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DISTRICT CONSUMER DISPUTES REDRESSAL COMMISSION,
COMBINED COURT BUILDINGS, SALEM

PRESENT : THIRU P.GANESHRAM, M.A., B.L., - PRESIDENT
THIRU S.RAVI, M.Sc., MSW., PG DIP(CR/CP)., B.L., - MEMBER

MONDAY, THE 14th DAY OF JULY, 2025

CC. No.36/2025

Mahalingam,
Son of Iyyandurai,
Door No.12/42 Vetrilaikaran Street,
Periyeripatti Village,
Omalur Taluk,
Salem District. **... Complainant**

Versus

1. Authorised Officer,
SKS Hospital,
No.23, SKS Hospital Road,
Alagapuram,
Salem – 636 004.
2. Dr.Priyadharshini., M.D.,(GEN.MED).,
SKS Hospital,
No. 23, SKS Hospital Road,
Alagapuram,
Salem – 636 004.
3. Dr.A.Aarthichandrasekaran, MD(Gen)., DM.,(Nephro)
SKS Hospital,
No. 23, SKS Hospital Road,
Alagapuram,
Salem – 636 004.
4. Dr.M.Shathish Kumar M.D.F.P.C.D.N.B.,
SKS Hospital,
No. 23, SKS Hospital Road,
Alagapuram,
Salem – 636 004.
5. Dr.K.Raja MBBS., DNB.,M.CH
(Vascular and Endovascular Surgery),
SKS Hospital,
No. 23, SKS Hospital Road,
Alagapuram,
Salem – 636 004. **... Opposite Parties No.1 to 5**

This Complaint coming on this the 11th day of July, 2025 for final hearing before us through virtual cum physical hearing and Thiru.R.Balaji, Counsel for the Complainant and Thiru.K.T.Rajan, Counsel for the Opposite Parties No.1 to 5 both counsels appeared in physical hearing and upon hearing Oral Argument of both sides and perusing the available records and written argument of both sides with reply argument of Complainant and having stood over till this day for consideration, this Commission delivered the following:

ORDER

BY THE MEMBER THIRU S.RAVI, M.Sc., MSW., PG DIP(CR/CP)., B.L.,

1. The Complainant had filed this Complaint under Section 35 of the Consumer Protection Act, 2019 seeking reliefs (1). directing the Opposite Parties No.1 to 5 (i). to pay a sum of Rs.34,00,000/- towards compensation for his physical and mental agony for providing improper medical treatment for their deficiency of service to the Complainant, (ii). Award cost of the complaint and (2). to grant such other relief or reliefs.

2. Complaint in brief:- The case of the Complainant is that he was admitted in the Opposite Party No.1 Hospital on 02.05.2024 for simple fever and he was discharged on 09.05.2024 and in between these period the Opposite Party No.2 to 4 as doctors in the said Hospital advised the Complainant to take ECG, etc for giving treatment and also advised the Complainant give test for radiology and microbiology for simple fever treatment. It was stated that on account of wrongful treatment given to the Complainant, he sustained loss of his fingers in the right hand i.e. thumb finger, index finger and middle finger as per the Opposite Party medical discharge report dated 09.05.2024. It was stated that the Opposite Parties No.2 to 4 doctors issued discharge summary report as on 09.05.2024 stating "Patient Mr.Mahalingam 55 years, Male, known case of DM, past history of bilateral pyelonephritis at 2023 admitted and treated for 5 days, then was apparently normal. Now, the Complainant had history of fever x 2 days, complaints of stools 2 episodes since today morning, complaints of multiple episode of vomiting x1 day, complaints of lower abdomen pain x 2 days, complaints of joint pain x 2 days, no history of decreased urine output/dysuria/chest pain/palpitation/sweating as that report also the Complainant not anyway losses his

finger as per that report also. So on account of the same, also the 1st Opposite Party and their doctors Opposite Party No. 2 to 4 on giving wrongful treatment, the Complainant sustained loss of fingers as stated above. It was stated that as per medical report for taking treatment by the Complainant in the hospital of Opposite Party No.1 hospital through in all departments medical reports including Opposite Party No.1. discharge summary report by the Opposite Parties No.2 to 4 doctors in any way the Complainant right hand finger referred above as not been affected on account of any disease by Opposite Party No.1 hospital by the doctors namely Opposite Parties No.2 to 4 as such sustained loss on account of the same. It was stated that the Complainant is not in original position to use the right hand for his regular use and for daily activities and also use the same for signing the documents as a senior most document writer authorized by the Government as per the certificate issued by the licensing authority of District Registrar, Salem West under the license Number 1B/Salem West/2005 as the attester of the sale deeds and other documents of the Complainant customers who are approaching the complaint to prefer all type of documents and to attest the same. It was stated that the Complainant paid the medical bill for Rs.4,00,000/- to the Opposite Party No.1 hospital for wrong treatment given by doctors namely Opposite Parties No.2 to 5 and medical bills for Rs.3,00,000/-. Further on account of the wrong treatment given for Complainant affecting his fingers, the Complainant took treatment at Ganga Hospital, Coimbatore as inpatient from 12.06.2024 to 18.06.2024 and he was advised for plastic surgery and he spent Rs.1,50,000/- towards hospital bill and on account of transport charges and medical bill charges, he spent around Rs.2,00,000/-. Due to the wrong treatment given by the Opposite Parties No.4 to 5 in Opposite Party No.1 Hospital, the Complainant sustained loss of income through his professional as a senior document writer on the basis of daily income of Rs.10,000/- and on deducting his office expenses in all Rs.3,000/- as on that he had income per day Rs.7,000/- as that the Complainant has loss in future income for the period of 21 years to a sum of Rs.17,64,000/- the Complainant's loss is upto Rs.33,14,000/-. It was stated that the Complainant issued legal notice to the Opposite Parties No.1 to 5 on 29.10.2024 demanding compensation and the Opposite Parties No. 1 to 5 gave reply notice with false and untenable grounds. It was prayed for allowing this complaint.

3. Written Version filed by the Opposite Parties No.1 to 5 in brief:- The case of the Opposite Parties No.1 to 5 is that the Complaint is false, frivolous, unsustainable in

law and on facts. All the allegations in the Complaint were denied except those that were specifically admitted. The Opposite Parties refuted and objected to the allegations of medical negligence raised in the Complaint as the Complainant has suppressed material and factual aspects in order to make unlawful gains as against the Opposite Parties. It was stated that the Opposite Parties sympathise with the present health condition of the Complainant and the same cannot be fastened on the Opposite Parties without appreciating the Complainant's physiological immunology correlating to phase of recovery from 'septic shock', inspite of life saving measures and accepted medical protocol being followed while under treatment in the Opposite Party Hospital from 02.05.2024 to 09.05.2024. Opposite Parties are not responsible for what happened to the Complainant, subsequent to his discharge on 09.05.2024 from the Opposite Party hospital and the Complainant having chosen on his own accord to get treated elsewhere when he was asked by the Opposite Party Doctors to come for review. The contention in Para 3 of the Complaint that the Complainant suffered from simple fever and required only simple treatment, is a false statement made with a malafide intention for extorting money from the Opposite Parties. It was stated that in respect of the allegations that the Complainant suffered due to the wrong treatment given at the Opposite Party hospital and that he sustained loss of his fingers in the right hand i.e. thumb finger, index finger and middle finger, is not true. The treatment administered to the Complainant at the Opposite Party hospital by the panel of specialist doctors, is as per the accepted universal medical protocol and the medical records coupled with Discharge Summary would substantiate the same. The Complainant was also informed of the risk factors involved while administering Vasopressor to stabilize his blood pressure to save the vital organs as he suffered from Left Ventricular dysfunction and septic shock and the consequential induced symmetrical peripheral gangrene and the informed consent and 'High Risk Dangerously ill list' Consent signed by the Complainant's son M.Ravikanth, will evidence the same. The Discharge Summary Report is a wholistic medical record of the Complainant's Preliminary and Final Diagnosis and treatment given at the Opposite Party Hospital by its Specialist Doctors. The patient's history and his present complaints on approaching the Hospital, is what is summed up as 'Case Summary' and by no imagination can be construed as Final Diagnosis'. The Opposite Party Doctors' state that Page 1 of the Discharge Summary under the head 'Diagnosis' has reported on the Complainant's medical condition as under: UROSEPSIS LEFT PYELONEPHRITIS, ACUTE

KIDNEY INJURY S/P ONE SESSION OF SUSTAINED LOW EFFICIENCY DIALYSIS, DRY GANGRENE RIGHT FIRST AND SECOND FINGERS, SEVERE LV SYSTOLIC DYSFUNCTION PLAN CORONARY ANGIOGRAM AFTER STABILISATION, ICU DELIRIUM SETTLED and TYPE 2 DIABETES MELLITUS. It was stated that the Complainant has not approached the Opposite Party Doctors for any simple fever or simple treatment but on diagnoses his medical condition was, he was suffering from "septic shock" and required recurrent management under periodical monitoring of vital parameters as he was already a type II Diabetes Mellitus and suffered from Pyelonephritis. It was stated that the loss of right-hand finger, cannot be attributed on any alleged medical negligence. It was stated that the Complainant, Mr.Mahalingam, aged 54 years, was first seen in the casualty Ward of the Opposite Party Hospital at 4 pm and his Triage parameters recorded, heart rate 130 (normal 60 80/Min), BP 70/40 mm Hg (normal is Less than 120 systolic pressure and less than 80 diastolic pressure), SpO_2 99% and his respiration rate 24/Min. He complained of loose stools 2 episodes; multiple episodes of vomiting, lower abdomen pain for 2 days, profuse sweating and fatigue since afternoon of 02.05.2024. The Complainant is a known case of Type II Diabetes Mellitus and had been treated elsewhere for Acute bilateral Pyelonephritis and the scan taken elsewhere in 2023 exhibited right kidney abscess and on initial examination was categorised under triage category two as his condition was likely to destabilise to category one requiring emergent treatment as indicated under triage location 'red' for resuscitation. On systemic examination of the Complainant's Cardio Vascular System at the Opposite Party hospital, his Pulse reading was abnormal and ECG indicated on Sinus tachycardia with low blood pressure requiring urgent evaluation. His creatine level was 4.4. As the Complainant suffered from Pyelonephritis earlier, medically, a bacterial infection causing renal inflammation and is one of the most common kidney diseases, and while in the Opposite Party hospital, presented with fever, vomiting and pain in the epigastrium and lower abdomen, associated with symptoms of cystitis and in all probabilities recurring Urosepsis. Urosepsis is sepsis caused by infections of the urinary tract, including cystitis, or lower urinary tract and bladder infections, and pyelonephritis, or upper urinary tract and kidney infections. Septic shock is a severe stage of sepsis, when the immune system has an extreme reaction to an infection and causes dangerously low blood pressure. Sepsis, is a systemic inflammatory response to infection that can lead to multi-organ dysfunction, failure, and even death. The

Provisional Diagnosis of the Complainant recorded was "D Sepsis/? cystitis. The treatment given at Emergency Room on 02.05.2024 was stated. At the end of initial emergency care, the Complainant was admitted in Intensive Care Unit as his condition required further stabilization under intensive care and he was shifted from Emergency Room to Intensive Care Unit at 07.45 pm on 02.05.2024. The Complainant and his attendants were clearly informed on the procedure to be followed and the consequential repercussions of induced symmetrical Peripheral gangrene that may ensue on administering of Vasopressor to balance and manage hemodynamically as the Complainant was suffering from 'septic shock' with Left ventricular dysfunction and low blood pressure. Periodical investigations such a). Mediback Electrolytes to check and maintain the Complainant's normal electrolyte levels such as Sodium (+), Magnesium (+), Potassium (+) etc., to balance between hypo and hyper levels in case of excess or decreased levels of the electrolytes was done. b). CRP Test (C-Reactive Protein), the Complainant had high levels of CRP, indicating serious health condition because of inflammation. c). ABG: This is an arterial blood gas test to measure the levels of oxygen, carbon dioxide and pH balance in the Complainant's blood. The Complainant suffered from low blood oxygen level known as hypoxemia, which if not treated would lead to damage of the brain and heart. This test also helps in monitoring the respiratory function, circulatory function and metabolic process especially when the Complainant was suffering from septic shock. d). Blood Test - HbA1C was 8.7% for the Complainant, which normally should be within the range of 4.0 to 6.0 and in case of >8, action is required. The hemoglobin A1c (glycated hemoglobin, glycosylated hemoglobin, HbA1c, or A1c) test is used to evaluate a person's level of glucose control. Medically the test shows an average of the blood sugar level over the past 90 days and represents a percentage. A higher mean HbA1c level is a poor immune response of diabetic progression and in addition predicting progression of microvascular complications leading to cardiovascular risks. e). Urine Culture, indicated on the presence of Escherichia coli. Infections due to E. coli (Escherichia coli) bacterial infection causing severe urosepsis (pyelonephritis). f). Chest X-Ray was taken. g). USG Abdomen showed the increased cortical echoes indicating acute infection of the kidney. Increased cortical echogenicity is a marker of renal disease that correlates to severity of interstitial histological changes in renal parenchymal disease. h). ECHO - showed severe LV Dysfunction, EF-25% (normal 65-70%). "Ejection fraction" (EF) refers to the percentage

of blood that is pumped out of a filled ventricle with each heartbeat. A LVEF of 55% or higher is considered normal under physiologic loading conditions, with an EF of 50% or lower being considered reduced. In the case of the Complainant, it was below the borderline indicating a critical condition. It was stated that the Complainant was on Oxygen mask support. Vital signs chart maintained for every half an hour to check on the Complainant's vital parameters and medications given periodically to control the inflammation and to increase the blood pressure. The USG Abdomen Scan indicate 'Acute Kidney Injury' (AKI) with decrease urine output and sustained low efficiency dialysis was performed on the Complainant. It was stated that the sustained low-efficiency dialysis (SLED) has become a viable option for treating acute kidney injury (AKI) instead of continuous renal replacement therapy (CRRT). The benefits of Sustained low-efficiency dialysis (SLED) is a hybrid form of renal replacement therapy between conventional intermittent hemodialysis (IHD) and continuous renal replacement therapy (CRRT). Advantages of SLED are efficient clearance of small solutes, good hemodynamic tolerability, flexible treatment schedules, and reduced cost. As opposed to IHD, in SLED, the blood and dialysate flow rates are slower while the duration of the session is longer, this leads to hemodynamic tolerance and efficient clearance of solutes. It was stated that the Complainant was suffering from severe LV Systolic dysfunction -Left ventricular systolic dysfunction (LVSD) is a disorder characterized by reduced left ventricular function, as assessed by imaging techniques, and results in heart failure. Informed Consent Forms were signed by the Complainant's relatives on 02.05.2024; High Risk DIL Consent was signed by the Complainant's son after the Doctor explained the condition of the Complainant to his son and patient attenders and they in turn have consented to co operate with the treatment to be given considering the septic shock and serious condition of the Complainant. Consent in specific for all procedures to be undertaken in respect of CVP/Tracheostomy/ICD/Tapping/Arterial line were explained and after having understood on explanation, the same were signed by the Complainant's relatives; Consent for dialysis were also obtained. It was stated that when the Complainant approached the Opposite Parties on 02.05.2024, he had reached the third stage of sepsis namely septic shock, diagnosed during the initial prognosis. As the Complainant is suffering from Type II Diabetes Mellitus and had undergone treatment for Pyelonephritis elsewhere earlier, and now diagnosed with septic shock and one of the

complications of septic shock treatment is occurrence of gangrene. Hence, he was started on antibiotics fluid resuscitation, vasopressors, oxygen supplementation. It was stated that Vasopressor drug therapy is a universally accepted medical protocol and is frequently required to achieve hemodynamic stability and support the patient in life-threatening situations such as shock and the same protocol was followed in the case of the Complainant. Continuous high-dose infusion of vasopressors (vasopressin and nor adrenaline) can induce peripheral vasoconstriction. Vasopressor induced tissue ischemia and gangrene, skin necrosis typically appears on the tip of the fingers and toes. In view of severe LV dysfunction of the Complainant recovering cardiogenic shock, non-operative management was considered. It was stated that life-saving vasopressors, can result in digital ischemia and necrosis. Using a tiered approach helps in the management of this consequence while respecting the treatment paradigm of "life over limb," and safely performed with acceptable outcomes. The use of vasopressors is often essential to maintain perfusion to critical organs such as the brain and heart, hence, it cannot be discontinued without potentially compromising the patient's life and norepinephrine is the recommended first line agent in the treatment of septic shock due to its potent vasoplegic effects. However, upper and lower extremity limb ischemia can markedly compromise a patient's future functional status and quality of life. Necrosis of the extremities is a known risk associated with the use of life-saving vasopressors in critically ill patients as in the case of the Complainant. It is a universal factor that, continuous high dose infusion of Vasopressors affect the contraction of peripheral vasculature inducing peripheral ischemic conditions and play an important role in the development of symmetrical peripheral gangrene (SPG). In fact 'Survival Sepsis Campaign Guidelines', only recommend norepinephrine as first choice vasopressors for managing hypotension in septic shock with epinephrine as second line agent for maintaining MAP>65 mm Hg and research analysis also codifies on noradrenaline skin necrosis typically appearing on the tips of the fingers and toes and amputation in surviving patients. It was stated that there is no standardized guideline for the prevention and management of vasopressor induced limb ischemia and the use of vasopressors in the management of septic shock is vital. The Complainant was advised for coronary angiogram after stabilisation. He was treated with IV fluids, antibiotics, vasopressors, Proton pump inhibitors, thromboprophylaxis, anti-diabetics and supportive measures. Initial vascular examination as well as sufficient monitoring of

peripheral perfusion after vasoactive agents were initiated. Vascular surgeon opinion was obtained in view of peripheral cyanosis of right first 4 digits and was advised conservative management. On 06.05.2024 the Complainant, complained of right thumb, index, middle and ring finger cyanosis. As the Complainant had a history of hypotension with inotropic support 24 hours examination by Vascular Surgeon was done. In view of severe LV dysfunction/recovering cardiogenic shock, non-operative management was considered. It was stated that on 07.05.2024, the Complainant was shifted from ICU to normal Ward and his vitals monitored periodically. On 08.05.2024, the Complainant and patient attenders were informed on the risk of amputation of right-hand finger. On 09.05.2024 as the Complainant was symptomatically better, CRP was in downtrend, vitals were stable, and he was mobilising and taking orals hence he was advised to be discharged with medical advice. The Complainant's condition at the time of discharge was comfortable, afebrile and in respect of his vitals: BP-110/80 mm/Hg, Pulse Rate-88/Min., Respiratory Rate-20/Min., CVS-S1S2(+), RS-NVBS(+) and P/A-Soft. At the time of discharge, the Vascular & Endovascular Surgeon had advised and recommended medicines and advised to come for review after 7 days on 16.05.2024 with CRP, serum electrolytes, serum creatinine, FBS, PPBS reports. Medications were given for demarcation of gangrene fingers and to prevent further episodes of blood clot. It was stated that the Complainant and his attenders were briefed on amputation of fingers wherein dry gangrene had formed as the next course of action after he has recouped with the inflammation of sepsis. It was stated that the Complainant's subsequent treatment at Ganga Hospital of which the Opposite Parties are not aware, as the Complainant had chosen to approach another hospital of his own accord rather than come for review as advised by the Opposite Party hospital Doctors on the day of discharge on 09.05.2024. Had the Complainant come for review the next course of treatment and rehabilitation which he states to have been given at Ganga Hospital, would have been done at the Opposite Party hospital as staged medical management and the subsequent procedures of amputation were already well informed to the Complainant and it is not as though the Complainant was not aware of the same. It was stated that the Opposite Party Hospital or its Doctors are not liable to pay any sum much less Rs 33,14,000/- as allegedly in the Complaint. On receipt of the Complainant's legal notice, the Opposite Parties sent reply notice dated 12.11.2024. It was stated that the Complainant has not filed the treatment protocol administered at Ganga Hospital

and the Discharge Summary of Ganga Hospital has not been filed by the Complainant, rather a letter in generality of one Dr.S.Raja Sabapathy has been filed, wherein the Doctor has not given details of the Complainant's date of admission, prognosis, procedure followed in detail. It was stated that in the letter dated 29.07.2024, relied by the Complainant as a Medical Certificate, Dr S. Raja Sabapathy has stated in specific: "He had dry gangrene of the right-hand thumb, index, middle and ring fingers secondary to massive infection". The cause for massive infection is not made known in the Medical Certificate filed by the Complainant, nor the Doctor has stated about it. It was stated that the Complainant was discharged on 09.05.2024, thereafter the Complainant has not come for review or for further treatment as advised. But from the Medical Certificate dated 29.07.2024, it appears that certain procedure has been followed on 14.06.2024, i.e., after a month from discharge from the Opposite Party Hospital. For about a month, what was the precautionary treatment taken by the Complainant is not made known in his Complaint or any documents filed to that effect on the treatment protocol in detail whether followed elsewhere. The Complainant has suppressed on such of those records, which if produced would be adverse to him. It was stated that there was no medical negligence on the part of the Opposite Parties either in the matter of diagnosis and the course of treatment selected and administered to the Complainant. The Complaint is mala fide and without any merits. It was prayed for dismissal of the complaint with costs.

4. Submissions:

Complainant:- Proof Affidavit of Thiru.I.Mahalingam (PW1), Exhibits A1 to A11 marked, Proof Affidavit of Thiru.M.Ravikanth (PW2), Exhibit A12 marked, Proof Affidavit of Tmt.M.Vasantha (PW3), Exhibit A13 marked, Proof Affidavit of Thiru.C.Mariyappan (PW4), Exhibit A14 marked, Written argument dated 16.05.2025 and Reply Written Argument of Complainant filed on 26.05.2025 and oral argument heard.

Opposite Party No.5- Proof Affidavit of Thiru.Dr.K.Raja (RW1), Exhibit B1 (with 351 pages) marked, Written argument dated 23.05.2025 and oral argument heard.

5. Points for consideration:-

1) Whether the Opposite Parties No.1 to 5 committed any medical negligence to the Complainant?

2) Whether the Complainant is entitled to get the reliefs as claimed in the complaint?
3) To what other relief or reliefs the Complainant is entitled to?

6. Point No.1:- (i). On the side of the Complainant, it was argued that the Complainant was admitted in the Opposite Party No.1 Hospital on 02.05.2024 for simple fever and the Opposite Parties No.2 to 4 as doctors in the said Hospital advised the Complainant to take ECG, etc for giving treatment and also advised the Complainant give test for radiology and microbiology for simple fever treatment. Due to wrong medical treatment given to the Complainant by the Opposite Parties, he sustained loss of his fingers in the right hand i.e. thumb finger, index finger and middle finger as per the Opposite Parties medical discharge report dated 09.05.2024. Exhibit A1 is the medical bills paid by the Complainant and Exhibit A9 is the Discharge summary issued by the Opposite Parties to the Complainant. It was argued that the Opposite Parties No.2 to 4 doctors issued discharge summary report as on 09.05.2024 stating "Patient Mr.Mahalingam 55 years, Male, known case of DM, past history of bilateral pyelonephritis at 2023 admitted and treated for 5 days, then was apparently normal. Now, the Complainant had history of fever x 2 days, complaints of stools 2 episodes since today morning, complaints of multiple episode of vomiting x1 day, complaints of lower abdomen pain x 2 days, complaints of joint pain x 2 days, no history of decreased urine output/dysuria/chest pain/palpitation/sweating and the report also clearly shows that the Complainant has lost his three fingers in the right hand during the treatment given by the Opposite Parties No.2 to 5 in the Opposite Party No.1 hospital. It was argued that there was no complaint about urinary infection or kidney failure for the Complainant but the Opposite Parties No.2 to 5 have given treatment for dialysis to the Complainant which is a wrong medical treatment. Further the Opposite Parties No.2 to 5 are not the specialist for Urologist and they gave wrong medical treatment to the Complainant due to which the Complainant permanently lost his three fingers in the right hand. It was argued that the Complainant is not in original position to use the right hand for his regular use and for daily activities and also use the same for signing the documents as a senior most document writer authorized by the Government as per the certificate issued by the licensing authority of District Registrar, Salem West under the license Number 1B/Salem West/2005 as the attester of the sale deeds and other documents of the Complainant customers who are approaching the complaint to prefer

all type of documents and to attest the same. It was argued that the Complainant had paid the medical bill for Rs.4,00,000/- to the Opposite Party No.1 hospital for wrong treatment given by doctors namely Opposite Parties No.2 to 5 and medical bills for Rs.3,00,000/-. Exhibit A1 was relied to prove the same. Due to wrong treatment given by the Opposite Parties for Complainant affecting his fingers, the Complainant took treatment at Ganga Hospital, Coimbatore as inpatient from 12.06.2024 to 18.06.2024 and he was advised for plastic surgery and he spent Rs.1,50,000/- towards hospital bill and on account of transport charges and medical bill charges, he spent around Rs.2,00,000/-. Exhibits A10 and A11 were relied to prove such contention. Due to the wrong treatment given by the Opposite Parties No.2 to 5 in Opposite Party No.1 Hospital, the Complainant sustained loss of income through his professional as a senior document writer on the basis of daily income of Rs.10,000/- and on deducting his office expenses in all Rs.3,000/- as on that he had income per day Rs.7,000/- as that the Complainant has loss in future income for the period of 21 years to a sum of Rs.17,64,000/- the Complainant's loss is upto Rs.33,14,000/-. It was argued that the Complainant issued legal notice to the Opposite Parties No.1 to 5 on 29.10.2024 demanding compensation and the Opposite Parties No.1 to 5 gave reply notice with false and untenable grounds. It was argued that the act of the Opposite Parties No.2 to 5 clearly constitutes medical negligence in the treatment of the Complainant at the Opposite Party No.1 hospital and all the Opposite Parties are jointly and severally liable for the act of medical negligence committed to the Complainant. Exhibits A2 to A8 were relied. The evidences of PW1 to PW4 and Exhibits A1 to A14 were relied to prove the case of the Complainant. The judgement of the Hon'ble Supreme Court of India in the case of V.Kishan Rao versus Nikhil Super Speciality Hospital and another reported in 2010 (4) SCALE 662 was relied to support the case of the Complainant.

(ii). On the side of the Opposite Parties No.1 to 5, it was argued that the Complainant has suppressed material and factual aspects in order to make unlawful gains as against the Opposite Parties. It was argued that the Opposite Parties are not responsible for what happened to the Complainant, subsequent to his discharge on 09.05.2024 from the Opposite Party hospital and the Complainant having chosen on his own accord to get treated elsewhere when he was asked by the Opposite Party Doctors to come for review. It was argued that the contention of the Complainant that he suffered from simple fever and required only simple treatment, is a false statement

made with a malafide intention for extorting money from the Opposite Parties. The allegations that the Complainant suffered due to the wrong treatment given at the Opposite Party hospital and that he sustained loss of his fingers in the right hand i.e. thumb finger, index finger and middle finger, is not true. It was argued that the treatment administered to the Complainant at the Opposite Party hospital by the panel of specialist doctors, is as per the accepted universal medical protocol and the medical records coupled with Discharge Summary would substantiate the same. Exhibit B1 was relied. The Complainant was also informed of the risk factors involved while administering Vasopressor to stabilize his blood pressure to save the vital organs as he suffered from Left Ventricular dysfunction and septic shock and the consequential induced symmetrical peripheral gangrene and the informed consent and 'High Risk Dangerously ill list' Consent signed by the Complainant's son M.Ravikanth, will evidence the same. The Discharge Summary Report is a wholistic medical record of the Complainant's Preliminary and Final Diagnosis and treatment given at the Opposite Party Hospital by its Specialist Doctors. The patient's history and his present complaints on approaching the Hospital, is what is summed up as 'Case Summary' and by no imagination can be construed as Final Diagnosis'. It was argued that the Complainant has not approached the Opposite Party Doctors for any simple fever or simple treatment but on diagnoses his medical condition was, he was suffering from "septic shock" and required recurrent management under periodical monitoring of vital parameters as he was already a type II Diabetes Mellitus and suffered from Pyelonephritis. The Complainant, Mr.Mahalingam, aged 54 years, was first seen in the casualty Ward of the Opposite Party Hospital at 4 pm and his Triage parameters recorded, heart rate 130 (normal 60 80/Min), BP 70/40 mm Hg (normal is Less than 120 systolic pressure and less than 80 diastolic pressure), SpO_2 99% and his respiration rate 24/Min. He complained of loose stools 2 episodes; multiple episodes of vomiting, lower abdomen pain for 2 days, profuse sweating and fatigue since afternoon of 02.05.2024. The Complainant is a known case of Type II Diabetes Mellitus and had been treated elsewhere for Acute bilateral Pyelonephritis and the scan taken elsewhere in 2023 exhibited right kidney abscess and on initial examination was categorised under triage category two as his condition was likely to destabilise to category one requiring emergent treatment as indicated under triage location 'red' for resuscitation. On systemic examination of the Complainant's Cardio Vascular System at the Opposite

Party hospital, his Pulse reading was abnormal and ECG indicated on Sinus tachycardia with low blood pressure requiring urgent evaluation. His creatine level was 4.4. As the Complainant suffered from Pyelonephritis earlier, medically, a bacterial infection causing renal inflammation and is one of the most common kidney diseases, and while in the Opposite Party hospital, presented with fever, vomiting and pain in the epigastrium and lower abdomen, associated with symptoms of cystitis and in all probabilities recurring Urosepsis. Urosepsis is sepsis caused by infections of the urinary tract, including cystitis, or lower urinary tract and bladder infections, and pyelonephritis, or upper urinary tract and kidney infections. Septic shock is a severe stage of sepsis, when the immune system has an extreme reaction to an infection and causes dangerously low blood pressure. Sepsis, is a systemic inflammatory response to infection that can lead to multi-organ dysfunction, failure, and even death. The Provisional Diagnosis of the Complainant recorded was "D Sepsis/? cystitis. The treatment given at Emergency Room on 02.05.2024 was stated. It was argued that at the end of initial emergency care, the Complainant was admitted in Intensive Care Unit as his condition required further stabilization under intensive care and he was shifted from Emergency Room to Intensive Care Unit at 07.45 pm on 02.05.2024. The Complainant and his attendants were clearly informed on the procedure to be followed and the consequential repercussions of induced symmetrical Peripheral gangrene that may ensue on administering of Vasopressor to balance and manage hemodynamically as the Complainant was suffering from 'septic shock' with Left ventricular dysfunction and low blood pressure. It was argued that Periodical investigations such a). Mediback-I Electrolytes to check and maintain the Complainant's normal electrolyte levels such as Sodium (+), Magnesium (+), Potassium (+) etc., to balance between hypo and hyper levels in case of excess or decreased levels of the electrolytes was done. b). CRP Test (C-Reactive Protein), the Complainant had high levels of CRP, indicating serious health condition because of inflammation. c). ABG: This is an arterial blood gas test to measure the levels of oxygen, carbon dioxide and pH balance in the Complainant's blood. The Complainant suffered from low blood oxygen level known as hypoxemia, which if not treated would lead to damage of the brain and heart. This test also helps in monitoring the respiratory function, circulatory function and metabolic process especially when the Complainant was suffering from septic shock. d). Blood Test - HbA1C was 8.7% for the Complainant, which normally should be within the range of 4.0 to 6.0 and in case of >8,

action is required. The hemoglobin A1c (glycated hemoglobin, glycosylated hemoglobin, HbA1c, or A1c) test is used to evaluate a person's level of glucose control. Medically the test shows an average of the blood sugar level over the past 90 days and represents a percentage. A higher mean HbA1c level is a poor immune response of diabetic progression and in addition predicting progression of microvascular complications leading to cardiovascular risks. e). Urine Culture, indicated on the presence of Escherichia coli. Infections due to E. coli (Escherichia coli) bacterial infection causing severe urosepsis (pyelonephritis). f). Chest X-Ray was taken. g). USG Abdomen showed the increased cortical echoes indicating acute infection of the kidney. Increased cortical echogenicity is a marker of renal disease that correlates to severity of interstitial histological changes in renal parenchymal disease. h). ECHO - showed severe LV Dysfunction, EF-25% (normal 65-70%). "Ejection fraction" (EF) refers to the percentage of blood that is pumped out of a filled ventricle with each heartbeat. A LVEF of 55% or higher is considered normal under physiologic loading conditions, with an EF of 50% or lower being considered reduced. In the case of the Complainant, it was below the borderline indicating a critical condition. It was stated that the Complainant was on Oxygen mask support. Vital signs chart maintained for every half an hour to check on the Complainant's vital parameters and medications given periodically to control the inflammation and to increase the blood pressure. The USG Abdomen Scan indicate 'Acute Kidney Injury' (AKI) with decrease urine output and sustained low efficiency dialysis was performed on the Complainant. It was argued that the sustained low-efficiency dialysis (SLED) has become a viable option for treating acute kidney injury (AKI) instead of continuous renal replacement therapy (CRRT). As opposed to IHD, in SLED, the blood and dialysate flow rates are slower while the duration of the session is longer, this leads to hemodynamic tolerance and efficient clearance of solutes. It was argued that the Complainant was suffering from severe LV Systolic dysfunction -Left ventricular systolic dysfunction (LVSD) is a disorder characterized by reduced left ventricular function, as assessed by imaging techniques, and results in heart failure. Informed Consent Forms were signed by the Complainant's relatives on 02.05.2024; High Risk DIL Consent was signed by the Complainant's son after the Doctor explained the condition of the Complainant to his son and patient attenders and they in turn have consented to co-operate with the treatment to be given considering the septic shock and serious condition of the Complainant. Consent in specific for all procedures to be

undertaken in respect of CVP/Tracheostomy/ICD/Tapping/Arterial line were explained and after having understood on explanation, the same were signed by the Complainant's relatives; Consent for dialysis were also obtained. It was argued that when the Complainant approached the Opposite Parties on 02.05.2024, he had reached the third stage of sepsis namely septic shock, diagnosed during the initial prognosis. As the Complainant is suffering from Type II Diabetes Mellitus and had undergone treatment for Pyelonephritis elsewhere earlier, and now diagnosed with septic shock and one of the complications of septic shock treatment is occurrence of gangrene. Hence, he was started on antibiotics fluid resuscitation, vasopressors, oxygen supplementation. It was argued that Vasopressor drug therapy is a universally accepted medical protocol and is frequently required to achieve hemodynamic stability and support the patient in life-threatening situations such as shock and the same protocol was followed in the case of the Complainant. Continuous high-dose infusion of vasopressors (vasopressin and nor adrenaline) can induce peripheral vasoconstriction. Vasopressor induced tissue ischemia and gangrene, skin necrosis typically appears on the tip of the fingers and toes. In view of severe LV dysfunction of the Complainant recovering cardiogenic shock, non-operative management was considered. It was argued that life-saving vasopressors, can result in digital ischemia and necrosis. Using a tiered approach helps in the management of this consequence while respecting the treatment paradigm of "life over limb," and safely performed with acceptable outcomes. The use of vasopressors is often essential to maintain perfusion to critical organs such as the brain and heart, hence, it cannot be discontinued without potentially compromising the patient's life and norepinephrine is the recommended first line agent in the treatment of septic shock due to its potent vasoplegic effects. However, upper and lower extremity limb ischemia can markedly compromise a patient's future functional status and quality of life. Necrosis of the extremities is a known risk associated with the use of life-saving vasopressors in critically ill patients as in the case of the Complainant. It is a universal factor that, continuous high dose infusion of Vasopressors affect the contraction of peripheral vasculature inducing peripheral ischemic conditions and play an important role in the development of symmetrical peripheral gangrene (SPG). It was argued that the Complainant was advised for coronary angiogram after stabilisation. He was treated with IV fluids, antibiotics, vasopressors, Proton pump inhibitors, thromboprophylaxis, anti-diabetics and supportive measures. Initial vascular examination as well as

sufficient monitoring of peripheral perfusion after vasoactive agents were initiated. Vascular surgeon opinion was obtained in view of peripheral cyanosis of right first 4 digits and was advised conservative management. On 06.05.2024 the Complainant, complained of right thumb, index, middle and ring finger cyanosis. As the Complainant had a history of hypotension with inotropic support 24 hours examination by Vascular Surgeon was done. In view of severe LV dysfunction/recovering cardiogenic shock, non-operative management was considered. It was argued that on 07.05.2024, the Complainant was shifted from ICU to normal Ward and his vitals monitored periodically. On 08.05.2024, the Complainant and patient attenders were informed on the risk of amputation of right-hand finger. On 09.05.2024 as the Complainant was symptomatically better, CRP was in downtrend, vitals were stable, and he was mobilising and taking orals hence he was advised to be discharged with medical advice. At the time of discharge, the Vascular & Endovascular Surgeon had advised and recommended medicines and advised the Complainant to come for review after 7 days on 16.05.2024 with CRP, serum electrolytes, serum creatinine, FBS, PPBS reports. Medications were given for demarcation of gangrene fingers and to prevent further episodes of blood clot. It was argued that the Complainant and his attenders were briefed on amputation of fingers wherein dry gangrene had formed as the next course of action after he has recouped with the inflammation of sepsis. It was argued that the Complainant's subsequent treatment at Ganga Hospital was of his own accord rather than come for review as advised by the Opposite Party hospital Doctors on the day of discharge on 09.05.2024. Had the Complainant come for review the next course of treatment and rehabilitation which he states to have been given at Ganga Hospital, would have been done at the Opposite Party hospital as staged medical management and the subsequent procedures of amputation were already well informed to the Complainant and it is not as though the Complainant was not aware of the same. It was argued that the Complainant has not filed the treatment protocol administered at Ganga Hospital and the Discharge Summary of Ganga Hospital. The letter in generality of one Dr.S.Raja Sabapathy has been filed, wherein the Doctor has not given details of the Complainant's date of admission, prognosis, procedure followed in detail. It was argued that after the discharge of the Complainant from the Opposite Party No.1 hospital on 09.05.2024, thereafter the Complainant has not come for review or for further treatment as advised. But from the Medical Certificate dated 29.07.2024, it appears that

certain procedure has been followed on 14.06.2024, i.e., after a month from discharge from the Opposite Party Hospital. For about a month, what was the precautionary treatment taken by the Complainant is not made known in his Complaint or any documents filed to that effect on the treatment protocol in detail whether followed elsewhere. The Complainant has suppressed on such of those records, which if produced would be adverse to him. It was argued that there was no medical negligence on the part of the Opposite Parties either in the matter of diagnosis and the course of treatment selected and administered to the Complainant. The following Medical Literatures were relied to support the case of the Opposite Parties: (1). Indian Journal of Dermatology, Venereology and Leprology - Symmetrical peripheral gangrene secondary to septic shock induced by Streptococcus dysgalactiae subspecies equisimilis infection, (2). Cleveland Clinic -ejection fraction, (3). Cleveland Clinic - Septic Shock, (4). Management of Vasopressor - Induced acute limb Ischemia (VIALI) in Septic Shock, (5). Science Direct Journal of Orthopaedics- Management of vasopressor induced ischemia, (6). Limb Loss after Vasopressor use, (7).Portuguese Society of Cardiology - Vasopressor -induced peripheral skin necrosis after shock, (8). Annals of Plastic Surgery -Risk factor of Vasopressor - Induced Symmetrical Peripheral Gangrene and (9). Symmetrical Peripheral gangrene caused by Septic Shock - Pub Med Central - National library of Medicine.

(iii). (a). On considering the contentions of both sides with the available material evidence, it is found that the Complainant's complaint against the Opposite Parties is that he had approached the Opposite Party No.1 hospital on 02.05.2024 for treatment of simple fever and due to wrong medical treatment given by the Opposite Parties No.2 to 5, the Complainant lost his three fingers in the right hand i.e. thumb finger, index finger and middle finger. The Opposite Parties have refuted such complaint of medical negligence and have relied upon medical literatures to show that the Opposite Parties No.2 to 5 have followed the standard medical procedures in the treatment of the Complainant in Opposite Party No.1 hospital.

(b). Though the Opposite Parties have contended that all medical procedures and formalities were followed in the treatment of the Complainant and relied upon Exhibit B1 and medical literatures to prove their contention, the Opposite Parties failed to answer the main contention of the Complainant that for the alleged kidney problem in

the Complainant which was alleged to be diagnosed in the Complainant, no nephrologist was treated for the Complainant and the specialist of Opposite Party No.1 hospital Dr.Aarthi Chandrasekarn MD (Gen).,DM, (Nephro) the Opposite Party No.3 has not treated the Complainant for the alleged kidney problem in the Complainant. If anything regarding the disease of kidney, only the Urologist or Nephrologist expert/specialist should have treated the complainant for the alleged ailment regarding kidney or urinary infection of the Complainant but no such Urologist or Nephrologist have treated the Complainant in the Opposite Party No.1 hospital. Further it was contention of the Complainant that no single document including case record, nurses notes or doctor's order/progress notes or Daily Assessment Chart or Gross Consultation Record form or daily counselling record form has any recording about the alleged treatment given for the Complainant's kidney problem by any Nephrologist of the Opposite Party No.1 hospital. Such contention of the Complainant is not properly answered on the side of the Opposite Parties with sufficient material evidence and with acceptable reason. Hence the contention of the Complainant is found to be reliable.

(c). Further the contention of the Complainant is that the Complainant and his attendants were not informed on the procedure to be followed and the consequential repercussions of induced symmetrical Peripheral gangrene that may ensue on administering of Vasopressor and such information to the Complainant or his relatives is not proved by the Opposite Parties and it was the contention of the Complainant that if such consequential repercussions of induced symmetrical Peripheral gangrene was informed to the Complainant or his attenders, no consent would have been given for administering Vasopressor. Such contention of the Complainant is also not properly answered on the side of the Opposite Parties and no document is filed on the side of the Opposite Parties to show that the Complainant or his attenders were informed about the consequential repercussions of induced symmetrical Peripheral gangrene that may ensue on administering of Vasopressor.

(d). It was the contention made on the side of the Opposite Parties that the USG Abdomen Scan of the Complainant indicated 'Acute Kidney Injury' (AKI) with decrease urine output and sustained low efficiency dialysis was performed on the Complainant. The sustained low-efficiency dialysis (SLED) has become a viable option for treating acute kidney injury (AKI) instead of continuous renal replacement therapy (CRRT) and

the benefits of Sustained low-efficiency dialysis (SLED) is a hybrid form of renal replacement therapy between conventional intermittent hemodialysis (IHD) and continuous renal replacement therapy (CRRT). Advantages of SLED are efficient clearance of small solutes, good hemodynamic tolerability, flexible treatment schedules, and reduced cost. As opposed to IHD, in SLED, the blood and dialysate flow rates are slower while the duration of the session is longer, this leads to hemodynamic tolerance and efficient clearance of solutes. However, such contention of the Opposite Parties is not proved by the Opposite Parties. Further, it was the contention of the Opposite Parties that informed Consent Forms were signed by the Complainant's relatives on 02.05.2024; High Risk DIL Consent was signed by the Complainant's son after the Doctor explained the condition of the Complainant to his son and patient attenders and they in turn have consented to co-operate with the treatment to be given considering the septic shock and serious condition of the Complainant. Consent in specific for all procedures to be undertaken in respect of CVP/Tracheostomy/ICD/Tapping/Arterial line were explained and after having understood on explanation, the same were signed by the Complainant's relatives and Consent for dialysis were also obtained. However, the contention of the Complainant is that no single document is filed on the side of the Opposite Parties to show that dialysis was done to the Complainant in the Opposite Party No.1 hospital at any point of time during his medical treatment in the hospital by any of the treating doctors. Such contention of the Complainant is also not properly answered on the side of the Opposite Parties and hence the contention made on the side of the Complainant has to be accepted.

(e). Further, it was the contention of the Opposite Parties that the Complainant was suffering from Type II Diabetes Mellitus and had undergone treatment for Pyelonephritis elsewhere earlier but the Complainant has contended that no such treatment was undergone by the Complainant. Further the Opposite Parties having admitted that continuous high-dose infusion of vasopressors (vasopressin and nor adrenaline) can induce peripheral vasoconstriction and Vasopressor induced tissue ischemia and gangrene, skin necrosis typically appears on the tip of the fingers and toes, such treatment ought to have been avoided for the Complainant by the Opposite Parties which resulted in the loss of Complainant’s three fingers in his right hand. The Opposite Party doctors ought to have taken a reasonable care in the treatment of the Complainant in choosing a method or procedure of treatment but they failed to do so and it resulted

in the causing of damages to the Complainant where the Complainant had permanently lost his three fingers in his right hand due to the medical negligence of the Opposite Parties No.2 to 5 in the Opposite Party No.1 hospital.

(f). The Complainant has proved the medical negligence committed by the Opposite Parties with sufficient material evidence and though the Opposite Parties have relied upon medical literatures to prove their case, the Opposite Parties have failed to answer the above discussed contentions of the Complainant. In a case of medical negligence, the factors namely (i).duty to care, (ii). breach of duty, (iii). cause of injury and (iv). damages has to be taken in to consideration while deciding the case of alleged medical negligence. In the present Complaint, the Complainant has proved with sufficient material evidence that the Opposite Parties failed in their duty to care the Complainant during his medical treatment and the Opposite Parties have breached in their duty. The Complainant has proved the cause of injury and its damages, where he lost his three fingers in his right hand due to the wrong medical treatment given by the Opposite Parties. Though the Opposite Parties relied upon the medical literatures to substantiate their case, the same would not support the case of the Opposite Parties. Further the Duty of care has been discussed in several judgments by the Hon'ble Supreme Court in the case of medical negligence including in the case of Kusum Sharma & Others versus Batra Hospital and Medical Research Centre and others reported in (2010) 2 SCR 685 wherein it was held that the breach of expected duty of care from the doctor, if not rendered appropriately, it would amount to negligence. It was held that, if a doctor does not adopt proper procedure in treating his patient and does not exhibit the reasonable skill, he can be held liable for medical negligence. Further in the landmark judgments of Hon'ble Supreme Court in Dr.Laxman Balakrishna Joshi versus Dr.Triambak Bapu Godbole and another reported in AIR 1969 SC 128 and in A.S. Mittal versus State of U.P reported in AIR 1989 SC 1570 the Hon’ble Supreme Court has laid down certain duties of the doctor. The Doctor owes to his patient certain duties which are (a) a duty of care in deciding whether to undertake the case; (b) a duty of care in deciding what treatment to be given; and (c) a duty of care in the administration of that treatment. A breach of any of the above duties may give a cause of action for negligence and the patient may on that basis recover damages from his Doctor. In the case of a medical man, negligence means failure to act in accordance with the standards of reasonably competent medical men at the time in that particular medical treatment.

There may be one or more perfectly proper standards, and if he conforms with one of these proper standards, then he is not negligent. In the instant case, the Opposite Parties failed to exercise the required ordinary skills and standards while treating the Complainant in the Opposite Party No.1 hospital and Complainant has proved the negligence on the part of the Opposite Parties No.2 to 5 with sufficient material evidence. For the act of medical negligence committed by the Opposite Parties No.2 to 5 who are the doctors of the Opposite Party No.1 hospital, both the Opposite Parties No.2 to 5 and the Opposite Party No.1 hospital are jointly and severally liable. From the above, we find that the Complainant has proved the medical negligence committed by the Opposite Parties No.1 to 5 and the resultant damage caused to the Complainant and consequently this Complaint against the Opposite Parties No.1 to 5 is liable to be allowed. Accordingly, Point No.1 is answered.

7. Points No.2 and 3:- In Point No.1, it is decided that the Complainant has proved the medical negligence committed to the Complainant by the Opposite Parties No.1 to 5 and the Complaint is liable to be allowed. The act of committing medical negligence to the Complainant by the Opposite Parties have caused both physical and mental agony to the Complainant and the same is proved by the Complainant. In such circumstance, the act of committing medical negligence by the Opposite Parties No.1 to 5 to the Complainant has to be compensated accordingly. The alleged loss of income as pleaded on the side of the Complainant is not proved by the Complainant with any material evidence. Considering the facts and circumstances of the complaint, we find that it would be just and reasonable that the Opposite Parties No.1 to 5 shall jointly and severally pay the Complainant a sum of Rs.5,00,000/- towards compensation for medical negligence and a sum of Rs.1,00,000/- towards compensation for physical and mental agony caused to the Complainant and also pay a sum of Rs.10,000/- towards cost of this Complaint. Except for the above said reliefs, the Complainant is not entitled to get any other relief from this Complaint. Accordingly, Points No.2 and 3 are answered.

In the result, this Complaint is partly allowed. The Opposite Parties No.1 to 5 are directed to jointly and severally pay the Complainant (i). a sum of Rs.5,00,000/- (Rupees five lakh only) towards compensation for medical negligence committed to the Complainant, (ii). a sum of Rs.1,00,000/- (Rupees

one lakh only) towards compensation for physical and mental agony caused to the Complainant and (iii). a sum of Rs.10,000/- (Rupees ten thousand only) towards cost of this Complaint within two months from the date of this Order, failing which the compensation amounts stated above in (i) and (ii) shall carry interest at the rate of 10% per annum from the date of filing of this Complaint, that is, from 10.03.2025 to till realization.

Dictated by the Member to the Steno-Typist and directly typed by her and corrected by the Member and pronounced by us in the open Commission on the 14th day of July, 2025.

Sd/- **Sd/-**
MEMBER **PRESIDENT**

Complainant side witness:-

PW1–Thiru.I.Mahalingam

Pw2–Thiru.M.Ravikanth

PW3–Tmt.M.Vasantha

PW4–Thiru.C.Mariyappan

Opposite Party No.5 side witness:-

RW1–Thiru.Dr.K.Raja

Exhibits on the side of the Complainant:-

EXHIBITS	DATE	DESCRIPTION OF DOCUMENTS	NATURE
Ex.A1	21.03.2023 09.05.2024 02.05.2024 03.05.2024 04.05.2024 08.05.2024 05.05.2024 06.05.2024 07.05.2024 28.10.2023	Discharge Bill, Cash Bill and Advance Receipt issued by Opposite Party No.1 to the Complainant, Bills issued by SKS Medicals, Angalamman Sai Parking Stand Car parking bill and Photographs	Xerox
Ex.A2	29.10.2024	Legal notice sent by Complainant to the Opposite Parties No.1 to 5 along with postal receipts (7 Nos) copy to the Secretary to Medical Department, Tamil Nadu Government and the Health Minister, Tamilnadu Government	Office copy
Ex.A3	30.10.2024	Acknowledgment card of Opposite Part No.1	Original
Ex.A4	30.10.2024	Acknowledgment card of Opposite Part No.2	Original
Ex.A5	30.10.2024	Acknowledgment card of Opposite Part No.3	Original
Ex.A6	30.10.2024	Acknowledgment card of Opposite Part No.4	Original

Ex.A7	30.10.2024	Acknowledgment card of Opposite Part No.5	Original
Ex.A8	12.11.2024	Reply legal notice sent by Opposite Parties No.1 to 5 to the Complainant	Office Copy
Ex.A9	09.05.2024 06.05.2024 05.05.2024 08.05.2024 07.05.2024 04.05.2024 03.05.2024 02.05.2024	Discharge Summary, Laboratory Report, Department of Microbiology, Department of Radiology, OP Case Sheet, Electrocardiographic Division Computerized E.C.G issued by Opposite Party No.1	Colour Xerox
Ex.A10	13.06.2024 15.06.2024 29.07.2024 05.06.2024 07.05.2024 18.06.2024 14.06.2024 17.06.2024 12.06.2024	Cash Sale, Cash Receipt, Quotation, Orthopedic Surgeon, Cash Bill, Advance Receipt, Advance Payment Request Form, Electrocardiogram, Photographs issued by Ganga Medical Center and Hospitals Private Limited, Coimbatore	Xerox
Ex.A11	29.07.2024	Medical Certificate of Mahalingam issued by Ganga Medical Center and Hospitals Private Limited, Coimbatore	Xerox
Ex.A12	----------	Aadhaar card of M.Ravikanth	Xerox
Ex.A13	----------	Aadhaar card of M.Vasantha	Xerox
Ex.A14	----------	Aadhaar card of C.Mariyappan	Xerox

Exhibit on the side of the Opposite Party No.5:-

EXHIBIT	DATE	DESCRIPTION OF DOCUMENT	NATURE
Ex.B1	02.05.2024 08.05.2024 09.05.2024 03.05.2024 07.05.2024 04.05.2024 05.05.2024 06.05.2024	Inpatient Admission Order Form, Investigations Chart, TPR Chart, Ward Medication Chart, Diabetes Care Chart, Nurses Instruction(s) Form, Vital Signs Chart, Intake & Output Chart, Department of Emergency Medicine Case Record-Initial Assessment Form, Doctor's Orders/Continuation Notes/ Progress Notes In Emergency Department, Adult Inpatient Case Sheet, Department of Critical Care Medicine Initial Assessment Chart, Department of Critical Care Medicine Daily Assessment Chart, Cross Consultation Record Form 6E, Inter Hospital Transfer Form, APACHE-II Scoring Sheet, Nursing Initial Assessment Form, Nurses Notes, Patient Handing Over, General Consent Form, Consent for HIV Testing, High Risk Dil Consent, Daily Counselling Record, Consent for Restrain, Consent for Dialysis, MNA Screening and Assessment Tool, Registration Information Slip, Form for Reports Handing Over to Patient/Relative, Consent for All	Xerox

		Procedures, Discharge Form, Inpatient Discharge Order Form, Department of Radiology, Laboratory Report issued by Opposite Party No.1 to the Complainant (351 pages)	

Sd/-
MEMBER

Sd/-
PRESIDENT