BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF. 12-Comp-192/2018-Legal

Mr. Arshad Amin vs Dr. Muhammad Naeem

Mr. Ali Raza	Chairman
Mr. Aamir Ashraf Khawaja	Member
Dr. Asif Loya	Member

Present:

Brig Dr. Irfan Shukr	Expert (Surgery)
Dr. Muhammad Naeem (27986-P)	Respondent
Mr. Muhammad Rafique	Administrator Kardar Hospital, Faisalabad.

I. FACTUAL BACKGROUND

Reference from Punjab Health Care Commission

1. A reference was sent to the Disciplinary Committee of erstwhile PMDC on 15-11-2017 by Punjab health Care Commission (PHCC) in the matter of complaint by Mr. Arshad Amin (hereinafter referred to as the "Complainant") against Dr. Muhammad Naeem (herein after referred to as the "Respondent"). Brief facts of the case are that 51 years old Mr. Arshad Amin (Complainant) had reported to Dr. Tufail Muhammad (FRCP Medical Specialist/Nephrologists) on 11-05-2015, with complaints of right lumber and iliac fossa pain along with flatulence and dyspepsia. There was no fever, nausea, or urinary complaint. Ultrasound was done and medicine was advised. Since his pain did not get relieved, he went to Dr Abdul Hafeez at Kardar Hospital, Faisalabad. He was

told that he has appendicitis that requires surgery. He was operated upon for Five hours on 15-08-2015 without giving him general anesthesia by holding his arms and legs and instead of his appendix, his whole abdomen was torn apart. Upon inquiry from his son who heard cries of father outside operation theatre, he was told that anesthetist was not present.

2. The matter was taken up by the PHCC. The expert of PHCC Board had made the following observations:
   a. *This appears to be a complicated case of appendicitis based on the operative findings of Dr Naeem.*
   b. *It appears from his notes that patient needed exploratory laparotomy.*
   c. *This should have been done under General Anesthesia to ensure adequate peritoneal lavage without causing unnecessary pain during surgery as documented in patient's complaint.*
   d. *For perforated appendix leading to peritonitis standard of care is peritoneal lavage / drainage & if safe appendectomy.*
   e. *Right hemicolectomy & sigmoid colectomy without histological report of gangrene is difficult to justify.*
   f. *Onus of the proof of gangrenous gut lies with the operating surgeon and this is in the form of histopathology.*
   g. *In the presence of gangrene and diffuse peritonitis as described by the surgeon, doing two anastomoses is very unsafe in my opinion. Ileostomy instead should have been a safe option.*
   h. *Dr. Naeem should be asked to justify his operation and choice of anesthesia in light of above argument.*

3. In its findings, the PHCC board unanimously decide to refer the case of doctor Naeem to PMDC for not exercising with reasonable competence the skill which he possessed.

Reply of Respondent

4. In response to notice to appear before the Disciplinary Committee the Respondent filed following response vide letter dated 15-03-2021:

   a. *The patient visited Kardar hospital on dated 13-8-2015. He was sick since long time (7months history as mention in the chart) and visited many consultants before final visit to Kardar Hospital. He visited Dr. M. Tufail, Nephrologist, one week ago. On 13-08-2015, he visited to Dr. Abdul Hafeez Kradar. Dr. Kardar referred him to me. I advised him indoor treatment for this problem. The patient went back without treatment. After lapse of another two days, dated 15-08-2015, patient arrived back to Kardar*

hospital late in the evening with sever agony and requested for treatment. The patient was admitted. I visited the patient (in the room) and advised operation (Laparotomy) after detail examination. The patient's attendant was informed about the severity of the disease.

b. *The patient was operated after 3 hours. During operation, attendant of the patient was called inside the theatre, condition / operative findings of the patient were discussed with the attendant (about necrotic gut). After discussion and with patient attendant's consent, resection of gangrenous part of the gut was done and anastomosis was completed. The patient remained stable after surgery. On fourth postoperative day, leak of gut contents identified and second surgery was discussed with the attendants. The patient's attendants were not willing for the second surgery. With the consent of the patient attendants, the patient was referred to Allied Hospital (Tertiary Care Centre).*

c. *There was a significant delay in diagnosis of the condition and resultantly not so-good prognosis. He had visited a nephrologist thinking to be kidney pain and the Urologist prior to coming under my care. Even then, there was a delay of at least 48 hours before got admitted and operated upon. In a situation of inflammatory (+_ malignant) disease of intestine, this delay is significant and ultimately led to morbid outcome.*

d. *With reference to histopathology report, the specimen in formalin with an advice slip was handed over patient attendant (this is the procedure for histopathology at Kardar hospital). As the patient was 52 year old and with long history of illness, the cause may be a chronic infection, acute or chronic infection, any growth etc. on fifth post-op day patient was referred from Kardar hospital to Allied Hospital on the request of patient's attendants. The histopathology report was still awaited after referral the cause of the gut gangrene can be confirmed by histopathology. The report must be with patient's attendant. Since the patient had not visited back, I have not seen the report.*

II. PROCEEDINGS OF DISCIPLINARY COMMITTEE OF ERSTWHILE PMDC

5. The matter was taken by the Disciplinary Committee on 29- 06-2019 at Lahore. Both parties were absent. Case was adjourned and it was decided that the parties will be re-noticed for appearance before next DC meeting.

III. DISCIPLINARY COMMITTEE UNDER PAKISTAN MEDICAL COMMISSION

6. Pakistan Medical and Dental Council was dissolved on promulgation of Pakistan Medical Commission Act on 23 September 2020 which repealed Pakistan Medical and Dental Council Ordinance, 1962. Section 32 of the Pakistan and Medical Commission Act, 2020 empowers the Disciplinary Committee consisting of Council Members to initiate disciplinary proceedings on the complaint of any person or on its own motion or on information received against any full license holder in case of professional negligence or misconduct. The Disciplinary Committee shall hear and decide each such complaint and impose the penalties commensurate with each category of offence.

Hearing on 20-03-2021

7. The Disciplinary Committee held the hearing of pending disciplinary proceedings including complaint of Mr. Arshad Amin on 20-03-2021. On the date of hearing Respondent Dr. Naeem was present and Dr. Rafique, Administrator Kardar Hospital was also present.

8. Respondent Dr. Naeem was asked to summarize the matter. He stated that patient visited Kardar Hospital on 13-08-2015 with pain abdomen (right side) for seven days and after consultations from various doctors. It was noticed on the admission prescription that it was appendicitis but on careful detailed examination he was diagnosed as a case of appendicular mass by Dr. Abdul Hafeez Kardar as is evident from record and after detailed discussion on the condition of the patient laparotomy was advised and family was informed accordingly. Patient left and followed up after two days and thus due to delay the disease had progressed further. There was appendicular mass on examination. Patient's condition however was explained to the family that the issue may be more than just an appendicular mass and additional procedures may be required. Consent for laparotomy was sought and laparotomy was performed accordingly. Patient was taken to the operating room On 15-08-2015 at 9:30 pm after pre-op examination and assessment. On his post-operative period he was regularly seen for any complications and was discharged on 21-08-2015 at 2:30 pm.

9. On a question regarding choice of anesthesia being spinal the Respondent stated that as per policy of the hospital all procedures were supervised by qualified anesthetists. Spinal anesthesia was given by Dr. Ghulam Mustafa (Head of Social Security Hospital, Faisalabad) considering that appendicular mass could easily be removed under spinal however it was later converted to general anesthesia because of length and extent of procedure.

10. The Respondent doctor was asked about his choice of incision being grid iron incision instead of midline incision since choice of incision for laparotomy is midline incision. The Respondent stated that upon visualizing pus in peritoneal cavity and a mass of gut being gangrened the incision was extended to laparotomy.

11. Specific question was asked about intra operative findings to which the Respondent replied that there was pus and necrotic tissue, mass in cecum, necrotic wall of cecum and sigmoid colon adhering to mass. Rest of the abdominal cavity was unremarkable. Gut was collapsed as the patient had been on liquids for past few days. Patient' attendants were explained the situation.

12. Regarding choice of treatment opted afterwards he stated that primary anastomosis was opted, resection of distal ileum and a part of ascending colon was done, drain was placed in pelvis, NG was passed and catheterization was done. Ileostomy was not preferred as the same results in poor quality of life due to prolonged pouring out of fecal material and in such cases second surgery is always needed for re-anastomosis.

13. On a specific question regarding consent for anastomosis, the Respondent states that since consent at length was sought for laparotomy therefore consent for additional minor procedures was not sought.

14. With regards to post-operative care and findings he stated that post operatively broad-spectrum antibiotic cover was given and daily blood was transfused. Patient had remained stable and was mobilized in due course. However, on 6th post-operative day he developed abdominal distention and there was minimal greenish discharge from the wound. Leak of anastomosis as being most common complication was identified, recorded and explained to attendants. Ileostomy was discussed as choice of further treatment but attendants were not willing and they decided to shift the patient. Patient was then referred to Allied Hospital, Faisalabad. Patient's attendants however took the patient to Doctor's Hospital themselves.

15. Dr. Rafique, Administrator Kardar Hospital on behalf of Kardar Hospital (Administration) was present. He states that the delay of 2 days on part of patient after being diagnosed led to worsening of the situation. He has submitted completed record of the patient available with the Hospital.

Expert opinion by Brig. (Retd) Dr. Irfan Shukar

16. Brig. (Retd) Dr. Irfan Shukar who was appointed as an expert to assist the Disciplinary Committee in the matter has opined that:

"Dr Naeem operated on a complicated case of acute appendicitis with appendicular mass.

He started the case with incision of appendicectomy that was converted to laparotomy. This was a correct decision because operative findings suggested that appendicular mass was difficult to operate by limited appendicectomy incision.

Patient was operated under spinal anesthesia. Although this should have been done under General Anesthesia, but high spinal anesthesia is equally effective. It is not possible to determine on the basis of pain experienced by the patient that the anesthesia was ineffective, because patient can experience pain when the anesthetic effect weans off after the operation. Better analgesia should have been given to the patient to ensure adequate operation without causing unnecessary pain during / immediately after surgery as documented in patient's complaint.

Limited Right hemicolectomy is correct operative treatment for gangrenous portion involving right side of intestine. Similarly for gangrenous / damaged sigmoid colon sigmoid colectomy is correct treatment done by Dr Naeem. Right hemicolectomy & sigmoid colectomy without histological report of gangrene is justified because during operation gangrene is diagnosed on naked eye examination.

Similarly in the presence of gangrene and diffuse peritonitis doing two anastomoses is not safe if there is no gross infection, pus, fecal contamination at the bed site of anastomosis. But there is no evidence to suggest presence of above. Therefore, doing anastomosis was justifiable.

Although many choices of operation exist in such a case. But considering above the choice of operation by Dr Naeem was not incorrect."

IV. FINDINGS/ CONCLUSION OF THE DISCIPLINARY COMMITTEE

17. The Committee has perused the relevant record, submissions of the parties and the expert opinion in the matter. Patient visited Kardar Hospital on 13-08-2015 with pain abdomen (right side) for seven days. After consultations from various doctors, appendicitis was noticed on the admission prescription but on careful detailed examination he was diagnosed as a case of appendicular mass by Dr. Abdul Hafeez Kardar as is evident from record and laparotomy was accordingly advised by Dr. Naeem being surgeon. He had discussed the condition of the patient with attendants and had explained the complication that the problem was more than merely appendicitis and might require additional procedure. It looked like a mass and this was not typical for ordinary case of appendicitis. As per his statement complete gut was found collapsed.

18. Consent for laparotomy was sought and laparotomy was performed accordingly. Patient was taken for surgery on 15-08-2015 at 9:30 pm and as is evident from record. During his post-operative period he was regularly seen for any complications and was discharged on 21-08-2015 at 2:30 pm.

19. Regarding the choice of anesthesia being spinal the Respondent stated that as per policy of the hospital all procedures were supervised by qualified anesthetists. Spinal anesthesia was given by Dr. Ghulam Mustafa (Head of Social Security Hospital, Faisalabad) considering that appendicular mass could easily be removed under spinal however it was later converted to general anesthesia because of length and extent of procedure.

20. From record it is evident that there was delay on part of Complainant/ patient in seeking proper treatment. Due to delay the disease had progressed further which led to the worsening of the condition of patient. Based on the expert opinion and record made available to the Committee, the Committee observes that there was no wrong choice of treatment by the Respondent and leaking of anastomosis/dehiscence is a known complication of anastomosis. The Respondent had explained the complications of the surgery and had made timely visits post operatively to observe for any complications.

21. During the hearing, the Respondent doctor was asked about his qualification for ultrasound as ultrasound reports presented as record of the case have been signed by him. The Respondent doctor stated that he had done training but he has no relevant qualification in this field.

22. It is clarified that in terms of Section 29(2) of the Pakistan Medial Commission Act, 2020 a general practitioner may treat all ordinarily recognized common medical ailments and shall not practice in fields or specialties, as recognized by the Commission for which formal training is required subject to any restrictions prescribed by the Council. Similarly, no medical practitioner shall represent himself as a specialist or practice as a specialist, without having appropriate qualifications, recognized and duly registered by the Commission. Section 29 is reproduced in relevant parts as under:

Section 29 - Licensing

(2) A general practitioner may treat all ordinarily recognized common medical or dental ailments and shall not practice in fields or specialties, as recognized by the Commission

for which formal training is required subject to any restrictions prescribed by the Council. In life saving emergencies treatment may be provided until ordinarily recognized specialist services can be obtained or a safe referral can be ensured. No practitioner shall represent himself as a specialist or practice as a specialist, without having appropriate qualifications, recognized and duly registered by the Commission.

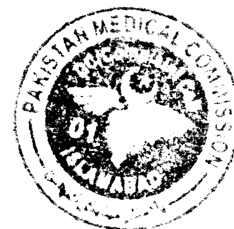
23. In view of above, the Disciplinary Committee is of the considered view that the treatment protocol was rightly observed and the treatment provided by the Respondent was right and this did not lead to worsening of condition. Since there appears no professional misconduct/ negligence on part of Dr. Naeem therefore he is exonerated from charges levelled against him. However is using titles/ nomenclature like ultrasound specialist with his name on his prescription which he is not authorized to, therefore a penalty of PKR 50,000 (Fifty thousand Rupees) is imposed on Respondent Dr. Muhammad Naeem for such deceptive practices which may mislead the general public. Accordingly, the Respondent Doctor is directed to pay the fine amount in the designated bank of the Commission within fourteen (14) days from the issuance of this decision and forward a copy of the paid instrument to the office of the Secretary to the Disciplinary Committee, failing which license of the Respondent doctor shall be deemed suspended and shall remain suspended until such time the fine is paid.

24. The subject proceedings stand disposed of in terms of above directions.

Mr. Aamir Ashraf Khawaja
Member

Dr. Asif Loya
Member

Muhammad Ali Raza
Chairman



31st May, 2021