled her by saying that they would go to home in morning. Even in night, no senior doctor visited the hospital. The attendant did second ECG at 00:22 hours on 01.04.2009 and V.C. Rawat informed that the ECG did not show any alarming condition, B.P. was 130/90 m. Hg and the patient was sleeping, then he relaxed and waited outside the ICU. At 3:00 hours on 01.04.2009, V.C. Rawat heard a lot of commotion. Rajesh Panderiya came outside ICU and called V.C. Rawat to get up as "auntie was not waking up". They were trying oxygen breathing etc. Immediately thereafter, the junior doctor declared that the patient had expired due to sudden heard attack. The applicant was stupefied as he was not informed that the patient had any symptom prior to heart attack. V.C. Rawat asked to call the senior doctors, namely Dr. Anil Gupta, Dr. P.C. Chaturvedi and Dr. P.C. Manoria. Dr. Pankaj Manoria son of Dr. P.C. Manoria, a junior doctor came to the hospital at 3:30 hours on 01.04.2009 and repeated same thing that the death had occurred due to sudden heart attack. The Directors of the hospital came in morning at 6:00 hours. V.C. Rawat met them in their chamber and they too repeated same reason of sudden heart attack. On insistence, unsigned copies of treatment papers and 'death certificate', signed by Dr. Amit Singh MD were given. In 'death certificate' cause of death was mentioned as 'Acute Coronary Syndrome, Cardiac Arrest, Cardiac Pulmonary Arrest". On the request of V.C. Rawat, the dead body was sent to his home at 7:00 hours in ambulance. On the request, two signed copies of the treatment papers were given on 15.04.2009 bearing the date 31.03.2009. The complainants returned one copy of the treatment papers on 15.04.2009 and requested to mention the name and qualification of the person, who had signed it but same document was again sent through speed post, which was received on 18.05.2009. In the treatment papers dated 31.03.2009, name of the Physician In-charge was mentioned as Dr. Anil Gupta, M.D., BP as 170/110, pulse 76/m, No chest pain. The medicines prescribed are mentioned as NTG 25 mg @8 drops/minute, T. Cardace 5 mg OD, T. Betaloc 25 mg BD and Lenoxin (dejoxin). ECGs at 21:31 hrs dated 31.03.2009 and 00:22 hrs on 01.04.2009 showed normal sinus rhythm. Right Bundle Branch Blockage mentioned is not a lethal condition and existed in her ECG of January, 2005 as well. The pathological report showed CKMB was normal 18.4 U/L well within the 0-25 U/L normal range, Serum Urea, Creatinine Sodium, Potassium were normal. At 10:30 PM on 31.03.2009, BP 150/100. Dose of antihypertensive NTG was increased to 10 drops/mt. At 00:30 hours on 01.04.2009, BP was 130/90 and NTG continued to 10 drops/mt. At 1:30 hours on 01.04.2009, BP was 120/90 and at 2:00 hours 118/70. NTG drop continued. At 2:30 hours, sudden cardiac arrest, no respiration, no response, BP not recordable, Atropine and adrenaline administered. Recording from "1:30 hours to 2:30 hours" was on the right hand space of the same papers, which is space for writing treatment, which is clear manipulated entry. Pages-1 to 3 are in different handwriting and pages 4, 5, 6, 7 and 8 are in different handwriting, which is said to be of Technical Assistant. The entries are made on 01.04.2009 at 3:15 hours, 4:10 hours, 3:00 hours, 2:10 hours, 2:18 hours, 2:30 hours, 00:30 hours. At the bottom of page 4, 2:30 AM, the last line was written and cut "Patient certify at 2:30 AM". The anomalies, mismatch and manipulation in the record are apparent. After death of the patient, the case was discussed with Dr. Pankaj Manoria son of Dr. P.C. Manoria at 3:15 AM. At 4:10 AM, the case was discussed with Dr. P.C. Manoria but what was the need and outcome of the discussion is not mentioned. As per the record, the NTG drip was not

removed till the end, which was removed at 6:00 on 01.04.2009. The overwriting of the date as 01.04.2009 is apparent. The case history of the patient was not noted. Akshaya Hospital claims to be "An Exclusive Heart & Multi Specialty Centre" and the patient was admitted in ICU and diagnosed with Acute Coronary Syndrome. The patient remained there for 6 hours but the hospital could not arrange for examination of the patient by its Heart Specialists. Admission papers shows that the patient was admitted under Dr. Anil Gupta but he also did not visit the hospital this period. Six hours crucial period to save the life of the patient was wasted. The hospital was not equipped with the instruments for constantly recording BP of the patient. The hospital has employed Homeopath Technician as the attendants in ICU, who administered NTG to the patient although they had no qualification to use this modern medicine. While transfusing NTG, recording of BP of the patient at every short interval was required. From the record, it is proved that BP was not recorded after 00:30 hours on 01.04.2009 till the death of the patient. Neither infusion pump nor even micro drip set was used to control NTG drip. Infusion of NTG is highly risky procedure but 'informed consent' has not been obtained. The rate of NTG infusion is the criteria to control BP and requires very frequent BP measurement and fine adjustment of NTG drops. When BP of the patient came down to 130/90 at 00:30 hours, NTG drip should have been removed or drastically reduced, to avoid any further fall of BP and tachycardia (increase in pulse rate due to fall of BP), an hyperfusion of coronary artery and danger of coronary arrest. "Unstable Angina" has been mentioned as a diagnosis. The patient was in ICU. Then a cardiologist should have examined her which was not done. The attendant doctor did not record medical history or the condition of the patient at the time of admission. Infusion of NTG is high risk procedure, which is required to be used by a specialist trained doctor but it was used by a junior doctor to the patient. Although high risk procedure of infusion of NTG was followed but the complainant was neither informed in this respect nor 'informed consent' was obtained from him. On the other hand, the complainant was informed that it was a saline drip and there was no mention of NTG injection in it. Many anti-hypertensives, in combination were given to the deceased just to treat mild hypertension, namely VTG, Bet-loc, Cardiac although there was no chest pain and ECG did not show any symptom of cardiac disrythmias. In blood test report also cholesterol and CKMB were normal, which show that there was no ischaemia. In 'death certificate' cause of death was mentioned as 'Acute Coronary Syndrome, Cardiac Arrest, Cardiac Pulmonary Arrest", which are contrary to ECG report. On these allegations, the complaint was filed on 05.04.2010.

5. Akshaya Hospital (respondent-1) filed its written reply and contested the complaint. Akshaya Hospital (the hospital) stated that it was a reputed hospital in Bhopal, having full-fledged ICCU for last 20 years. All the paramedical staffs of the hospital are trained. The hospital had 17 ICCU & CCU beds fully equipped with state of art gadgets. The hospital was providing 24 hours service with at least one post graduate doctor. Smt. Rama Rawat, aged about 63 years (the patient) visited the hospital on 31.03.2009 at 21:15 hours. Instead of vesting time in paper work, the patient was directly admitted to ICCU, where she was attended by a senior doctor namely Dr. Amit Singh, MD (Medicine) (who did MD from Gandhi Medical College, Bhopal, in 2007 and thereafter worked as Senior Resident Doctor in Hamidia Hospital, Cardiology Department, Bhopal). The patient was subjected to all preliminary check-up viz. general examination, blood pressure, pulse rate, blood test, ECG etc. between 21:15 to 21:31 hours. ECG at 21:31 hours showed Sinus tachycardia with ST segment depression and Right Bundle Brach Block suggestive of unstable angina. Her ECG

was done by Dr. Amit Singh, who informed the condition of the patient to V.C. Rawat. At the time of paper work relating to admission of the patient, V.C. Rawat inquired about the Directors of the hospital and he was informed that they were not available. Dr. P.C. Manoria was not associated with the hospital rather he was running an independent Heart Care Centre at the third floor of the hospital building. It is denied that V.C. Rawat was informed that saline only was being transfused to the patient. In the prescription slip Nitro Glycerine (NTG) was written in bold letter. List of medicine, supplied to V.C. Rawat, mentioned NTG. The patient was transfused saline, NTG with Dextrose. Dr. Amit Singh, a senior doctor was attending the patient as such other senior doctors namely Dr. Anil Gupta and Dr. Deepak Chaturvedi were not required to be called. There was no junior doctor Gupta MBBS, ever associated with the hospital. Dr. Amit Singh attended the patient from the time of her admission till her death with the assistance of trained medical staff of the hospital. Phone numbers of Dr. Anil Gupta and Dr. Deepak Chaturvedi was mentioned over the Files, Latter Pads and Discharge Tickets etc. It is denied that the staff did not provide phone numbers of Dr. Anil Gupta and Dr. Deepak Chaturvedi. Second ECG was done at 00:21 hours on 01.04.2009, which showed settling changes as heart rate settled down from 106 beats per minutes to 75 beats per minute, pulse rate of 62/min and ST segment became isoelectric. BP became normal, ECG changes reverted towards normal and the patient went to sleep, as admitted by V.C. Rawat. In fact as the patient had Bradycardia (slowing of heart rate), which followed by cardiac arrest at 2:05 hours on 01.04.2009. Dr. Amit Singh and medical staff immediately started all resuscitative measure. V.C. Rawat was also informed immediately. In spite of best efforts of Dr. Amit Singh, the patient died at 2:30 hours, however on the request of V.C. Rawat, CPR was continued for 30 minutes more and on of insistence of V.C. Rawat, Dr. Amit Singh consulted Dr. Pankaj Manoria and Dr. Dr. P.C. Manoria on telephone. The patient had history of uncontrolled DM-2, uncontrolled Hypertension, and RBBB from 6-7 years. Sudden cardiac arrest was due to well-known complication in case of Acute Coronary Syndrome. Acute Coronary Syndrome refers to a spectrum of clinical presentations ranging from those for ST-segment elevation myocardial infarction (Stemi) to presentation found in non-ST-segment elevation myocardial infarction (NSTEMIN) or in unstable angina. In terms of pathology ACS is almost always associated with rupture of an atherosclerotic plaque and partial or complete thrombosis of the infarct-related artery. It is denied that the deceased never had symptoms of heart attack. The patient was admitted in the hospital after 3:15 hours of start of first symptom with classical signs and ECG changes of acute coronary syndrome, which clearly suggested that the patient had a problem associated with her heart. ECG report dated 31.03.2009 at 21:31 hours clearly confirms the said diagnosis. There were two bundles of electric conduction in heart though a patient with one bundle bock has a chance of developing cardiac arrest in Acute Coronary Syndrome. CPK MB usually rises in six hours after cardiac injury. It is a routine in a hospital to repeat CPK MB after 12 hours, if initial report is normal. CPK MB will not rise in angina pectoris and even in Acute Coronary Syndrome in initial six hours. The patient was treated with NTG Cardace Betaloc, along with low molecular weight heparin, loading dese of Aspirin & Clopidogrel, Plectropic doses of Statin & Anxiolytic to control High Blood Pressure and Acute Coronary Syndrome. Cardace along with lowering BP also improves endothelial dysfunction. The patient was started NTG at the rate 4.16 micro gms/minute and then up titrated up to 8.33 micro gms/minute. NTG was given through a PVC conduit (bottle & IV set) which absorbs NTG, making effective NTG dose much less than what was going on with additional security attached namely Dial-O-Flow, which is standard practice in the hospital to infuse NTG and other sensitive drugs.

Last recorded BP of the patient at 2:00 hours on 01.04.2009 was 118/70. The patient was already on Betaloc and Betablockers could not be withdrawn suddenly as it may precipitate heart attack. Lomorin was not given to the patient. It was Lomorin-a low molecular weight heparin, a standard treatment for Acute Coronary Syndrome was given. At the time of admission, the patient had BP of 170/110 and RBG was 193 mg%, both were grossly on higher side- suggestive of inadequate treatment, the patient was receiving in the past prior to her admission in the hospital. Photostat copies of the medical documents were supplied to V.C. Rawat on 01.04.2009, after one hour of the death of the patient. Page No.1 is a Treatment Sheet. Monitoring notes of vital signs, when the patient was alive was put on Page No.2 (back of treatment sheet was used for recording vital signs). There was no tampering in medical records. It may be a mistake ut not tampering. V.C. Rawat V.C. Rawat sent his son on 02.04.2009 afternoon for obtaining signed copies of the documents, which were supplied to him. During talks, the son of V.C. Rawat informed that the patient had episode of burning in chest and *ghabrahat* off and on for last six months, for which, she used to take Alprax or Zolfresh. He also informed that during this period, no ECG, TMT or Angiography was done. The complainants have deliberately concealed medical history of the patient. Although signed copies of medical records supplied to the son of V.C. Rawat on 02.04.2009, it were again demanded on 15.04.2009. There is no deficiency in service on the part of the hospital. The complaint is liable to be dismissed.

6. United India Insurance Company Limited (OP-2) filed its written reply and stated that as the patient had died due ‘cardiac arrest’ as such liability of insurance company was not attracted.

7. State Commission sent the papers relating to treatment of the patient in the hospital to Gandhi Medical College, Bhopal and sought for its expert opinion. A Medical Board consisting of Dr. T.N. Dubey, Dr. B.S. Yadav and Dr. Ajay Sharma submitted its report dated 15.07.2009 holding that the patient was monitored well and no negligence was committed by the hospital. The complainants filed Rejoinder, Affidavits of Evidence of Dr. D.K. Satpathy, Dr. Ashok Gupta, P.P. Agrawal and V.C. Rawat and documentary evidence including Expert Opinion of Dr. D.K. Satpathy. Opposite party-1 filed Affidavit of Evidence of Dr. Deepak Chaturvedi, Dr. R.K. Singh, Dr. Ajay Sharma and Dr. T.N. Dubey and documentary evidence including Expert Opinion of Dr. R.K. Singh. The complainants cross-examined Dr. T.N. Dubey, Chairman of Medical Board. Dr. Amit Singh filed his Affidavit before Medical Board. Both the parties filed their written synopsis.

8. State Commission, after hearing the parties, vide judgment dated 15.02.2023, held that the complainants, in paragraph-9 of the complaint have admitted that the patient was suffering from Right Bundle Branch Blockage since January, 2005. Dr. D.K. Satpathy does not know what was nominal volume of Toroponim and could not read the report of echo-cardiographs therefore his expert opinion and affidavit were not worth reliable. Otherwise also, he was not a cardiologist. Expert opinion of Dr. R.K. Singh, Cardiologist Chirayu Hospital Bhopal and the opinion of Medical Board dated 15.07.2009 did not find any negligence in treatment of the patient. Although the complainants cross-examined these witnesses at length but nothing adverse has come. Neither deficiency in service on the part of the hospital nor negligence in treatment of the patient was proved. On these findings, the complaint was dismissed. Hence this appeal has been filed.

9. We have considered the arguments of the parties and examined the record. In paragraph-12 of the complaint, the complainants alleged following deficiency in service, namely (i) Akshaya Hospital claims to be "An Exclusive Heart & Multi Specialty Centre". The patient was admitted in ICU, diagnosed with Acute Coronary Syndrome and remained there for 6 hours but the hospital could not arrange for examination of the patient by its Heart Specialists. (ii) Admission papers shows that the patient was admitted under Dr. Anil Gupta but he also did not visit the hospital during this period. Six hours crucial period to save the life of the patient was vested. (iii) The hospital was not equipped with the instruments for constantly recording BP of the patient. (iv) The hospital has employed Homeopath Technician as the attendants in ICU, who administered NTG to the patient although they had no qualification to use modern medicine. (v) While transfusing NTG, recording of BP of the patient at every short interval was required. From the record, it is proved that BP was not recorded after 00:30 hours on 01.04.2009 till the death of the patient. (vi) Neither infusion pump nor even micro drip set was used to control NTG drip. Infusion of NTG is highly risky procedure but 'informed consent' has not been obtained. (vii) The rate of NTG infusion is the criteria to control BP and requires very frequent BP measurement and fine adjustment of NTG drops. When BP of the patient came down to 130/90 at 00:30 hours, NTG drip should have been removed or drastically reduced, to avoid any further fall of BP and tachycardia (increase in pulse rate due to fall of BP), an hyperfusion of coronary artery and danger of coronary arrest. "Unstable Angina" has been mentioned as a diagnosis. (viii) The attendant doctor did not record medical history or the condition of the patient at the time of admission. Infusion of NTG is high risk procedure, which is required to be used by a specialist doctor but it was used by a junior doctor to the patient.

10. Akshaya Hospital (OP-1) in its written reply stated that it was a reputed hospital in Bhopal, having full-fledged ICCU for last 20 years. The hospital had 17 ICCU & CCU beds fully equipped with state of art gadgets. The hospital was providing 24 hours service with at least one post graduate doctor. All the paramedical staffs of the hospital are trained. NTG was given to the patient through a PVC conduit (bottle & IV set) which absorbs NTG, making effective NTG dose much less than what was going on with additional security attached namely Dial-O-Flow, which is standard practice in the hospital to infuse NTG and other sensitive drugs. Dr. Deepak Chaturvedi, the Director of the OP-1 filed his Affidavit of Evidence and proved above fact. It is admitted that the hospital was empaneled under Central Government Health Scheme, which prima facie proves that the hospital was equipped with all necessary instrument to treat a patient, including heart patient. The complainants have not applied for inspection of the hospital by any Local Commissioner and the affidavit of Dr. Deepak Chaturvedi, remained un-rebutted. Therefore, it cannot be said that the hospital was not equipped with necessary medical instrument to treat a heart patient. The allegations in this respect are not proved.

11. The complainants, in paragraph-12 of the complaint, has been stated that they would have refused to get the deceased treated in the hospital if they had known that the deceased would be treated by a junior doctor and homeopaths and not by the competent qualified senior doctor. In paragraph-6 of the complaint, they stated that V.C. Rawat inquired from the attendants that when the senior doctors namely Dr. Anil Gupta and Dr. Deepak Chaturvedi would examine the patient. They informed that the senior doctors would not come in night and would be available at 8:00 AM on the next morning. There is no need for them to come,

as the young doctor Gupta (Junior) was also MBBS. Beside this, one Dr. Amit Singh was doing central monitoring of ECG. Dr. Amit Singh, in his Affidavit, has stated that he was on night duty at Akshaya Hospital on 31.03.2009 and attended the patient from the time of her admission at 9:30 PM on 31.03.2009 till her death at 3:00 AM on 01.04.2009. Treatments and investigations were advised and written by him. The vital signs, pulse, BP etc. were written by Vinod and Rajesh under his supervision and advice, working as Technical Assistant in the hospital.

The Medical Board found that all the treatment papers/prescriptions were signed by Dr. Amit Singh. From the statement in paragraph-6 of the complaint and other evidence on record, it is proved that Dr. Amit Singh, MD (Medicine) was attending the patient from the time of her admission in the hospital and V.C. Rawat was informed that Dr. Anil Gupta and Dr. Deepak Chaturvedi would come to hospital at 8:00 am in next morning. V.C. Rawat did not make any inquiry about examining the patient by Dr. P.C. Manoria, from the attendants. He was satisfied with Dr. Amit Singh, MD (Medicine) and did not withdraw the patient from the hospital. Had the patient attended by alleged doctor Gupta (Junior), MBBS, Rajesh Panderiya BHMS and Vinod Kumar BHMS, he would have certainly withdrawn the patient from the hospital.

12. Now the question arises for consideration as to whether Dr. Amit Singh, MD (Medicine) was competent for ICU duty in the hospital?. Dr. T.N. Dubey, Chairman of the Medical Board, in cross-examination, stated that in ICU, the treating doctor present should be MD Medicine. Medical Council of India did not prescribe that MD doctor present in ICU should have intensive course. Every MD Medicine is competent to treat patient in ICU. It is true that Homeopath doctors are not trained in allopathic medicine and for this reason a Homeopath cannot treat a patient by himself with allopathic medicine but they can supervise the vitals of the patient like any other paramedical staff. The appellants have not produced any contrary guidelines of Medical Council of India. From above evidence, it is proved that Dr. Amit Singh, MD (Medicine) was In-charge of ICU of the hospital at the time of admission of the patient in hospital on 31.03.2009 at 21:15 hours. Dr. Amit Singh, MD (Medicine) attended the patient, advised investigation and treatment of the patient. Homeopaths merely noted the vitals of the patient. All these facts were in the knowledge of V.C. Rawat. Dr. Amit Singh, MD (Medicine) was competent to treat the patient in ICU. Although the Admission papers were on the letter head of Dr. Anil Gupta but V.C. Rawat was informed that he would come at 8:00 hours on next morning.

13. The complainants have alleged that the attendant doctor did not record medical history or the condition of the patient at the time of admission. But in expert opinion, Dr. D.K. Satpathy has noted that in admission sheet, history of the patient was noted “known case of D.M. & Hypertension & Osteoporosis”. Complained at the time of admission:- Burning sensation of the chest, ghabrahat, Perspiration with coldness of upper and lower limb. Nausea with headache. Vertigo. Vitals were noted as P-76 min, BP-170/110 mm/hg. Allegation in this respect is not proved.

14. Other allegations have been made that (i) Infusion of NTG is highly risky procedure but ‘informed consent’ has not been obtained. (ii) Infusion of NTG is high risk procedure, which is required to be used by a specialist trained doctor but it was used by a junior doctor to the patient. (iii) The rate of NTG infusion is the criteria to control BP and requires very

frequent BP measurement and fine adjustment of NTG drops. (iv) While transfusing NTG, recording of BP of the patient at every short interval was required. From the record, it is proved that BP was not recorded after 00:30 hours on 01.04.2009 till the death of the patient. (v) When BP of the patient came down to 130/90 at 00:30 hours, NTG drip should have been removed or drastically reduced, to avoid any further fall of BP and tachycardia (increase in pulse rate due to fall of BP), an hyperfusion of coronary artery and danger of coronary arrest.

OP-1 in its reply stated that at the time of admission, the patient had BP of 170/110 and RBG was 193 mg%, both were grossly on higher side. The patient was started NTG at the rate 4.16 micro gms/minute and then up titrated up to 8.33 micro gms/minute. NTG was given through a PVC conduit (bottle & IV set) which absorbs NTG, making effective NTG dose much less than what was going on with additional security attached namely Dial-O-Flow, which is standard practice in the hospital to infuse NTG and other sensitive drugs. Last recorded BP of the patient at 2:00 hours on 01.04.2009 was 118/70. The patient was already on Betaloc and Betablockers, NGT could not be withdrawn suddenly as it may precipitate heart attack. Lomorin was not given to the patient. It was Lomorin-a low molecular weight heparin, a standard treatment for Acute Coronary Syndrome was given. The patient never went into hypotension. NTG cannot produce hypotension and death within a span of 10 minutes.

The patient was subjected to all preliminary check-up viz. general examination, blood pressure, pulse rate, blood test, ECG etc. between 21:15 to 21:31 hours. ECG at 21:31 hours showed Sinus tachycardia with ST segment depression and Right Bundle Brach Block suggestive of unstable angina. At the time of admission, the patient had BP of 170/110 and RBG was 193 mg%, both were on higher side. The patient was started NTG at the rate 4.16 micro gms/minute and then up titrated up to 8.33 micro gms/minute. Second ECG was done at 00:21 hours on 01.04.2009, which showed settling changes as heart rate settled down from 106 beats per minutes to 75 beats per minute, pulse rate of 62/min and ST segment became isoelectric. BP became normal, ECG changes reverted towards normal and the patient went to sleep. Last recorded BP of the patient at 2:00 hours on 01.04.2009 was 118/70. The patient was already on Betaloc and Betablockers could not be withdrawn suddenly as it may precipitate heart attack. Lomorin was not given to the patient. It was Lomorin-a low molecular weight heparin, a standard treatment for Acute Coronary Syndrome was given. NTG was given through a PVC conduit (bottle & IV set) which absorbs NTG, making effective NTG dose much less than what was going on with additional security attached namely Dial-O-Flow, which is standard practice in the hospital to infuse NTG and other sensitive drugs. Last recorded BP of the patient at 2:00 hours on 01.04.2009 was 118/70. Medical Board did not find any negligence in transfusing NTG. NTG is life-saving drug, which required monitoring of vital of the patient during its infusion. From the record, it is proved that monitoring of vital was done on some interval. Even Dr. D.K. Satpathy has not stated that excess dose of NTG was transfused.

ORDER

In view of aforesaid discussions, we do not find any ground to interfere with the order of State Commission. The appeal has no merit and is dismissed.

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RAM SURAT RAM MAURYA
PRESIDING MEMBER

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BHARATKUMAR PANDYA
MEMBER