

ADDITIONAL BENCH

**STATE CONSUMER DISPUTES REDRESSAL COMMISSION,
PUNJAB, DAKSHIN MARG, SECTOR – 37A, CHANDIGARH.**

First Appeal No.1007 of 2022

Date of Institution: 21.11.2022

Reserved on : 09.12.2025

Decided on : 16.12.2025

Som Nath @ Kapil aged about 45 years s/o Sh. Chanan Ram, R/o H.No.10228, Street No.1 Indra Colony, Rahon Road, Bharat Nagar Chowk, Ludhiana, District Ludhiana. Adhaar Card No.9897 0407 9675 & mobile No.9417312104

.....Appellant/Complainant

Versus

1. Satguru Partap Hospital, SJS Healthcare Ltd., Sherpur Chowk, G.T.Road, Ludhiana-141003, (Pb). Through its Managing Committee.
2. Dr. Davinder Pal Singh Senior Consultant Department of Neuro Surgery, Satguru Partap Hospital, SJS healthcare Ltd., Sherpur Chowk, G.T.Road, Ludhiana- 141003, (Pb).
3. The United India Insurance Company Ltd. 42-C, 3rd Floor, Moolchand, Commercial Complex, New Delhi-110024.
4. The New India Assurance Company Ltd., 29-Atam Nagar, Dugri Road, Ludhiana.

.....Respondents/Opposite parties

First Appeal under Section 41 of the Consumer Protection Act, 2019 against order dated 06.09.2022 passed by District Consumer Disputes Redressal Commission, Kapurthala, Camp Court at Ludhiana in RBT/CC/541/2016

Quorum:-

Mr. H.P.S. Mahal, Presiding Judicial Member

Ms. Kiran Sibal, Member

Present:-

For the appellant	: Sh. H.K. Sammi, Advocate
For respondent No.1	: Sh. Pulkit Sachdeva, Advocate
For respondent No.2	: Ms. Jasleen Kaur, Adv. Proxy for Sh. M.S. Khillan, Advocate
For respondent No.3	: Sh. D.P. Gupta, Advocate
For respondent No.4	: Ms. Swatantar Kapoor, Advocate.

KIRAN SIBAL, MEMBER

The instant appeal has been filed by the appellant/complainant against the impugned order dated 06.09.2022 passed by the District Consumer Disputes Redressal Commission, Kapurthala, Camp Court at Ludhiana (in short, “the District Commission”), whereby the complaint filed by the complainant against opposite parties (in short ‘OPs’), under the Consumer Protection Act, 2019, has been dismissed.

2. It would be apposite to mention that hereinafter the parties will be referred, as have been arrayed before the District Commission.

3. Brief facts of the case, as set out in the complaint, are that the complainant was having backache with pain in bilateral lower limb and weakness in right foot and was diagnosed with “PIVD L5-S1 with Grade-I Spondylolisthesis”. He got admitted in OP No.1-Hospital on 28.05.2013 for treatment of said ailment, where he was thoroughly examined and transforminal lumbar inter body fusion was done on the same day i.e. 28.05.2013 by OP No.2. Post operative, he complained of pain in the right limb and CT spine revealed mild medical placement of the L5 screw. Repositioning of the screw was done on 29.05.2013, but he still did not recover from the said ailment and was discharged on 01.06.2013. After 15 days of surgery, the complainant again started complaining of backache and he came to OPD of OP No.1 along with MRI, which he got it done from outside. The said MRI revealed post operative changes along with artifact due to the presence of the spacer. He was given conservative therapy, but there was no improvement in the condition of the complainant. The doctors decided to re-explore and

surgery was again done on 21.06.2013. Intra-operative, it was found that there was no pressure over the thecal sac and the nerve root, as such, L-4 vertebrae was also fixed along with L-5 and S-1 vertebrae. Post operative, he felt improvement and regular physiotherapy was carried out. After discharge from the hospital on 04.07.2013, the complainant approached Chief Medical Officer, Ludhiana and Health and Welfare Ministry of Punjab for medical negligence and carelessness committed by OPs No.1 & 2 during surgery and committee was formed for evaluation of injuries suffered by the complainant. The said committee advised to forward the matter to specialized, skilled and qualified staff of Punjab Medical council and accordingly the matter was shifted to PGI Chandigarh. Thereafter, the complainant again suffered critical pain in bilateral lower limb and weakness in right foot and approached OPs No.1 & 2 as he was feeling disabled. The complainant further stated that the case summary provided by OPs No. 1 & 2 to the Director Family and Civil Welfare Officer Punjab is completely varied from the case summary provided to the complainant. The complainant alleged that he suffered great mental tension, harassment and agony on account deficiency in service as well as medical negligence on the part of OPs No.1 & 2. As such, he filed consumer complaint before the District Commission and sought directions against the OPs to pay Rs.19,20,000/- to the complainant on account of compensation along with interest @ 18% p.a. besides Rs.55,000/- as cost of litigation.

4. Upon notice, the OPs appeared through counsel and filed their written replies separately. In reply to complaint OP No.1 raised certain preliminary objections, which are not required to be reproduced

here for the sake of brevity. On merits, OP No.1 stated that the complainant was admitted in the hospital and was operated upon under the supervision of specialized doctor, skilled and qualified staff and was given treatment as per the medical procedure. Further stated that OP No.1 duly follows all the procedure and remains updated with the latest development in the field of medical science and provides specific treatment as is provided in the best of hospitals in India and Abroad. There was no negligence or carelessness on its part and even the medical board constituted for assessing the condition of the complainant, categorically reported that the complainant had common complications, which are associated with the procedure and can happen with the best of hands. Fibrosis at operative site is a normal physiological phenomenon. Thus there is no deficiency in service on the part of the hospital or OP No.2, nor it can be held liable for any false complaint on the part of the complainant. After denying the other averments made in the complaint, OP No.1 prayed for dismissal of the complaint.

5. In reply to complaint, OP No.2 stated that the complainant was admitted in OP No.1-hospital with the complaint of backache and pain in bilateral lower limbs with gradually progressing weakness in right foot for last 15 days. He was advised surgery (TLIF) and fixation between L5/S1 as he was diagnosed with "PIVD L5/S1 with grade I spondylolisthesis. The patient was operated on 28.05.2013 and TLIF with fixation between L5/S1 was done on the right side. Postoperative, the patient developed pain in right lower limb and his weakness in right foot increased. Postoperative CT scan showed medical placement of L5

screw. The patient was operated and screw was re-positioned. Postoperative, the patient had relief of pain and his weakness also improved to preoperative levels and he was discharged on 01.06.2013. During his OPD follow up, the patient was asymptomatic and his stitches were removed on the 10th postoperative day. After fifteen days of the surgery, patient told that while lifting some weight, he again developed pain in back. He was given analgesics, but had no relief. He was taken up for surgery and fixation was done between L4-L5 and S1 bilaterally on 21.06.2013. Postoperative, the patient again complained of pain and CT scan revealed slight medial placement of L4 screw. The screw was removed on 01.07.2013 and he had complete relief of symptoms and was discharged on 04.07.2013. During his follow up, patient again started complaining of pain in right lower limbs. He was treated with medication, but he claimed that he had no relief with that. The MRI revealed that there was a disc bulge at L3-L4 and root compression. The patient was operated on 15.12.2013, vide which L4 Laminectomy and decompression was done. The patient had complete relief of symptoms and was discharged on 17.12.2013. After 3 months, the patient again started complaining of pain in right lower limb and visited another neurosurgeon and claimed that he had advised surgery and assured him total relief, but due to lack of money he was not able to undergo surgery. OP No.2 advised the complainant to approach a charitable institution and he was granted financial help of Rs.25000/-. The complainant again visited the medical superintendent and complained of pain in right lower limb. MRI revealed local fibrosis at operative sight. He was offered epidural steroids by the pain specialists, but he refused for that and demanded a second opinion, therefore, he was referred to AIIMS.

Thereafter, he never come back and did not follow up. OP No.2 further stated that the complaint made before the Punjab Medical Council and Health & Welfare, Ministry of Punjab has not found any negligence on the part of OP No.2. Moreover, the complainant was operated second and fourth time for a medical placement of screw, which is a common complication, associated with the procedure and can happen with best of hands. The complainant was operated third and fifth time for problems that were different from the one for which he was operated earlier. None of his problems are caused by negligence or lack of skills on the part of OP No.2. He had failed back syndrome fibrosis at the operative site, which is a normal physiological phenomenon. After denying the other averments made in the complaint, OP No.2 prayed for dismissal of the complaint.

6. In reply to complaint, OP No.3-Insurance company stated that the complainant failed to explain as to how OPs No.1 & 2 were negligent in performing their duty. There was no specific, scientific and justified allegation regarding alleged negligence or deficiency in service on the part of OPs No.1 & 2. The report of the medical board, which was constituted for assessing the condition of the complainant, has reported that complainant has common complications, which are associated with the procedure and can happen with the best of hands. After denying the other averments made in the complaint, OP No.3 prayed for dismissal of the complaint.

7. OP No.4 in its reply has stated that as per written statement filed by OP No.1, OP No.2-Dr. Davinder Pal Singh was insured with OP No.3 for the relevant time when the cause of action arose. As such,

there is no justification in impleading the answering OP as one of the parties in this complaint. After denying the version of the complainant, as the contents of the complaint do not relate to it, OP No.4 prayed for dismissal of the complaint qua it.

8. The parties led their evidence in support of their respective contentions before the District Commission. The District Commission after going through the record and hearing learned counsel for the parties, dismissed the complaint of the complainant, vide impugned order. Aggrieved with the same this appeal has been filed by the appellant/complainant.

9. We have heard the Ld. counsel for the parties and have carefully gone through the record on the file and written submission filed by the parties.

10. Learned counsel for the appellant/complainant has vehemently contended that the District Commission has failed to appreciate the facts that the complainant was operated by the OPs No.1 & 2 five times and even after conducting the said five surgeries, the complainant was in pain and suffering. The treating doctor i.e. OP No.2 was not in a position to know, what type of treatment is to be given to the complainant. The learned counsel further argued that even otherwise, if the first surgery was not successful, then it was the duty of OPs No.1 & 2 to refer the patient to some higher medical opinion/treatment so that he may get proper treatment and relief. The District Commission has totally ignored the deficiency and negligence on the part of the OPs No.1 & 2 for providing treatment to the complainant. The board of doctors constituted by PGI Chandigarh have not given fair

and clear cut medical opinions as regard to negligence or carelessness to save the erring doctor i.e. OP No.2. The learned counsel has further argued that the doctors of the committee constituted by Civil Surgeon Ludhiana, were not expert in the field of Spine and Neurosurgery and there was no necessity to constitute the said committee of such doctors. The appellant/complainant was not given any justice by the said Medical Committee. The District Commission has ignored the fact that the appellant/complainant became handicap, which has been duly established on record through disability certificate, and he has to suffer throughout his life due to the medical negligence on the part of OPs No.1 & 2. The learned counsel further argued on the similar lines as stated in the complaint and prayed for acceptance of the present appeal by setting aside the impugned order.

11. On the other hand, the learned counsel for respondent No.1/OP No.1 has argued that the impugned order passed by the District Commission is a well reasoned order, which has been rendered after deeply examining all the facts and circumstances of case as well as evidence brought on record by the parties. There is no factual or legal error in the impugned order and the District Commission has correctly relied upon the report of the Medical Board constituted by PGI, Chandigarh, which after recording the complete history of the disease and treatment of the appellant/complainant has categorically opined ***“These are Known Complications of Surgical Procedures”***. The learned counsel further argued that once, such a distinguished board of doctors have given a categorical opinion on the treatments given to the appellant/complainant and has not pointed out any negligence or

deficiency in the process or procedures adopted by the treating doctor, while conducting the surgeries or the subsequent consequential treatments, then it was not only obligatory but rather legally correct for the District Commission to follow the expert medical opinion to record its findings that there is no negligence and deficiency in service on the part of the treating doctor and the hospital. The learned counsel further argued on the similar lines as stated in the written reply and prayed for dismissal of the present appeal.

12. The learned counsel for respondent No.2/OP No.2 has argued that the District Commission has rightly held in the impugned order that the respondents/doctors cannot be held negligent for the surgeries undertaken by them and no deficiency could be attributed, especially when the complainant failed to prove the allegations of medical negligence against them. The learned counsel further argued on the similar lines as stated in the written reply and prayed for dismissal of the present appeal.

13. The learned counsel for respondent No.3 has argued that the complainant has failed to prove any negligence on the part of respondents No.1 & 2 and the District Commission has rightly decided the case, vide impugned order. The learned counsel further argued that if respondent No.2 is found to be negligent, then its liability is limited to Rs.10,00,000/- under the policy. The learned counsel prayed for dismissal of the present appeal.

14. The learned counsel for respondent No.4 argued on the similar lines as stated in the written reply and prayed for dismissal of the present appeal.

15. We have given thoughtful consideration to the rival contentions raised by the learned counsel for the parties.

16. The factual matrix of the case is that the complainant was admitted in OP No.1-hospital for taking treatment of backache and pain in bilateral lower limbs with weakness in right foot due to "PIVD L5/S1 with grade I spondylolisthesis" and he was operated on 28.05.2013 by OP No.2. Postoperative, the complainant developed pain in right lower limb and his weakness in right foot increased. He was operated again and screw was re-positioned on 29.05.2013. But after fifteen days of the surgery, he again developed pain in back and was taken up for surgery and fixation was done between L4-L5 and S1 bilaterally on 21.06.2013. Postoperative, the patient again complained of pain and CT scan revealed slight medial placement of L4 screw. Accordingly, the screw was removed on 01.07.2013. However, during his follow up, he again started complaining of pain in right lower limbs. The MRI revealed that there was a disc bulge at L3-L4 and root compression and he was operated on 15.12.2013, vide which L4 Laminectomy and decompression was done. The complainant alleged that even after conducting the above said five surgeries, he still did not recover properly and rather became disabled. Alleging medical negligence as well as deficiency in service on the part of respondents No.1 &2/OPs No.1 & 2, the appellant/complainant filed consumer complaint before the District Commission, which was dismissed by it vide impugned order. Aggrieved with the same present appeal has been filed by the appellant/complainant.

17. The grievance of the appellant/complainant is that the District Commission has failed to appreciate the facts that the appellant/complainant was operated by the OPs No.1 & 2 five times and even after conducting the said five surgeries, the he was in pain and suffering. He further submits that the treating doctor i.e. OP No.2 was not in a position to know, what type of treatment is to be given to him and the purpose of treatment has totally failed, even after conducting five different surgeries/operations. On the other hand, the case of respondents No.1&2/OPs No.1 & 2 is that the appellant/complainant was operated second and fourth time for a medical placement of screw, which is a common complication, associated with the procedure and can happen with best of hands. He was operated third and fifth time for problems that were different from the one for which he was operated earlier. None of his problems are caused by negligence or lack of skills on the part of OP No.2, rather he had failed back syndrome fibrosis at the operative site, which is a normal physiological phenomenon. To determine the said controversy between the parties, we have perused the pleadings, evidence led by the parties as well as impugned order passed by the District Commission.

18. The main point for adjudication before us is whether respondents No.1 & 2/OPs No.1 & 2 are deficient or negligent in providing the treatment to the appellant/complainant for his spine problem or not? It is not in dispute that the appellant/complainant was initially suffering from "*PIVD L5/S1 with grade I spondylolisthesis*" and for the said ailment the surgery was conducted on 28.02.2013 by OP No.2 under care and observation of OP No.1/Hospital. At this stage, to help us to arrive at a just conclusion, we have perused the Medical Literature

written by “**Konstantinos Margetis; Christopher C. Gillis, Author Information and Affiliations**” with regard to “**Spondylolisthesis**” i.e. the ailment faced by the appellant/complainant and through research we are able to extract the relevant portion, which defines ‘Spondylolisthesis’ as under:-

“Spondylolisthesis is a spinal condition characterized by the displacement of one vertebra relative to the one below it, most commonly at the lumbosacral junction (L5-S1). This condition encompasses a spectrum of etiologies and clinical presentation, requiring an understanding of its pathophysiology, grading, and progression to implement management strategies effectively. Spondylolisthesis can arise from various causes, including congenital anomalies, degenerative changes, trauma or systemic disease, and is classified using the Wiltse Classification system. Clinical presentations range from asymptomatic cases to severe pain, neurological compromise, and functional limitations.

This course explores spondylolisthesis’s intricacies, including its various underlying causes and management approaches. Nonoperative management is the first line treatment, focusing on symptom relief and functional improvement, while surgical intervention is reserved for cases where conservative treatments fail or when progressive neurological deficits or deformities occur.”

The treatment/Management of this disease has also been explained and the relevant portion is reproduced as under:-

“Treatment/Management

Surgical Management

Approximately 10% to 15 % of younger patients with low-grade spondylolisthesis will fail conservative treatment and need surgical treatment. Patients with instability are more likely to require operative intervention. Surgical intervention is indicated for persistent pain unresponsive to conservative measures, neurological deficits, or progressive deformity. Dysplastic spondylolisthesis is treated more aggressively compared with isthmic spondylolisthesis due to a higher risk for neurological injury.”

It is pertinent to mention here that spondylolisthesis is associated with several complications, which, if not appropriately addressed, can significantly affect functional capacity, quality of life, and long-term

outcomes. The surgical complications are defined in the said medical literature as under:-

“Surgical Complications:

Surgical complications, although relatively infrequent with modern techniques, can include pseudarthrosis, adjacent segment disease, and infections. Pseudarthrosis, or nonunion of the fusion site, is more common in patients with risk factors such as smoking, osteoporosis, or suboptimal surgical conditions. The typical imaging findings include fracture of hardware, bone lucencies around the screws, and absence of a continuous bone bridging the adjacent vertebrae in the operated level. Adjacent segment disease, which can develop due to altered biomechanics after fusion, may necessitate further surgical intervention. Postoperative infections can also occur, particularly in older or immunocompromised patients.”

19. In the backdrop of the above stated facts of the case and medical literature, it would be now relevant to discuss the expert opinion (Ex.C-38) rendered by Medical Board constituted by PGI, Chandigarh, comprising Dr. Rajesh Chhabra, Professor Neurosurgery, Dr. Pravin Salunke, Associate Professor Neurosurgery and Dr. Sarvdeep Singh, Associate Professor, Orthopedics, wherein they observed that the complications faced by the appellant/complainant are known complications of the surgical procedure and their said observation/opinion is reproduced as under:-

“Mr. Somnath Cr.NO.1478485 was examined and evaluated on 28.03.2017. He was operated on 28.05.2013 (according to records) at Satguru Apollo Ludhiana for low back ache with radiation along left L5. According to the patient he had no sensory loss or motor weakness. MRI showed L5-S1 PIVD; X-ray showed no listhesis. Transforaminal Lumbar Inter body fusion (TLIF) was done on 28.05.2013. Post operative he developed pain & weakness of right foot. He was re-explored and screw was re-positioned according to notes. He was managed conservatively for pain & weakness. The pain partly improved, but there was no improvement in power.

In view of no improvement, patient was reevaluated & re-explored and L4 vertebra was fused with L5-S1 (details of this surgery i.e. side, the number of screws removed or

inserted has not been mentioned in the records). The symptoms did not improve and L4 Laminectomy was added. Despite the surgery, patient had no improvement in symptoms. He has been living with pain and foot weakness since the surgery.

On examination he had Right toe planter flexion 3/5 and toe dorsiflexion 0/5. The ankle dorsiflexion 4/5 and ankle planter flexion is 3/5. Sensory examination revealed sensory loss of 50% in Right L5 and 80% in Right S1 distribution. SLR showed restriction of Right lower limb to 40%.

The X-ray in Dec 2012 showed degenerative changes. MRI (Pre-operatively) showed L5 S1 PIVD with mild listhesis?

CT May 2013 shows Right L5 S1 screws with cage in L5 S1 disc space. No screws are seen on the Left side.

MRI November 2013 shows screws artefacts at Right L4 and S1 and Left L5 and S1. No pseudomeningocele was seen.

CT November 2013 shows screws at Right L4 and S1 and left L5 and S1.

X-ray 1st March 2017 shows right L4 screw with free rod and Left L5 S1 screws with fastened rod. Spacer seen between L5 S1.

In our opinion, these are known complications of the surgical procedure.”

The appellant/complainant has pleaded in the present appeal that the board of doctors constituted by PGI Chandigarh have not given fair and clear cut medical opinion as regard to negligence or carelessness, but we are not inclined to accept the said plea of appellant/complainant as the doctors comprising of the said medical board, constituted by the PGI Chandigarh, are masters in the field of Spine and Neurosurgery and the opinion given by them is duly corroborated with the medical literature as mentioned above. Even the contention raised by the learned counsel for the appellant/complainant that the doctors of the earlier committee constituted by Civil Surgeon Ludhiana, were not expert in the field of Spine and Neurosurgery, holds no water, as they did not give any opinion, rather referred the matter to the specialized doctors in the field of spine and neurosurgery. The respondents/OPs have placed reliance on

the judgment of Hon'ble Supreme Court of India in the case of "**Kusum Sharma and Others Vs. Batra Hospital and Medical Research Centre and others**" 2010 (3) SCC 480, wherein the Hon'ble Apex court has reiterated the principles of law laid down in the case of 'Jacob Mathew Vs. State of Punjab & another, (2005) 6 SCC 1, which is reproduced as under:-

"69. This court in a landmark judgment in Jacob Mathew v. State of Punjab & Another (2005) 6 SCC 1 while dealing with the case of negligence by professionals also gave illustration of legal profession. The court observed as under:

"18. In the law of negligence, professionals such as lawyers, doctors, architects and others are included in the category of persons professing some special skill or skilled persons generally. Any task which is required to be performed with a special skill would generally be admitted or undertaken to be performed only if the person possesses the requisite skill for performing that task. Any reasonable man entering into a profession which requires a particular level of learning to be called a professional of that branch, impliedly assures the person dealing with him that the skill which he professes to possess shall be exercised and exercised with reasonable degree of care and caution. He does not assure his client of the result. A lawyer does not tell his client that the client shall win the case in all circumstances. A physician would not assure the patient of full recovery in every case. A surgeon cannot and does not guarantee that the result of surgery would invariably be beneficial, much less to the extent of 100% for the person operated on. The only assurance which such a professional can give or can be understood to have given by implication is that he is possessed of the requisite skill in that branch of profession which he is practising and while undertaking the performance of the task entrusted to him he would be exercising his skill with reasonable competence. This is all what the person approaching the professional can expect. Judged by this standard, a professional may be held liable for negligence on one of two findings: either he was not possessed of the requisite skill which he professed to have possessed, or, he did not exercise, with reasonable competence in the

given case, the skill which he did possess. The standard to be applied for judging, whether the person charged has been negligent or not, would be that of an ordinary competent person exercising ordinary skill in that profession. It is not necessary for every professional to possess the highest level of expertise in that branch which he practices. In Michael Hyde and Associates v. J.D. Williams & Co. Ltd. , [2001] P.N.L.R. 233, CA, Sedley L.J. said that where a profession embraces a range of views as to what is an acceptable standard of conduct, the competence of the defendant is to be judged by the lowest standard that would be regarded as acceptable.”

It is not the case of the appellant/complainant that respondent No.2/OP No.2 is not competent in his field to perform the surgeries in question. The appellant/complainant has not brought on record any counter evidence to the contrary of the finding of the said medical board and even has not examined/cross examined the doctors or their categorical medical opinion. Reliance has been placed on the judgment of Hon'ble National Commission in the case of 'Dr. Joseph George Vs. M.R. Vijayakumar', R.P.2721 of 2008 decided on 13.10.2014, wherein the National Commission has reiterated the law laid down by the Hon'ble Apex Court in the case of 'C.P. Sreekumar (Dr) Vs. S. Ramanujam, (2009) 7 SCC 130 and observed as under:-

“....the onus to prove medical negligence lies largely on the claimant and this onus can be discharged by leading cogent evidence. A mere averment in a complaint which is denied by the other side can, by no stretch of imagination be said to be proved. It is the obligation of complainant, to provide the facta probanda as well as the facta probantia”

The respondent No.2/OP No.2 has categorically stated in his written reply as well as in his affidavit that the appellant/complainant had failed back syndrome fibrosis at the operative site, which is a normal physiological phenomenon. The said fact has also been corroborated from the disability certificate dated 31.01.2020 attached with the

complaint, wherein it has been mentioned that ***“(B) the diagnosis in his case is case of failed back syndrome L5-S1 TLIF with L4 laminectomy with foot drop rt.”*** As per medical terms *“Failed Back Syndrome (FBSS) with fibrosis means persistent back/leg pain after spine surgery, where scar tissue (epidural fibrosis) binds nerves, causing pain, numbness, tingling, and limited movement, often treated with nerve pain meds (gabapentin), injections, or spinal cord stimulation, though repeat surgery for fibrosis has limited success”*.

20. In view of our above discussion and ratio of judgments relied upon by respondents No.1 & 2/OPs No.1 & 2, we are of the considered view that there was no deficiency in service or medical negligence on the part of OPs No.1&2 in providing the treatment to the appellant/complainant for his spine problem. The District Commission has rightly decided the case and there is no material infirmity and irregularity in the order of the District Commission. Finding no merit in this appeal filed by the appellant/complainant, the same is hereby dismissed & the order of the District Commission is upheld.

21. The appeal could not be decided within the stipulated period due to heavy pendency of Court cases.

(H.P.S. MAHAL)
PRESIDING JUDICIAL MEMBER

(KIRAN SIBAL)
MEMBER

December 16, 2025
(Dv)