



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF. 8-1975/2021-DC/PMC

Mr. Athar Kamran Vs. Dr. Naveed Zaman Akhonzada

Professor Dr. Naqib Ullah Achakzai	Chairman
Professor Dr. Noshad Ahmad Shaikh	Member
Mr. Jawad Amin Khan	Member
Barrister Ch. Sultan Mansoor	Member
Dr. Usman Malik	Expert (Neurosurgery)

Present:

Mr. Athar Kamran	Complainant
Dr. Naveed Zaman Akhundzada (15527-N)	Respondent
Hearing dated	10.10.2022

I. FACTUAL BACKGROUND:

1. Mr. Athar Kamran (the "Complainant") filed a Complaint on 16.08.2021 against Dr. Naveed Zaman Akhundzada (the "Respondent") working at Rehman Medical Institute, Hayatabad, Peshawar (the "Hospital"). Brief facts of the complaint are that:
 - a) *The patient (daughter of the complainant) was brought to the Respondent at the Hospital. The Patient was a diagnosed case of 'hydrocephalus' and operated by the Respondent, twice on 02.06.2021 and 29.06.2021 respectively.*

- b) Right sided ventriculoperitoneal shunt was placed. However, the patient had severe post-op complications and passed away on 11.07.2021. The reason for death as mentioned is 'cardiopulmonary arrest secondary to severe infection.'
- c) The Complainant alleged that the patient required 'Low pressure VP shunt' however; the Respondent placed 'medium pressure vp shunt'. The Complainant requested that strict action be taken against the Respondent for his negligence

II. SHOW CAUSE NOTICE TO RESPONDENT, DR. NAVEED ZAMAN

2. In view of the allegations leveled in the Complaint, Show Cause Notice dated 20.07.2022 was issued to the Respondent, Dr. Naveed Zaman in the following terms:

“... ”

4. WHEREAS, in terms of complaint, it has been alleged that, the Complainant brought his 09 months old daughter namely Anaya, to Rehman Medical Institute Peshawar on 31.05.2021, where you were the treating doctor. The patient was diagnosed as case of hydrocephalus and you advised and planned surgery (Ventriculo Peritoneal Shunt Insertion); and

5. WHEREAS, in terms of complaint, it has been alleged that the surgery was performed on 02.06.2021, however, a week after the surgery, the patient developed complications and again had all those symptoms which were present before the surgery. The complainant informed you about the condition of the patient on 18.06.2021; and

6. WHEREAS, in terms of complaint, it has been alleged that on 28.06.2021 you told the complainant that the VP Shunt placed in the first surgery has been blocked and another surgery is immediately required. You performed another surgery on 29.06.2021, however, the condition of the patient further worsened, as she came out of anesthesia after 10 to 12 hours and lost body movements; and

7. WHEREAS, in terms of complaint, it has been alleged that the patient required 'Low Pressure VP Shunt' whereas you negligently deployed 'Medium pressure VP Shunt' in both the surgeries which did not work. Furthermore, as per MRI brain dated 06.07.2021 there was "Severe hydrocephalous with small intraventricular hemorrhage VP Shunt require readjustment"; and

8. WHEREAS, in terms of complaint being dissatisfied with your treatment the Complainant took the patient to Prime Teaching Hospital Peshawar on 08.07.2021, where she was diagnosed as a case of "ventriculitis after post VP shunt" and was admitted for further management. The patient however died on



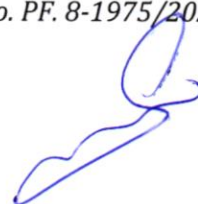
11.07.2021 in Prime Teaching Hospital Peshawar. Cause of death was mentioned as “cardiopulmonary arrest secondary to severe infection”; and

9. WHEREAS, in terms of complaint, you failed to foresee the intra-operative and post-op complications and further failed to provide quality of care required in such cases, leading to death of the patient. Such conduct is, prima facie, in violation of the Code of Ethics of practice for medical and dental practitioners, Regulations, 2011 generally and Regulation 4, 2(1), 49(a) and 50 particularly. ...”

III. REPLY OF RESPONDENT, DR. NAVEED ZAMAN

3. Respondent, Dr. Naveed Zaman submitted his joint reply to Show Cause Notice on 22.08.2022 wherein he contended that:

- a) Patient was admitted on 27.05.2021, and was diagnosed with hydrocephalus; neurosurgery consultation was taken & after CSF analysis she was advised to get a CSF diversion procedure, however, Complainant wanted second opinion for the patient and got her discharged-on will.
- b) Patient presented again on 31.05.2021 for consultation and later same day got admitted for Ventriculoperitoneal shunt insertion. Patient was operated on 02.06.2021 and CSF samples were taken intra operatively. She recovered well from anesthesia and surgery. Patient gradually got better and was discharged on 5th post-op day.
- c) On a follow-up (10 days later) patient was doing neurologically well except intermittent cough. Patient had been admitted at another Hospital for complaint of cough, fever and irritability and was provisionally diagnosed with measles. Patient was put on IV antibiotics and other medications and per family, patient had a reaction to a medicine, after which patient developed skin rashes and episodes of fits.
- d) On 18.06.2021, patient was brought to emergency room of Hospital where her Chest X-ray & blood workup indicated opacities seen in bilateral upper zone and anemia, infection with high ESR/CRP, respectively. Procalcitonin level sent by pediatric team symbolized systemic infection. CSF sample was taken from VP shunt reservoir, suggestive of a working condition shunt. Neurological exam was intact grossly per the assessment of pediatrician/Neurosurgeon. Evaluation by the eye-specialist on 25.06.2021 suggested no papilledema & normal fundus; a clinical indication of normal ICP.
- e) On 28.06.2021, patient's VP shunt reservoir was tapped for CSF sampling, but CSF flow was found sluggish (conveyed & discussed with patient's mother). Again, in the evening shunt reservoir was checked, which indicated blockage. Being a common complication with ventriculoperitoneal shunt insertion, family was advised for an intervention and change of blocked VP Shunt. The Family had financial issues and

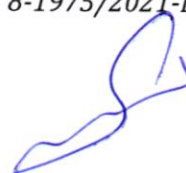


wanted some time. In the night, patient started developing signs of CSF obstruction and thereafter, family agreed for surgical intervention.

- f) The cranial arm of VP shunt tubing and reservoir was found blocked with debris and were changed. CSF sample + catheter tip was taken and sent for analysis and patient was kept on ventilator. Post-op, patient developed harsh breathing pattern and difficulty in breathing. The Anesthesia, ICU team, pediatric team and neurosurgery suspected pulmonary complication related to her chest infection along with previous surgical history of lungs. However, with change of endotracheal tube and increase in respiratory support patient gradually got stable, ventilator was weaned off gradually and she was shifted to non-ventilated bed in pediatric ward. All treatment procedures adopted for the patient were as per International Standards.
- g) On 03.07.2021, patient had first episode of generalized body stiffness, increasing gradually in number. Patient was vitally stable but brain MRI suggested encephalitis/meningitis and static gross hydrocephalus. Her clinical condition was static; multiple specialty-doctors suggested chronic issues with CNS-infection (Encephalitis, meningitis, ventriculitis) as the primary-cause of the neurological condition.
- h) Due to chronic CNS infection and low response to IV medication and shunt malfunctions, family was counselled about external ventricular drain with options of direct injection of antimicrobial medication (Intra-thecal route) into the ventricles. EVD pros and cons were also discussed and documented. However, family wanted further opinion, did not underwent any further procedures and sought LAMA (Leave against Medical Advice) and went to another hospital.
- i) Patient remained in that hospital for more than 4 days without any further intervention in terms of any CSF diversion or change of ventriculoperitoneal shunt. Also, the death certificate mentions that patient had cardiopulmonary arrest secondary to severe infection, which confirms the primary diagnosis of infection and primary cause of deterioration made by multiple consultants in RMI as well.

IV. REJOINDER OF THE COMPLAINANT

4. Reply received from the Respondent doctor was forwarded to Complainant through a letter dated 23.08.2022 for his rejoinder.
5. The Complainant submitted his rejoinder on 31.08.2022, wherein he rejected the reply submitted by the Respondent. Moreover, Complainant reiterated his earlier stance and requested for stern action against Respondent in view of his medical negligence.



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. Naveed Zaman Akhunzada directing them to appear before the Disciplinary Committee on 10.10.2022.
7. On the date of hearing, both the Complainant and the Respondent were present in person.
8. The Complainant was asked to present his Complaint to which he stated that negligence of the Respondent doctor in the patient's treatment and surgery, has resulted in the death of the patient. He stated that the patient was a less than 01-year-old baby and diagnosed as case of hydrocephalus with advice of surgery (Ventriculo Peritoneal Shunt Insertion). 'Medium pressure VP shunt' was used instead of requirement of 'Low-pressure shunt' and the condition of the patient worsened after recovery from anesthesia. Due to the deliberate negligent conduct of the Respondent, patient lost function of her hands and feet, developed severe hydrocephalous with intraventricular hemorrhage, requiring readjustment of shunt. Complainant alleged that due to gross negligence of the Respondent, the patient expired.
9. The Respondent doctor was asked to explain the management of the patient to which he stated that the patient was diagnosed with hydrocephalus and advised CSF diversion, however, the patient got discharged at will by parents. Within 07 days, patient was again presented, was admitted and successful 'Ventriculoperitoneal shunt insertion' of the patient was done. The CSF samples had been taken during the operation and patient was discharged on 5th post-op day, being satisfied. Later, the condition of the patient deteriorated, tests revealed working condition shunt. He kept eye-specialist also on-board. Later, the VP shunt showed sluggish flow which showed blockage when checked. Intervention to change a blocked shunt was done, post-consent of parents, in consultation with Anesthesia, ICU, pediatric and neurosurgery teams. Patient had chronic CNS infection, low response to IV and parents took patient to another hospital, LAMA (Leave against Medical Advice).

VI. EXPERT OPINION



10. Dr. Usama Malik was appointed as an Expert to assist the Disciplinary Committee in this matter.

The Expert after going through medical record and submissions of parties opined as under:

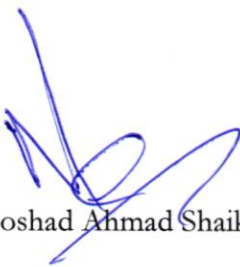
- (i) CSF, R/E and C/S should have been done pre-operation
- (ii) In response to growth, per CSF culture, shunt should have been removed and external ventricular catheter should have been placed.
- (iii) The Respondent should be given strict warning, to be careful in the future.

VII. FINDINGS AND CONCLUSION

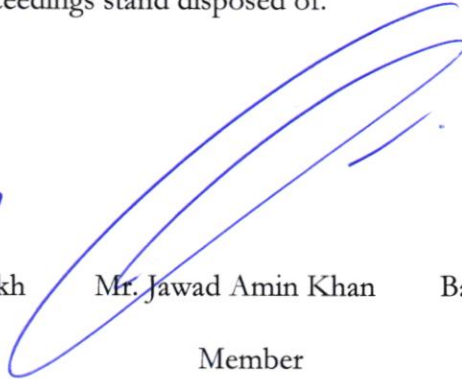
11. The Disciplinary Committee has perused the relevant record, submissions of the parties and the expert opinion in the instant Complaint. The patient (Complainant's daughter) was diagnosed as a case of 'Hydrocephalus' and surgery was performed and Ventriculoperitoneal VP Shunt was inserted. CSF samples were taken during operation procedure and patient discharged. However, patient was again brought to Emergency after few days, where the tests revealed that VP Shunt was working. The necessary medical teams were taken on board by the Respondent, however, the shunt started showing sluggish movement and later revealed to be blocked. Intervention operation was done; however, patient had chronic CNS issues and was taken to another establishment by the parents. Ultimately, the patient expired.
12. During the hearing, we inquired into the health of the baby at the time of birth including through Ultra-sound tests and later development of the child compared to the Milestones. We were informed that the birth of the child was normal. However, we infer from the statement of both parties, that the patient was immune-compromised and her Milestones were not satisfactory as well.
13. It is inferred from the available evidences that the Respondent advised the Ultra-sound of the patient and based on the report, Respondent advised CT scan to ensure an accurate analysis of the patient. The patient had been constantly monitored and the Neurosurgery, pediatrics and related medical teams were taken on board to comprehensively treat the condition of the patient. However, the fungal meningitis report should not have been avoided, as this seems the infection was present.




14. Based on the available record and evidences before us and taking into account the opinion of the Expert in this case, we observe that the allegation of the Complainant to the effect that the patient died due to the negligent medical treatment provided by the Respondent, is not established.
15. The Disciplinary Committee, in light of the opinion of the Expert in the present hearing, issues a strict warning to Dr. Naveed Zaman Akhundzada to adopt an improved conduct in treatment of such cases. The subject proceedings stand disposed of.



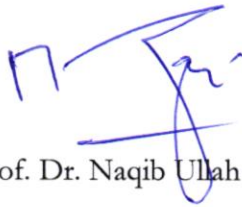
Prof. Dr. Noshad Ahmad Shaikh
Member



Mr. Jawad Amin Khan
Member



Barrister Ch. Sultan Mansoor
Secretary



Prof. Dr. Naqib Ullah Achakzai
Chairman

27th October, 2022

