Date of filing : 06.11.2015.

IN THE TAMIL NADU STATE CONSUMER DISPUTES REDRESSAL COMMISSION, CHENNAI.

Present: **Hon'ble Thiru. Justice R.SUBBIAH ... PRESIDENT**

C.C. No.573 of 2015

Orders pronounced on: 14.08.2024

1.S.Geetha,
Wife of Late T.Mynagan.

2. M.Tharani,
D/o. Late T.Mynagan.

3.Siva Suriya,
S/o. Late T.Mynagan.
All residing at Park Street,
Unniyur Post, Thottiyam Taluk,
Trichy District. ... Complainants

Vs.

1.Dr.Sagadevan,
Managing Director,
Lotus Hospitals &
Research Centre Ltd.,
Poondurai Main Rd.,
Kollampalayam,
Erode 638 002.

2.Dr.Easwaramoorthy,
Consultant Surgeon,
Lotus Hospitals & Research Centre Ltd.,
Poondurai Main Road,
Kollampalayam,
Erode 638 002. ... Opposite Parties.

For Complainants : Mr.C.B.Santhosh Kumar
For OPs : M/s.AAV Partners.

This Consumer Complaint came up for final hearing on 28.08.2023 and, after hearing the arguments of the counsels for the parties and perusing the materials on record and having stood over for consideration till this day, this Commission passes the following:-

O R D E R

R.Subbiah, J. – President.

The complainants herein seek this Commission to direct the OP-1/Hospital and OP-2/Doctor to pay to them a sum of Rs.15 lakh towards compensation for the loss of their family head – Late M.Mynagan due to the allegedly negligent treatment provided to him and another sum of Rs.10 lakh for the consequential mental agony & depression suffered by them.

2. In brief, the case of the complainants is as follows:-

Late Mynagan/Husband of the 1st complainant and father of complainant Nos.2 and 3, was a hale and healthy

individual except for the complaints of piles & passing motion with blood. For rectal examination, he had visited the 1st OP's Hospital on 07.04.2014 and the diagnosis revealed Grade-II piles and colonoscopy performed on him was suggestive of cancer growth in the upper rectum and, awaiting histopathology reports for further confirmation, he was discharged on 08.04.2014 and thereafter, he was admitted in the 1st OP on 15.04.2014 and the Histopathology Report indicated Adenocarcinoma of Colon Grade-II, for which, the 2nd OP had advised for removal of the tumour by way of Anterior Resection of Colon & Upper Rectum and Staple Anastomosis and it was stated by him that Colostomy was not necessary for the patient considering his old age and that the patient would be normal within 7 days. Despite not being explained about the known complications arising from the procedure advised, upon the hope given by the said OP, the 1st Complainant gave her consent for the surgery.

Prior to the procedure/surgery, the patient was investigated for the complications of hypertension & diabetes

and the Cardiogram revealed Hypertrophy – Heart Impaired Diastolic Function, yet, the patient was declared fit for the surgery without obtaining Cardiologist's opinion and the explanation of the OPs that the opinion of one Dr.Atheeb was obtained is nothing but a cooked up story.

Further, despite the fact the patient was diagnosed to be suffering from rectum cancer, the 2nd OP never consulted any Surgical Oncologist or Medical Oncologist; as such, the treatment protocol for a cancer patient was not strictly followed. Had any such consultation been done, the patient, who was diagnosed to be suffering from Stage-II cancer would have been advised for Neo Adjuvant Therapy before the surgery and thereby, he would have had survived by receiving proper treatment.

After the procedure performed on 16.04.2014, for three days, the patient was monitored in the ICU and suddenly, on the 3rd day, that was on 19.04.2014, his condition had become worrisome due to abdominal pain and discomfort, but, only on 20.04.2014, CT abdomen revealed

that there was a leak in the colon which warranted one more surgery by way of Colostomy.

It was actually promised that, during the course of the 1st procedure, the cancer growth in the Rectum would be removed and the healthy part would be sewn and that the patient would be normal in or about 10 days, but, due to the poor surgical procedure adopted by the 2nd OP, the patient had to suffer anastomotic leak, which turned out to be fatal for his life. It is apparent that the said OP failed to check for any anastomotic leak after the surgery, particularly soon after the patient developing the abdominal pain and discomfort.

Negligent is also reflected by the OP's failure to refer the patient's case to a proper Oncologist inasmuch it is a case of Stage-II cancer and the patient would have been subjected to Neo-Adjuvant Therapy that would have lessened the post-procedure complications and further, the belated ordering of CT Scan to detect the anastomotic leak which resulted due to poor surgical technique, unnecessarily warranted one more surgery. Inasmuch as the death of the

patient had occurred due to the failure of the OPs to follow the standard medical protocol connected to a cancer patient and such negligence being the cause of death, the principles of res ipsa loquitur are well attracted in the present instance. A legal notice was issued to the OPs and it yielded no fruitful outcome and hence, the present complaint, seeking the reliefs as aforementioned.

3. The OPs resist the complaint by filing a common written version, wherein, they have presented exhaustive details of the treatment provided to the patient and inter alia stated thus:-

The patient, who came to the Hospital on 07.04.2014 with the complaints of Malena/blood in stool and reflux/Heart Burn, gave a history of taking treatment for hypertension and Diabetes Mellitus and he was done Colonoscopy to suspect cancer growth in the upper rectum and, for confirmation, biopsy was taken and sent for histo-pathological examination. After explaining to him as well as his wife/1st complainant about the probability to undergo

surgery once biopsy result is made available, he was discharged on 09.04.2014 with an advice to come for review after 1 week. The Biopsy Report, dated 15.04.2014 showed Adenocarcinoma of Rectum and, upon the patient visiting the Hospital on the said date, he was informed about the diagnosis and also about the proposed treatment for the same viz., Anterior Resection of Colon and Upper Rectum and Staple Anastomosis, to remove the cancer growth in the upper rectum and restoration of the normal passage of motion. The patient was also informed that a Colostomy viz., *portion of the colon would be kept out of the abdomen and connected to a bag so that the fecal matter could drain into that bag, in order to prevent leak of fecal matter until such time the cancerous part of the rectum was removed*, may be performed if the situation so warrants, however, the patient and the 1st complainant pleaded not to go for Colostomy in view of the inconvenience to have a bag. All pre-surgical formalities had been duly adhered to and inasmuch as Echo Cardiogram indicated hypertrophy of the heart and impaired diastolic function, the patient was examined by Cardiologist-

Dr.Atheeb, who found him fit for surgery since, according to him, those aspects are not contraindications for the surgery.

On 16.04.2014, the procedure was performed by Laparotomy and, in fact, anastomosis was checked by air insufflations test and no leaking was found through the sutured site. While he was receiving the post-operative treatment & care with improvement in his condition, at 9.45 PM. on 19.04.2014, he developed fever and increased pulse rate, for which, higher antibiotics were given. On the next date, upon examination, the 2nd OP suspected Anastomotic leak and ordered CT abdomen and thereafter, he explained the condition that the patient requires colostomy, for which, the relatives were reluctant, however, on the next date/21.04.2014, the option open for the high-risk patient was once again explained to the relatives, who gave consent for Colostomy that was done in the afternoon of the same date and, while he was under constant monitoring & medication, at 6.35 AM. on 22.04.2014, he suddenly developed cardiac arrest, for which, CPR was started and in

spite of all resuscitation efforts, he could not be revived and was declared dead.

It is only after being duly informed about the course of treatment and the possible complications arising there-from, Informed Consent Forms in the mother tongue were signed for the procedures including the last surgery connected to the serious illness of the patient, therefore, it is highly frivolous to contend that there was an assurance given for a sure cure. The allegation of the complainants that the cardiologist's opinion is a cooked-up one is absolutely false since the notings of the Cardiologist and that of the Anesthetist to the effect that the patient is fit for surgery is well-documented in the records produced on the side of the complainants themselves. Further, the final histopathology report states that the cancer was localized and completely removed and there were no lymph nodes. The 2nd OP/Surgeon, who is an expert in that particular field with 25 year experience & practice at UK as well, diligently treated the patient as per the standard norms accepted worldwide. The first and best option for the present patient

was only surgery and no need for chemotherapy had arisen since no lymph nodes were found to be present in the final histopathology report. He would not have been benefitted from such therapy owing to the 2nd stage of cancer which had already eaten up parts of the Colon. Further, the procedure was tailored by the 2nd OP along with Oncologist/Dr.P.Suthahar, with whom regular discussions were made regarding the clinical condition of the patient. As there was no need for any neo adjuvant chemotherapy or pre-operative radiotherapy, the patient was completely taken care of by the surgeon/2nd OP.

The allegation leveled to the effect that the anastomotic leak was not diagnosed at the earliest stage is also false. After the surgery that was performed on 16.04.2014, the patient had no difficulty of either fever or abdominal difficulty on 17.04.2014. On the next date/18.04.2014, he was advised to take oral fluids and, on 19.04.2014, he passed motion and was improving. On that date, at 9.45 PM., he developed fever and had distended stomach, for which, high antibiotics were started and he was

under close monitoring, however, the condition remained without improvement, which led to a suspicion of anastomotic leak and immediately, CT abdomen was ordered and it confirmed such leak. It is well recorded in medical literature that anastomotic leakage is unpredictable as it can also occur in patients with no obvious risk factors. In the present instance, there was no need for any protective stoma at all for the reason that the air insufflations test was done and the anastomosis was found to be leak-proof. The patient was stable for 5 days after the surgery and he developed leak only subsequently and, as per medical literature, the said complication is common in cancer affected rectum. The final histopathology report confirmed absence of tumor at the resection margins which clearly indicates that the 2nd OP well-managed the patient's condition on par with world class standard and that the leak was not due to any breach in the care of duty. Further, the fact that the anastomatic leak was diagnosed and confirmed after CT scan with rectal contrast would go to show that the contrary allegations are baseless and made without medical

knowledge. As repeatedly held in a line of decisions that, in cases where more than one choice of treatment available, the Doctor cannot be held negligible for the treatment he deems fit in the facts and circumstances, the 2nd OP, in the given factual scenario, cannot be said to be negligible just because the patient had succumbed despite extensive treatment.

In terms of amenities, specialized equipments and facilities, the 1st OP is a unique Hospital and they have been unnecessarily arrayed as a party. Hence, the complainant has no case against the said OP. By denying all other allegations and re-stating that there is no cause of action for the instant complaint, the OPs ultimately seek for dismissal of the same.

4. In order to substantiate their claim and counter-claim, both sides have filed their respective proof affidavits and, while on the side of the complainant, 55 documents have been marked as Exs.A1 to A55, the OPs have marked 5 documents as Exs.B1 to B5.

5. Learned counsel for the complainants submits that negligence on the part of the Doctor/OP2 is glaringly apparent since there is no material available to show that he secured the opinion of a Cardiologist prior to the surgery, particularly when Echo-cardiogram of the patient revealed cardiac complications of very serious nature in the form of hypertrophy of the heart & impaired diastolic function. Secondly, for Stage-II cancer, which the patient was encountering, the 2nd OP ought to have adhered to the treatment protocol of cancer by subjecting him to new adjuvant therapy, but without consulting the case with a proper medical or surgical Oncologist, the said OP straightaway performed the procedure, which turned out to be fatal by leading to anastomotic leak. Thirdly, when the patient started showing up the symptoms of anastomotic leak by way of fever and abdominal pain & discomfort, the OPs took a long duration of two days to order the CT abdomen by which time, his condition further deteriorated and went beyond control and such belated action is nothing

but a clear act of negligence, due to which, the patient had lost his life and hence, there is every justification to fasten the liability, by applying the principles of *res ipsa loquitur*.

6. Per contra, learned counsel for the OPs states that the entire case of the complainants is built upon a figment of feeble imagination due to lack of medical knowledge and that the arguments advanced on their side are liable to be discarded since the materials on record speak otherwise.

According to him, the allegation that cardiologist's opinion was not secured is falsified by the documents filed by the complainants themselves in the form of Ex.A12/Cardiologist's Report and Ex.A20/Anesthetist Report and both the reports refer to the investigation regarding the cardio status of the patient. Therefore, it cannot be said that the surgery was performed without getting a proper report or opinion from a Cardiologist.

Secondly, reference is made to Ex.B4, Opinion of Dr.P.Suthahar, stating that the patient was advised to

undergo the procedure/Anterior Resection of the Colon & Upper Rectum with Staple Anastomosis, to remove the cancer grown at the upper rectum and restore normal passage of motion, and the said Doctor, who offered the opinion after perusing various reports of the patient, is the Consultant Oncologist and therefore, the allegation that no Oncologist was consulted is again a misleading allegation that has to be discarded straight-away. Considering the fact that it was a Stage-II cancer, neo-adjuvant therapy was not advised for the patient and hence, as per the opinion of the Oncologist, surgical procedure was adopted to remove the cancer. As such, no negligence can be attributed to the OPs in that segment.

Thirdly, the issue of anastomotic leak is presented in a twisted manner by the complainants to somehow find fault with the OPs, but, the records show that, after the procedure performed on 16.04.2014, the patient had no complaints till 19.04.2014, on which date, at 9.45 pm., he developed fever and increased pulse rate and, as there was no improvement in his condition, at 9 AM. on 20.04.2014,

the 2nd OP ordered an urgent CT abdomen suspecting anastomotic leakage; therefore, the allegation of the complainants that the OPs took a long duration of 2 days to suspect such leakage is highly imaginary and contrary to the facts and hence, no element of negligence arises from that segment as well.

After referring to an affidavit of Dr.Marimuthu, Associate Professor of Surgical Oncology, Thanjavur Medical College, ultimately endorsing the course of treatment offered by the OPs to the patient and that his death was unfortunate and, after relying upon a handful of case-laws including ***Jacob Mathew vs. State of Punjab (AIR 2005 SC 3180)*** in support of the argument that the 2nd OP had possessed the required skill and treated the patient as per international standards & medical protocol, learned counsel urged for dismissal of the complaint as there exists no element of medical negligence at any stage of the treatment provided to the patient.

7. In the light of the rival submissions advanced on either side and the materials made available before us, the only question that needs to be answered is:-

> ***"Whether the complainants have proved a case of medical negligence against the OPs and, if so, to what relief, they are entitled to ?"***

8. It is not in dispute that the patient was suffering from Stage-II Colon/Rectum Cancer and that, for the procedures undertaken by the OPs, informed consent in vernacular language was obtained from the relatives. When both sides lock horns severely over the necessity to perform the surgical procedure for removal of the cancer, in that, the complainants say that adjuvant therapy or chemotherapy could have been advised as the first choice and the OPs argue that, considering the stage of the cancer, the ideal and beneficial course open was only the surgical procedure, in the absence of an expert opinion adduced by the

complainants that adjuvant therapy was the better choice than the surgical procedure and that the opinion offered by Radiology Oncologist/Dr.P.Suthahar for surgical procedure was not wholesome, we find no suggestive material or light-throwing circumstance to infer negligence in that perspective. As held by the Apex Court in ***Kusum Sharma & Ors. Vs. Batra Hospital and Medical Research centre & Ors. (2010 (3) SCC 489)***, negligence cannot be attributed to a doctor so long as he performs his duties with reasonable skill and competence and that merely because the doctor chooses one course of action in preference to the other one available, he would not be liable if the course of action chosen by him was acceptable to the medical profession. It is also common knowledge that Stage II colon cancers grow through the wall of the colon, for which, it cannot be said randomly that chemotherapy or new adjuvant therapy is the first and most beneficial choice uniformly for all patients; as such, when the Doctor has taken a decision in his medical wisdom and judgment to provide treatment through surgical procedure, which is mostly applied in patients suffering from

Stage-II cancer, the complainants, without their allegation being supported by proper medical literature or expert evidence to suggest otherwise, cannot argue that the Doctor had wrongly chosen/performed the surgery, particularly when the cancer is said to have been removed successfully, as spelt out by the Histopathology Report. Hence, we find no merit in that segment of that argument advanced on behalf of the complainants.

Similarly, from the records, we find that, after the procedure performed on 16.04.2014, the patient had no noticeable complications till 19.04.2014 and during the night hours of that date at 9.45 PM., he had fever and elevated pulse rate and on the next date itself, that was on 20.04.2014, the 2nd OP had ordered CT abdomen suspecting anastomotic leak and, from those sequence of events, we are not able to accept the argument of the complainants that there was a delay of about 2 long days in diagnosing the cause behind the leakage, as the records entirely speak otherwise.

At the same time, we are able to see a big flaw ab initio on the part of the 2nd OP in his glaring failure to have any specific/direct consultation with a Cardiologist since the pre-procedure investigation of the patient, in particular his Doppler Studies report/Ex.A12 clearly showed a serious cardio issue - "HYPERTROPHY HEART – IMPAIRED DIASTOLIC FUNCTION". One more report/Ex.A16 again carries the same impression – Hypertrophy Heart, which in plain terms means that heart muscle became thickened and Impaired Diastolic Function, which means heart muscles becoming inflexible and preventing the ventricles from filling completely, causing blood to back up in the organs. On the face of such consistent reports, common logic and cautious medical prudence dictate that the 2nd OP ought to have dealt with that serious cardio issue of the patient at the pre-surgery stage in a more responsible manner by at least knowing the grade of the diastolic function/dysfunction and discussing the same with a Cardiologist, but unfortunately, no single material is presented by the said OP to suggest that a full-fledged Cardiologist opinion was secured before

proceeding to perform the surgery. In fact, when the complainants make a very serious allegation that no cardiologist opinion has ever been obtained by the 2nd OP, instead of undoing such allegation by referring to any solid material from among the medical records adduced now, the 2nd OP resorts to giving an empty reply that a proper opinion was offered by Cardiologist-Dr.A.Atheeb, who according to him, had opined that 'impaired diastolic function itself was not contraindication for surgery'. But, such reply appears to be highly misleading and vague for the reason that the only piece of paper that carries the name of Dr.A.Atheeb, Consultant Cardiologist, is Ex.A12, where-from, it is seen that, except entering the impression '***Hypertrophy Heart – Impaired Diastolic Function***", there is no opinion offered by the said Doctor about the fitness of the patient to undergo the procedure. Further, the said document/Ex.A12 only carries the name of Dr.Atheeb and it does not even bear his signature. Although the 2nd OP endeavored to cover up this glaringly visible lacuna by referring to Ex.A20/Anesthetist Report and stating that the

cardiologist's opinion is also reflected in the Ex.A20 report, on a close scrutiny, we fail to find any such reflection except the plain entry "Echo – hypertrophy heart – impaired diastolic fu.". Further, while it is the argument of the complainants that medical or surgical oncologist was not consulted before the procedure, the 2nd OP meet the same by stating that due consultation was done with Radiation Oncologist-Dr.P.Suthahar and although we do not deem it appropriate to delve into that aspect owing to the necessity of the procedure warranted in the case of the patient, at least, the 2nd OP could have consulted Dr.P.Suthahar, who endorsed the need for the surgery, very particularly about the feeble heart condition of the patient. Had that been done, there would not have been any room for the 2nd OP to face the allegation of negligence stemming from the weak cardio status of the patient, as borne out by records and admitted by the 2nd OP himself. Seemingly, Dr.Suthahar had only perused colonoscopy & bioscopy reports as well as the CT findings and there is no single piece of material available to either infer that the cardio status of the patient was ever

discussed with the Dr.Suthahar or to notice that a solid opinion of the cardiologist was secured clearly stating that the impaired diastolic function was not contraindication for the proposed surgery. Despite the best efforts of this Commission to elicit due explanation on this issue, the 2nd OP endeavours to dilute this formidable factor standing against him by pointlessly referring to Ex.A12 or Ex.A20 that would in no way be helpful to him. Inasmuch the 2nd OP, upon whose shoulders the burden to prove that a proper cardiologist's opinion was secured to proceed with the surgery so as to defeat the theory corresponding to the doctrine - ***falsus in uno falsus in omnibus*** (false in one thing false in everything), this Commission cannot tilt the scales in his favour even though, probably, he might have done a fault-free procedure. Inasmuch as some element of negligence engulfs over the 2nd OP's failure to properly assess the fitness of the patient for surgery owing to his bad cardiac health as revealed by two consistent reports, this Commission has no other option but to hold him liable proportionate to the extent of negligence, on the above

aspect. In the absence of any tangible material that proper cardio opinion was secured and of proper explanation that impaired diastolic function, which is the admitted pre-surgical cardio status of the patient, was not contraindication for the surgery, the principles of *res ipsa loquitur* get well attracted to hold that the 2nd OP committed medical negligence to the extent of his glaring failure to assess the patient's fitness for surgery over his delicate cardio status that he had hypertrophy of the heart and impaired diastolic function. As already pointed out, neither Dr.Suthahar nor Dr.Marimuthu/Expert have dealt with such crucial aspect and hence, their opinions would in no way be helpful to the 2nd OP. Inasmuch as no allegation has been made against the 1st OP/Hospital and a case of medical negligence to a limited extent is made out only against the 2nd OP, he alone shall be held liable proportionately. In the facts and circumstances of the case, we deem it just and proper to fix a sum of Rs.5,00,000/- as compensation payable by the 2nd OP to the complainants.

9. In the result, the Complaint is allowed in part and the 2nd OP is directed to pay a sum of Rs.5,00,000/- (Rupees Five Lakhs only) as compensation, besides a sum of Rs.25,000/- (Rupees Twenty Five thousand only) as litigation expenses to the complainants within a period of three months from the date of receipt of a copy of this order, failing which, the said sum shall carry interest @ 6% p.a. from the date of the complaint till the date of realization.

R.SUBBIAH, J.
PRESIDENT.

LIST OF DOCUMENTS MARKED ON THE SIDE OF THE COMPLAINANTS

Sl.No.	Date	Description of Documents
Ex.A1	07.04.2014	Admission Summary Sheet.
Ex.A2	07.04.2014	History and finding on Admission Report.
Ex.A3	07.04.2014	Investigation report for in patient Test.
Ex.A4	07.04.2014	Computer Electro Cardiogram Report.
Ex.A5	08.04.2014	Consent letter for colonas copy obtained from the 1st complainant's husband.
Ex.A6	09.04.2014	Consent letter for CT Abdomen obtained from the 1st complainant's husband.
Ex.A7	09.04.2014	CT Abdomen and Pelvis Report.

Ex.A8	09.04.2014	Discharge Summary.
Ex.A9	15.04.2014	Admission Summary Sheet.
Ex.A10	15.04.2014	History and Findings on Admission.
Ex.A11	15.04.2014	Inpatient Test Report.
Ex.A12	15.04.2014	Doppler Studies Sheet.
Ex.A13	15.04.2014	Echocadiography Report.
Ex.A14	15.04.2014	Histopathology Report.
Ex.A15	15.04.2014	Computer Electro Cardiogram Report.
Ex.A16	15.04.2014	Doppler Studies Sheet.
Ex.A17	16.04.2014	In Patient Test Report.
Ex.A18	16.04.2014	Consent letter for Anterior Rejection Staple Anatomosis Epidural spinal obtained from the 1st Complainant's husband.
Ex.A19	16.04.2014	Operation/Procedure Report.
Ex.A20	16.04.2014	Anaesthesiology Report.
Ex.A21	16.04.2014	Blood Component Therapy Record.
Ex.A22	17.04.2014	Inpatient Test Report.
Ex.A23	17.04.2014	Inpatient Test Report.
Ex.A24	18.04.2014	Inpatient Test Report.
Ex.A25	18.04.2014	Inpatient Test Report.
Ex.A26	19.04.2014	Histopathology Report.
Ex.A27	19.04.2014	Inpatient Test Report.
Ex.A28	20.04.2014	Inpatient Test Report.

Ex.A29	20.04.2014	Inpatient Test Report.
Ex.A30	20.04.2014	Inpatient Test Report.
Ex.A31	20.04.2014	Inpatient Test Report.
Ex.A32	20.04.2014	Inpatient Test Report.
Ex.A33	21.04.2014	Inpatient Test Report.
Ex.A34	21.04.2014	Inpatient Test Report.
Ex.A35	21.04.2014	Inpatient Test Report.
Ex.A36	21.04.2014	Inpatient Test Report.
Ex.A37	21.04.2014	Anaethesiology Report.
Ex.A38	21.04.2014	Blood Component Therapy Record.
Ex.A39	21.04.2014	Blood Component Therapy Record.
Ex.A40	21.04.2014	Consent Letter for Laparoscopy Colostomy obtained from the 1st Complainant's husband.
Ex.A41	21.04.2014	Consent Letter for CVP Line obtained from the 1st complainant.
Ex.A42	21.04.2014	Consent letter for intubation obtained from the 1st complainant.
Ex.A43	21.04.2014	Operation/Procedure Report.
Ex.A44	22.04.2014	Inpatient Test Report.
Ex.A45	22.04.2014	Inpatient Test Report.
Ex.A46	22.04.2014	Death Summary.
Ex.A47	22.04.2014	Death Certificate.
Ex.A48	22.04.2014	Dead Body Carrying Certificate.
Ex.A49	15.04.2014 to 22.04.2014	Medical Progress Reports.

Ex.A50	01.12.2014	Legal Notice issued by the 1st Complainant.
Ex.A51	--	Reply Notice issued by the opposite Parties to the 1st Complainant.
Ex.A52	04.08.2015	Rejoinder Notice issued by the 1st complainant to the opposite Parties.
Ex.A53	16.09.2015	Reply to Rejoinder.
Ex.A54	16.09.2015	Rejoinder Notice cover of the Opposite parties.
Ex.A55	-	Medical literatures.

LIST OF DOCUMENTS MARKED ON THE SIDE OF THE OPs

Sl.No.	**Date**	**Description of Documents**
Ex.B1	07.04.2014 To 22.04.2014	Copy of Case Sheet and Nurses Notes.
Ex.B2	-	Copy of dangerously ill consent signed by the complainant.
Ex.B3	21.04.2014	Copy of high risk consent signed by the Complainant along with her brother.
Ex.B4	15.04.2014	Copy of written opinion of Dr. Sudhagar the radiation oncologist.
Ex.B5	-	Copy of extract from Medical Text namely, COMPLICATIONS IN SURGERY.

R.SUBBIAH, J.
PRESIDENT

ISM/TNSCDRC/Chennai/Orders/AUGUST/2024.