



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. 8-1938/2021-DC/PMC

Mr. Adnan Nasir Vs. Dr. Taqdees Naqaish

Professor Dr. Naqib Ullah Achakzai	Chairman
Professor Dr. Noshad Ahmad Shaikh	Member
Mr. Jawad Amin Khan	Member
Barrister Ch. Sultan Mansoor	Secretary

Present:

Dr. Taqdees Naqaish (20446-P)	Respondent along with Counsel
Date of Hearing	10.10.2022

I. FACTUAL BACKGROUND

1. Mr. Adnan Nasir (herein referred to as the “Complainant”) filed a Complaint before the Disciplinary Committee of PMC on 18.01.2021 against Dr. Taqdees Naqaish (the “Respondent”) working at Medicare Pak Land Business Plaza, I-8 Markaz, Islamabad (the “Hospital”). Brief facts of the complaint are that:

- a) *Complainant took his wife, Sajda Ahmad (the “Patient”) to the Hospital on 11.05.2020, for an initial checkup concerning the patient’s pregnancy. The patient’s ultrasound was performed and early follow-up was advised by the Respondent. Owing to the physical pain experienced by the patient, she made a visit to the hospital on 13.05.2020, following which medical tests were suggested, encompassing ultrasound and thereafter diagnosed a 6-weeks incomplete miscarriage. Resultantly, on 14.05.2020, dilation and curettage (D&C) was performed by the Respondent and the patient was discharged with medications.*

- b) *On worsening of the patient's condition, she was taken to Shifa International Hospital, on 06.06.2020, where CT Scan displayed suspicion of ruptured ectopic pregnancy. On the 7th of June, 2020, the patient underwent exploratory laparotomy, and was found to have shown right tubal abortion with hemoperitoneum. Patient's right salpingectomy was done and was discharge on 09.06.2020.*
- c) *The Respondent misdiagnosed the patient's condition and failed to identify (diagnose) the ectopic pregnancy and removed the uterus pregnancy, that had no concern with the patient's actual problem. Due to the professional negligence and misconduct of the Respondent, the patient has suffered pain, went a near-death situation, critical surgery, which may cause the patient, a lifetime health complication incurring huge monetary cost.*

II. SHOW CAUSE NOTICE

2. In view of the allegations leveled in the Complaint, Show Cause Notice dated 17.02.2022 was issued to the Respondent in the following terms:

“...

4. **WHEREAS**, in terms of Complaint, it has been alleged that, Complainant brought his wife Mst. Sajda Ahmad (39 years) to Naqaish Medicare on 11th May 2020, for initial checkup regarding pregnancy where ultrasound was performed and the patient was advised for early follow up. On 13th May 2020 the patient experienced physical pain and visited you again at the above-mentioned hospital where you advised medical tests including ultrasound and diagnosed six weeks incomplete miscarriage. On 14th May 2020, dilation and curettage (D&C) was performed by you and the patient was discharged with medications; and
5. **WHEREAS**, in terms of Complaint, it has been alleged that, on 06th June 2020, the condition of the patient became critical and she was taken to Shifa International Hospital, Islamabad where CT scan showed suspicion of ruptured ectopic pregnancy. The patient underwent exploratory laparotomy on 07th June 2020 and was found to have right tubal abortion with hemoperitoneum. Her right salpingectomy was done and patient was discharged on 09th June 2020.; and
6. **WHEREAS**, in terms of Complaint, it has been alleged that, despite ultrasound being done twice you failed to diagnose ectopic pregnancy and removed the uterus pregnancy which was unrelated to the condition of the patient. It is further alleged that biopsy and ultrasound reports showed that there was no pregnancy in the uterus and you performed an uncalled-for D&C. Such conduct is, prima facie, in violation of the Code of Ethics of Practice for medical and dental Practitioners, Regulations, 2011 in general and Regulation 3 (e), 21(1) & (2) & 49(a) and 50 in particular ...”

III. REPLY OF THE RESPONDENT

3. In response of the Show Cause Notice dated 17.03.2020, the Respondent submitted her reply wherein she stated that:
 - a) *The patient visited the Hospital on 11.05.2020, wherein her ultrasound displayed intrauterine gestational sac corresponding to 5weeks+4days without fetal pole and cyst which was most likely corpus luteal cyst. The patient was brought to the hospital again, on 13.05.2020 and was presented at the Hospital with*

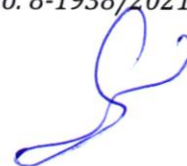


P/V bleeding and on examination, her OS was open and her products of conception were in vagina. She was advised emergency D&C which was performed to save life of patient but she had passed most RPOCS on examination prior to procedure, so we could get only scanty curettings during procedure which were still sent for Histopathology. Patient was discharged on 14.05.2020 and advised follow up checkup.

- b) As per patient, she went to Shifa Hospital, Islamabad on 06.06.2020, 3 weeks later and there also she had mild tenderness on deep palpation of suprapubic area, bloody discharge from cervix. They underwent C.T scan which showed suspicion of ruptured tubal ectopic pregnancy and the patient underwent exploratory laparotomy after which diagnosis of Tubal abortion was confirmed.*
- c) The patient did not visit the Hospital with these complaints on 06.06.2020 and instead she went to Shifa Hospital where she underwent several tests. We have been accused of not being able to diagnose ectopic pregnancy on ultrasound at 5 weeks on 11.05.2020 while in Shifa Hospital also she underwent CT scan to confirm diagnosis which at 12 weeks also showed suspicion of ruptured ectopic pregnancy, not definite diagnosis and diagnosis was confirmed on exploratory laparotomy which was also performed 01 day after patient was presented to Shifa Hospital on 07.06.2020.*
- d) In the 1st trimester, the presence of simple ovarian cysts usually represents corpus luteal cysts which support early pregnancy development, so the presence of cyst in early pregnancy of 5 weeks+4 days is not diagnostic of ectopic pregnancy and not all patients having early pregnancy cysts, do not undergo exploratory laparotomy to confirm ectopic pregnancy.*
- e) The Respondent emphasized that throughout her entire medical practice, she had never encountered any complain from her patients and thus making her surprised about this very Complaint, as it would have easily been confused with corpus luteal cyst, as in this case and nearly every experienced doctor has encountered this rare case once or twice in their medical practice.*
- f) The Respondent requested to reconsider this allegation against her as it is impossible to diagnose heterotopic pregnancy on initial visits and patients usually present in emergency are usually diagnosed on Exploratory laparotomy.*

IV. REJOINDER

4. The reply submitted by the Respondent doctor was forwarded to the Complainant on 28.03.2022 with directions to submit his rejoinder, but no reply has been received till date.
5. The Complainant submitted a letter/affidavit on 14.03.2022, wherein he conveyed his intent to withdraw his complaint against the Respondent. However, he was informed vide this office letter dated 28.03.2022 that consideration of any request to withdraw a Complaint, is the sole prerogative of the Disciplinary Committee.



V. HEARING

6. The matter was fixed for hearing before the Disciplinary Committee on 10.10.2022. Notices dated 27.09.2022 were issued to the Complainant and Respondent, Dr. Taqdees Naqaish directing them to appear before the Disciplinary Committee on 10.10.2022.
7. On the date of hearing, the Complainant remained absent whereas the Respondent Dr. Taqdees Naqaish appeared along with her counsel.
8. The Respondent Dr. Taqdees Naqaish stated before the Committee that she is a qualified gynecologist and handled the patient as per the protocols and no negligence as alleged in the complaint was committed. She further reiterated the contents of her written reply which are reproduced in preceding paras of this decision.
9. The Respondent further highlighted that the Complainant has submitted a request for withdrawal of his complaint which is part of the record. She further submitted that since there is no medical professional negligence and the Complainant has also submitted a request for withdrawal of his complaint therefore the complaint may be dismissed.

VI. FINDINGS AND CONCLUSION

10. The Disciplinary Committee after perusal of the record, and hearing the Respondent has noted that the Complainant has submitted a written request for withdrawal of his complaint on 14.03.2022. The Disciplinary Committee observes that Regulation 10 of the Pakistan Medical Commission Enforcement Regulations 2021 prescribe the procedure for withdrawal of complaint. The said provision is reproduced for ready reference.

10. Withdrawal of Complaint. - The Disciplinary Committee may permit the withdrawal of a complaint at any stage of the proceeding or may for reasons to be recorded refuse a withdrawal and proceed with the complaint in the absence of the complainant.

11. From the above quoted provision it is abundantly clear that the Disciplinary Committee has the discretion to permit the withdrawal of complaint. The Disciplinary Committee may refuse a

request of withdrawal and proceed with a complaint in absence of the Complainant for reason to be recorded. It is of paramount importance to note here that Pakistan Medical Commission being the primary and sole regulator of the medical profession is mandated to regulate the medical profession and take notice of any practices which are against the principles of 'good practices' and violation of code of ethics for medical and dental practitioners.

12. In the instant case however, the Disciplinary Committee after going through the record, application for withdrawal submitted by the Complainant and submission of the Respondent has decided to allow the withdrawal of instant complaint. The complaint at hand stands disposed-off in the above terms.


Prof. Dr. Noshad Ahmad Shaikh

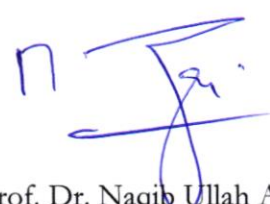
Member


Mr. Jawad Amin Khan

Member


Barrister Ch. Sultan Mansoor

Secretary


Prof. Dr. Naqib Ullah Achakzai

Chairman

27th October, 2022