



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF. 8-1822/2019-DC/PMC

Mr. Shah Nawaz Vs. Dr. Sana Ullah Jan

Professor Dr. Naqib Ullah Achakzai	Chairman
Professor Dr. Noshad Ahmad Shaikh	Member
Mr. Jawad Amin Khan	Member
Barrister Ch. Sultan Mansoor	Secretary
Dr. Fuad Ahmed Khan Niazi	Expert (Ophthalmologist)

Present:

Mr. Shah Nawaz	Complainant
Dr. Sana Ullah Jan (6700-N)	Respondent
Date of Hearing	10.10.2022

I. FACTUAL BACKGROUND

1. Mr. Shah Nawaz (the "Complainant"), filed a Complaint on 15.05.2019 against Dr. Sana Ullah Jan (the "Respondent") working at Hayatabad Medical Complex, Peshawar (the "Hospital"). Brief facts of the complaint are that:

- a) *The patient (son of the Complainant) had a minor accident in horseplay which resulted in injury to his left eye. The Complainant took him to Respondent's private clinic on 22.02.2018, the Respondent examined the patient and took some tests at his clinic on 27.02.2018. Subsequently, patient's left eye was operated the same day and he was advised to visit after fifteen days.*

- b) Patient visited for a follow-up on 12.03.2018, wherein the patient's earlier medication was continued. Due to pain and misery, the patient was again taken to Respondent's private clinic on 16.03.2018, where medication was changed. Respondent assured the family that patient is facing minor issue, giving next visit after one month.
- c) Patient was taken to the Respondent on 16.04.2018, as advised, however, even after protests of the patient, Respondent again communicated that the patient is facing minor issues and thus gave time of one month for a follow-up. Subsequently, on 29.05.2018, Respondent performed another operation on the patient assuring the family that operation is minor and has been a success. Patient was discharged on 30.05.2018 and advised to visit after one week.
- d) Patient visited the Respondent on 06.06.2018, however, the patient was advised to be admitted in The Hospital as soon as possible in view of the prevailing condition of patient and due to lack of facilities at the private clinic.
- e) On 07.06.2018, patient was admitted at the Hospital Eye Ward, tests were done. Patient was kept in Eye Ward-A (EYA-030) until 10.06.2018 and Respondent orally told the family that condition of patient was not field of expertise of the Respondent and referred patient to one Dr. Ibrar Hussain at Khyber Teaching Hospital (KTH).
- f) On 11.06.2018, the patient was admitted at KTH under the consultation of Dr. Ibrar Hussain, who allegedly admitted to the Complainant of the negligence of the Respondent which left the patient with no option but to have his nerve connecting the left eye severed making it permanently disabled. Patient was discharged from KTH on 17.06.2018 and visited Dr. Ibrar at KTH, Peshawar several times for pain redressal.
- g) That, patient will have to be taken for artificial eye implant & that procedure is to be repeated every three years until the patient attains the age of majority. Complainant pleaded that due to negligence of the Respondent, the patient has suffered irreparable, permanent loss of his left eye causing severe mental and physical agony to the patient and the entire family. Hence, severe disciplinary action against Respondent be taken.

II. NOTICE TO RESPONDENT DR. SANA ULLAH JAN

2. In view of the allegations leveled in the Complaint, Notice dated 26.08.2019 was issued to the Respondent doctor, directing him to submit comments, record of the patient along with the copy of his registration certificate.

III. REPLY OF RESPONDENT, DR. SANA ULLAH JAN

3. The Respondent, Dr. Sana Ullah Jan submitted his reply to the Notice on 05.09.2019 wherein he contended that:

- a) *Complainant's claim that he booked appointment at my clinic at cost 1500/- is false and incorrect. I do private practice only on Monday to Wednesday (routine clinic) in Said Anwar Medical Centre and charge 1000/- as Consultation fee. On Thursday I do free consultation clinic; and thus patient was never charged on my free consultation days.*
- b) *On examination, patient was found to have left retinal detachment with proliferative vitreo-retinopathy "PVR". Presence of PVR signifies poor surgical prognosis which was explained to the patient/relative (Prescription clearly states about guarded surgical prognosis. As per his eye status, he was advised to have surgical intervention (Vitreotomy is standard treatment option for retinal detachment with PVR) and routine screening laboratory tests were asked for as prerequisite for surgery. Although Vitrectomy is one of the time laborious surgeries taking 2 to 4 hours and usually has compromised outcome in presence of PVR. I operated the patient on 27.02.2018 by myself successfully and retinal reattachment was achieved.*
- c) *Post-operative status was explained to the patient positively mentioning successful outcome after surgery in all these follow up visits. Patient was advised to have routine follow up visits as per standard protocol. Patient was thoroughly examined on every follow up visit. Successful surgical outcome noted in my clinical notes dated 12.03.2018, 16.03.2018, 16.04.2019 and objectively verified by repeated ophthalmic ultrasound "B-Scan" clearly show successful outcome in terms of anatomic retinal attachment.*
- d) *Patient/Relatives concern about compromised vision was related to aphakia, presence of silicone oil and posterior capsule opacification (usual after vitrectomy). All of which are surgically manageable conditions and so eye status and situation was explained to the patient/relative with positive note.*
- e) *On follow up done at 15.05.2018, his eye status was same as before, however, emulsification of silicone oil was observed. It is routine to wait for at least 3 months before removal of silicone oil after vitrectomy. On 15.05.2018, patient was advised to undergo silicone oil removal plus posterior capsulotomy plus posterior chamber intraocular lens implantation (Standard approach which any ophthalmologist practicing vitreo-retina would adopt). Till 15.05.18, there was no evidence found to classify surgery as unsuccessful. Situation was explained to patient/relative and surgical intervention option was explained "as it is" although positively but without giving any false hopes to the patient/relative.*



- f) Patient surgery was performed on 29.05.2018 and it was uneventful. On 1st post-op day (30.05.2018) he was re- examined and then discharged on routine post-operative medications.
- g) Unfortunately, on his next follow up visit 06.06.2018 patient presented with features of infection "endophthalmitis". Although ultrasound scan still confirmed attached retina. This situation was discussed with the patient and Complainant and the future management strategy was discussed with him, including systemic, topical and intra vitreal antibiotics under general anesthesia, and expected prolonged hospitalization. On the request of the Complainant, he was referred to Hayatabad Medical Complex, as an emergency.
- h) Patient got admitted at HMC and was given intra-vitreous antibiotics (under GA), topical antibiotics and systemic antibiotics as per standard treatment protocol for endophthalmitis. However, unfortunately his eye condition deteriorated, infection could not be controlled and signs of spreading infection to extra-ocular tissues were foreseen. To decrease patient's pain and morbidity, keeping in mind the lost hopes to retrieve patient's eye or vision, he was advised to undergo left enucleation with orbital implant (domain of subspecialty of orbital surgeon). This approach was adopted to attain best possible cosmetic outcome (last but not the least objective of any treating ophthalmologist). Patient was then referred to one of the best orbital surgeons, Professor Ibrar Hussain, Chairman Ophthalmology department in Khyber Teaching Hospital, Peshawar. Patient was managed accordingly in Khyber Teaching Hospital, Peshawar.
- i) Customized Prosthetic eye (Artificial Eye) is pre-requisite to achieve better cosmesis. Patient was treated as per standard protocols at every step/level of his management in best possible hands. I can feel the bereavement and anger of the family/father but unfortunately it is misdirected and based on misconceptions.
- j) The Complainant approached me in my clinic & asked me for a letter "certifying about all procedures and management done at my clinic". I agreed and asked for CNIC/Form B of patient so that I can quote it in my letter, however, Complainant never turned back. Second time, I was approached by third person on my cell phone informing me that there is a patient known to him who intends to go for legal actions against me. He offered to arbitrate but I requested third person to send the patient to me for clarification. Complainant had never approached me on my personal cell phone till date.
- k) To my surprise, record of his management at Hayatabad Medical Complex is submitted. This is unlawful act as patient's file/chart/record is hospital property and only authorities can retrieve such documents in view of patient confidentiality and professional ethics.

IV. REJOINDER OF THE COMPLAINANT:

4. Reply received from the Respondent doctor was forwarded to Complainant through a letter dated 13.09.2019 and subsequent reminder dated 22.06.2020 for his rejoinder. The Complainant submitted his rejoinder on 13.12.2021 wherein he reiterated his earlier stated version of facts and denied the reply of the Respondent.

V. HEARING

5. The matter was fixed for hearing before the Disciplinary Committee on 10.10.2022. Notices dated 27.09.2022 were issued to the Complainant, Respondent Dr. Sana Ullah Jan directing them to appear before the Disciplinary Committee on 10.10.2022.
6. On the said date the Complainant and Respondent Dr. Sana Ullah Jan appeared before the Disciplinary Committee.
7. The Committee asked the Complainant to briefly state his grievance, the Complainant stated that he has given complete account of events in his complaint. He further stated that he visited private clinic of Respondent Dr. Sana Ullah Jan who after conducting some tests advised surgery for retinal detachment. The surgery was performed on 27.02.2018 and Rs. 150,000 were charged. He further stated that they visited the Respondent after 15 days of surgery and complained about the problem in operated eye. The Respondent however reassured them and put some kind of oil in patient's eye. The Complainant further submitted that they kept visiting Respondent regularly. On 29.05.2018 the Respondent performed another surgery of the effected eye of the patient. Subsequently the Respondent advised the patient to get admitted at Hayatabad Medical Complex. The patient was admitted there on 07.06.2018 and on 10.06.2018 the Respondent referred the patient to Dr. Ibrar Hussain at Khyber Teaching Hospital. Thereafter the patient remained under treatment of Dr. Ibrar Hussain. The Complainant further submitted that due to negligence of the Respondent he has to go for artificial implant of the patient regularly which cost a lot of money.

8. The Committee enquired the Respondent to briefly state the management of the patient done by him to which he stated that the patient was a case of left retinal detachment with proliferative vitreo-retinopathy 'PVR' which signifies poor prognosis. Vitrectomy is a standard treatment option for retinal detachment. Surgery was performed on 27.02.2018 as per standard protocol which was a success since the retinal re-attachment was achieved. On follow up visits patient's attendants showed concern about vision, the attendant was explained that it was due to silicone oil which is a manageable condition through surgery. On 15-05-2018 the patient visited again and emulsification of silicon oil was observed. After examination the patient was advised to undergo silicone oil removal plus posterior capsulotomy plus posterior chamber intraocular lens implantation. The procedure was performed on 29.05.2018 and on the next day the patient was discharged after examination on routine medication.
9. On follow up visit the patient had symptoms of infection but ultrasound scan showed attached retina. To manage infection hospital admission was required therefore the patient was referred to Hayatabad Medical Complex. During admission at Hayatabad Medical Complex signs of spreading infection to extra-ocular tissues were foreseen. To decrease patient's pain and morbidity, keeping in mind the lost hopes to retrieve patient's eye or vision, he was advised to undergo left evisceration with orbital implant (domain of subspecialty of orbital surgeon). This approach was adopted to attain best possible cosmetic outcome. Patient was then referred to one of the best orbital surgeons, Professor Ibrar Hussain at Khyber Teaching Hospital, Peshawar. Patient was managed accordingly in Khyber Teaching Hospital, Peshawar. The Respondent further submitted that Complainant's grievance is based on misconception anatomic retinal attachment was successfully achieved through surgery.

VI. EXPERT OPINION

10. Dr. Fuad Ahmad Khan Niazi was appointed as expert to assist the Disciplinary Committee in the instant case. The said expert opined as under:

"After studying the case in detail and listening both parties, I firmly believe that this not a case of medical negligence."



VII. FINDINGS AND CONCLUSION

11. The Disciplinary Committee after perusal of the record and hearing the parties has observed that the main allegation of the complainant is that the Respondent performed surgery of the patient negligently due to which he lost his vision and he has to go for artificial eye implant.
12. Perusal of record reveals that the patient had retinal detachment for which Vitrectomy was performed by the Respondent on 27.02.2018. Subsequent scan follow up notes mentions about flat retina which signifies successful reattachment of retina. It is important to note here that vitrectomy is a standard procedure for retinal detachment. Furthermore, prognosis in such cases is very poor. In this case the patient subsequently developed infection for which the Respondent advised admission in Hayatabad Medical Complex on 06.06.2018, where the patient was treated. The patient was then referred to orbital surgeon for further management at Khyber Teaching Hospital where he was treated accordingly. The Expert ophthalmologist after going through the record has also opined that there is no medical negligence in the present case.
13. Keeping in view the submissions of parties, record produced by both the parties and the expert opinion we do not find any negligence on part of the Respondent Dr. Sana Ullah Jan. The complaint stands disposed off in the above terms.

Prof. Dr. Noshad Ahmad Shaikh

Member

Mr. Jawad Amin Khan

Member

Barrister Ch. Sultan Mansoor

Secretary

Prof. Dr. Naqib Ullah Achakzai

Chairman

27th October, 2022