MEDICO-LEGAL NEWSLETTER AUGUST 2024

National Consumer Disputes Redressal Commission
Maya Sharma and others v. Raj Hospital and others
Dated: 15 November 2023

Facts of the Case

On 06.03.2003, a patient was admitted to hospital due to abdominal pain and vomiting. Patient was initially treated on the advice over the phone. Despite taking the prescribed medicines, Patient's condition did not improve. Requests were made to the hospital staff to call doctor to examine, but he did not visit. Next day, a junior doctor examined Patient during a routine check and by early afternoon, the Doctor examined Patient and advised an ultrasound test and X-ray.

Doctor ignored part of the ultrasound report indicating "Ascites minimal plural effusion is present (Right)," which confirmed that Patient had Pancreatitis. Despite this diagnosis, no treatment for Pancreatitis was administered. Patient was shifted to the ICCU due to acute pain, but life-saving medication was still not provided and he passed away at night, with the death certificate citing Acute Pancreatitis as the cause.

Allegations made by the Complainant

1. The lack of proper documentation, timely tests, and monitoring were pivotal shortcomings in the care provided to the Patient, leadingto a missed diagnosis of acute pancreatitis and ultimately contributing to the Patient's tragic demise.
2. "Chronic Renal Failure" in the death certificate when there was no supporting evidence for such a condition.
3. Doctors failed to recognize the severity of the patient's pain and distension, which should have immediately raised suspicion of acute peritonitis associated with acute pancreatitis.
4. Doctors neglected to order vital tests, such as Serum Calcium level estimation and a CT Scan, which could have led to a more accurate diagnosis. Although a Serum Calcium test was ordered, it was not conducted, representing a significant lapse in diagnostic measures.
5. The negligence extended to the interpretation of an ultrasound report. the ultrasound report was illegible, and the doctors failed to act promptly to obtain a proper report. Moreover, the findings from the report, including the presence of Ascites and Minimal Pleural Effusion, were not incorporated into the Patient's progress notes.
6. An expert urologist highlighted the failure to diagnose acute pancreatitis despite significant clinical indicators.

Defenses of the Doctor

1. Qualified MBBS doctors round the clock have been appointed to address emergencies. Patient came in emergency and was eventually admitted after stabilization. The treatment plan involved frequent monitoring by medical officers, including routine examinations and medication administration.
2. Nursing staff played a crucial role in executing these instructions, and a record-keeping system was in place to ensure the treatment's consistency.

3. Patient's diagnosis of acute pancreatitis came after comprehensive tests and examinations.
4. The medical staff acted promptly upon identifying this condition, confirming it with additional tests.
5. Throughout the Patient's admission, the medical team regularly monitored vital parameters and administered treatments as required.
6. Unfortunately, despite life-saving efforts, the patient's condition deteriorated, ultimately leading to his demise.
7. The cause of death, as indicated in the medical certificate, was acute pancreatitis, a severe and often life- threatening condition.

Order of the National Commission

Patient experienced significant pain and ultimately succumbed during his hospitalization. It is not within the purview or expertise of the National Commission to make medical diagnoses but to assess whether the treating physician took the necessary precautions and provided appropriate care to alleviate Patient's pain and suffering.

The doctors appeared to have not made adequate efforts to monitor the Patient's deteriorating condition, even when the Patient was in the ICU. It appears that this test was ultimately not performed. If the senior Doctor had personally examined the Patient earlier, there might have been a possibility of early detection of the complication of pancreatitis.

Ultrasound report revealed ascites and minimal pleural effusion on the right side, which were crucial signs of acute pancreatitis. Regrettably, these findings were not recorded in Patient's progress notes, highlighting negligence on the part of the Hospital and Doctors. Even if the treatment for both conditions were the same, failing to note pancreatitis in the progress notes after reviewing the ultrasound report is another instance of negligence.

Therefore, the Hospital and Doctors are held negligent in handling the case of the Patient and compensation with interest is awarded to the Complainant.

*Source-Internet