



**BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION**

In the matter of

Complaint No. PF.8-1844/2019-DC/PMC

Omar Sultan Vs. Dr. Haroon (46284-P) and Dr. Ayesha Waqar (30288-P)

Mr. Muhammad Ali Raza	Chairman
Dr. Anis-ur- Rehman	Member
Dr. Asif Loya	Member

*Present:*

Dr. Ayesha Waqar (30288-P)	Respondent
Hearing dated	04.06.2022

**I. FACTUAL BACKGROUND**

1. The instant Complaint was lodged by Mr. Omar Sultan (hereinafter referred to as the "Complainant) against Dr. Muhammad Haroon (hereinafter referred to as the "Respondent No. 1") and Dr. Aisha Gul (hereinafter referred to as the "Respondent No. 2") on 09.04.2019 alleging professional negligence. The Complainant has alleged that:
  - a. he was admitted in Maroof International Hospital, Islamabad on 19.11.2018 under care of Respondent No. 1, who claimed to be a medical specialist and diagnosed him as a case of acute Hepatitis.

- b. At the time of admission, Complainant was hemodynamically stable but afterwards his condition deteriorated significantly and he developed acute kidney injury, tachycardia, shortness of breath and severe weakness during his stay at the Hospital.
  - c. NSAID medicine was injected and PLASBUMIN injection were used, despite the patient's tests showing no such need. On 24.11.2018, Complainant was shifted to ICU and then referred to Shifa International Hospital, Islamabad as a case of Fulminant Hepatic Failure and case of Liver transplant. The Complainant was treated negligently which led to aggravated illness and suffering of the Complainant.
2. In view of the allegations leveled in the complaint, a notices dated 18.07.2019 were sent to the Respondent No. 1 and Respondent No. 2 by the Disciplinary Committee of erstwhile PMDC along with copy of complaint, requiring both respondent sot submit their comments.

## II. REPLY OF RESPONDENTS NO. 1 & NO. 2

3. In response to the notice dated 18.07.2019, Respondent No.1 did not submit any response. Besides, he did not submit any response to Notices dated 08.08.2019 and 22.06.2020, till date.
4. In response to Notice dated 18.07.2019, Respondent No. 2 submitted her reply on 31.07.2019, wherein she submitted as under:
- a. *Dr Muhammad Haroon attended the patient (present Complainant) brought to Emergency Room of Maroof International Hospital on 19.11.2018. He later admitted him under his care as primary physician. Patient had complaints of fever, vomiting, diarrhea and pain abdomen for last 4 days.*
  - b. *Dr. Haroon admitted the patient as a case of Acute Viral Hepatitis and the results of Lab reports showed Bilirubin: 8.3; AST: 9780; ALT: 5248; Alkaline Phosphatase: 99; PT: 16.9; INR: 1.3; HB: 14.2; WBC: 7.49; Platelets: 208; BSR: 103; Creatinine 1.1; BUN: 13; Sodium: 141; Potassium: 4.2; Chloride: 103; Bicarbonate: 20.1 Malarial Parasite: Negative. Similarly, the Liver Function Tests (LFT's) of Complainant showed Bilirubin: 8.3; AST: 9780; ALT: 5248; Alkaline Phosphatase: 99; PT: 16.9; INR: 1.3; HBsAg: Negative; Anti-HCV: Negative; Hepatitis Delta Antibodies: Negative; HEV-Igm: Negative; Anti HAV-Igm: Positive.*
  - c. *It is evident that Complainant's LFT's were grossly deranged at the time of admission. PT-INR was normal showing a good synthetic function (although too early to conclude so). I was requested by Dr Mohammad Haroon, who was the primary physician of this patient to see this patient on the evening of*

- 20-11-2018. I advised a). daily monitoring of Liver Function Tests, b) avoid hepatotoxic medications especially paracetamol, c) continue supportive treatment in the form of intravenous fluids, d) reassurance
- d. I agree with the Complainant that clinical condition of the patient deteriorated significantly during the next five days. He had persistent vomiting, high grade fever, anorexia and deepening of jaundice. I was again requested by Dr Haroon after passing of another day, on 22.11.2018 to review this patient in light of deteriorating clinical condition. Fever was high grade and jaundice had deepened. Persistence of fever, persistent vomiting and bilirubin values above 20 are bad prognostic markers, which were present in this patient.
  - e. I agree with the Complainant that Renal Function Tests were normal at the time of admission. Bilirubin was 8.3 at the time of admission but rose to a dangerously high level of 61 over the next five days. Such a high bilirubin is toxic to renal tubules and can cause acute kidney injury, and thus it caused such.
  - f. In the beginning, his PT-INR was normal, in spite of grossly deranged liver enzymes and elevated bilirubin, depicting a normal liver synthetic function, PT-INR is a very good prognostic marker of liver disease and as long as PT INR is normal, we can reassure the family that liver will recover with time. The patient, Omer Sultan, received conservative treatment for acute viral hepatitis "A" with IV fluids, dextrose. Risek, Onset but he continued to have fever, vomiting, right upper quadrant pain and his bilirubin rose to a level of 61 and at the same time, hemoglobin dropped to 7.2 and white cell count rose to 31,000. Peripheral blood film showed microspherocytosis with macrocytosis, pictures suggestive of hemolytic anemia. Reticulocyte count was 5% and Coomb's Test, both direct and indirect, was negative. Serum LDHI was 4000. Possibly, there was an element of hemolytic anemia which is a recognized complication of acute viral Hepatitis "A", and this added to the bilirubin burden. AST and ALT levels were falling but it could be due to enzyme depletion as happens in massive hepatic necrosis.
  - g. He maintained his conscious level throughout illness and never developed hepatic encephalopathy. Urine examination showed bilirubin 3+, protein 3+, blood 1+, 8-10 RBCs and bacteria 2+. It actually depicts about severe tubular injury due to direct toxic effect of bilirubin and bile salts in patients with deep jaundice.
  - h. I agree with the Complainant that he developed tachycardia and shortness of breath. But the reason is not inaction on the part of treating doctors; instead, he had a co-existing lactic acidosis as his arterial blood gases showed metabolic acidosis and serum lactate level was significantly elevated. His kidney functions were normal at the time of admission, but on 24.11.2018, before his referral to Shifa International Hospital (SIHI), he developed acute kidney injury as his creatinine rose to 1.5 and BUN was also elevated. His sodium dropped to 115, potassium was normal and bicarbonate was low, Lactic acidosis, electrolyte imbalance and acute kidney injury are also recognized complications of Hepatic failure. His LFTs worsened gradually since 19.11.18 till 24.11.18, as available in the records.
  - i. Complainant's blood culture did not show any growth and source of infection was unidentified. He was on IV antibiotics from the very start and was transferred to medical ICU from private room when his condition deteriorated on 23.11.18. His fever was persistently recorded at 102-103 degrees throughout hospital stay, his vomiting was intractable and he remained fully conscious. Persistent fever and vomiting were attributed to ongoing hepatic necrosis.
  - j. I am not aware of the reasons and circumstances related to shifting of the patient to ICU and Shifa International Hospital. However, Dr. Haroon verbally informed me that he referred the patient to liver transplant facility at Shifa International Hospital, Islamabad, after discussing the case with doctor on duty in the ICU at Shifa International Hospital, Islamabad, because his INR was 1.8, bilirubin was 61 and creatinine was 1.5. His "Model of End Stage Liver Disease" (MELD) score was 32.

- k. *The decision to transfer the Complainant to SIH was made by the primary physician, not to camouflage any negligence but to ensure that the patient reaches safely to a place where Advanced therapeutic facilities are available and in the best interests of the patient.*
- l. *The day he was shifted, on 24.11.2018, his P'T-INR was deranged to 1.8 and creatinine started to rise to 1.5, and Blood Urea Nitrogen was 59, and it was expected that he might need urgent hemodialysis and/or liver transplant if the disease kept on worsening. Acute kidney injury occurred because of huge bilirubin load and sepsis due to co-existent UTI.*

### III. ORDER OF ISLAMABAD HIGH COURT, ISLAMABAD DATED 18.01.2022

5. This matter has also been referred to the Pakistan Medical Commission by the Islamabad High Court, Islamabad vide its order dated 18.01.2022 passed in the matter of Criminal Appeal No. 2016/2019. The relevant portion of order of Islamabad High Court is reproduced below:

“ ...

2. *The complainant alleges professional negligence and misconduct on the part of respondents 1 to 3, which falls within the ambit of the Commission in terms of Section 32(3) of the Pakistan Medical Commission Act 2020 ('Act of 2020').*
3. *Learned counsel for the parties apprised that the Commission has since been established under Section 3 of the Act of 2020 and is functional.*
4. *Section 32(3) of the Act of 2020 provides that the Commission on the complaint of any person shall initiate disciplinary proceedings against any full license holder in respect of any medical negligence or misconduct, therefore, in presence of statutory remedy before the Commission, further proceedings in the instant Criminal Appeal are not warranted.*
5. *In view of above, with consent of the parties, matter is accordingly remitted to the Commission for further proceedings in due course. The matter pertains to the year 2018. therefore, it is expected that the Commission shall decide the same at the earliest.*
6. *The instant Criminal Appeal is disposed of.*

### IV. HEARING

6. The matter was fixed for hearing before the Disciplinary Committee of the Pakistan Medical Commission. In this regard, notice dated 18.05.2022 were issued to the Complainant as well as Respondent No. 1 and No. 2 directing them to appear before the Disciplinary Committee on 04.06.2022. The Administrator, Maroof International Hospital, Islamabad was also directed to appear before the Committee along with the relevant medical record.

7. On the date of hearing, the Complainant and Respondent No. 1 failed to appear before the Disciplinary Committee. The Respondent No.2, however, was present in person, as was the Administrator, Maroof International Hospital, Islamabad.
8. The Committee enquired from the Respondent doctor about her role in the treatment of the Complainant. She submitted that she provided consultation to the patient two times during his stay at the Maroof International Hospital, Islamabad, once at the time of his admission and the second when his condition became serious and he was shifted to the ICU.
9. She stated that at the time of admission patient was very sick and from that day his bilirubin level which was around 8.6 doubled afterwards, ultimately reaching 61 over a period of 5 days. She has never observed this in her 26 years of practice. This shows that patient was running a hepatic failure course and in this case the only treatment is supportive. Patient's test reports on the date he was shifted to Shifa International Hospital, Islamabad clearly indicated a hepatic failure complication, which can result in known complications including kidney and liver failure.
10. She submitted that Respondent No. 1 was primary physician of the patient and she was consulted by the Respondent No. 1 twice during stay of patient at the hospital. Respondent No 1 was dealing with the family as well.
11. She was asked by the Committee whether she was aware of the fake degree of Respondent No. 1. and whether she knows that his license has been revoked by the Commission due to fake qualification. She responded that she did not know about the fake qualification of Respondent No.1 and neither had knowledge of revocation of his license. Respondent No. 1 left Maroof International Hospital, since then she has no contact with him and he was also non-responsive to her calls regarding these proceedings.

## V. FINDINGS/CONCLUSION

12. After the perusal of the record and hearing submissions of the Respondent No.2, we note that the patient at the time of his admission at the Maroof international Hospital, Islamabad required

specialist care as his condition was not stable. Patient was admitted by Respondent No. 1 as his primary consultant and also remained primary point of contact with the attendants of patient.

13. As submitted by the Respondent No. 2 she was consulted twice by the Respondent No. 1 during the stay of patient at the hospital. Once she was consulted at the time of admission on 20-11-2018 and she advised a) daily monitoring of Liver Function Tests, b) avoid hepatotoxic medications especially paracetamol, c) continue supportive treatment in the form of intravenous fluids and d) reassurance. She was again requested by Respondent No. 1 on 22.11.2018 to review this patient in light of deteriorating clinical condition. Thereafter, the patient was transferred to medical ICU from private room by the Respondent No. 1. She has submitted that she was not aware of the reasons and circumstances related to shifting of the patient to ICU and then to Shifa International Hospital. However, Respondent No. 1 verbally informed her that he referred the patient to liver transplant facility at Shifa International Hospital, Islamabad, after discussing the case with doctor on duty in the ICU at Shifa International Hospital, Islamabad, because his INR was 1.8, bilirubin was 61 and creatinine was 1.5. His "Model of End Stage Liver Disease" (MELD) score was 32.
14. It is evident from the record that the Respondent No. 2 was not the admitting consultant for the patient and she gave her prognosis twice, upon referral of the primary consultant of the patient, who shoulders the decision making and ultimate responsibility of the treatments provided to the patient. Therefore, no professional negligence is established to the extent of Respondent No. 2 and she is exonerated from the allegations leveled against her.
15. As regards the case of Respondent No. 1, he was served with notice and reminders dated 08-08-2019, 22-06-2020 and notice hearing 18-05-2022, however, he failed to respond to any of them and also did not appear for hearing. Therefore, the Committee has decided to proceed *ex parte* against him.
16. We recall that the Disciplinary Committee has already decided another matter vide decision dated 26.01.2022 in Complaint No. PF.8-1641/2018-Legal titled as Wajahat Ahmad Ghous vs. Dr.



Muhammad Haroon and others, alleging professional negligence of Respondent Dr. Muhammad Haroon.

17. During the course of the earlier hearings against Respondent Dr. Muhammad Haroon it was found that he had prepared a fake FCPS Certificate, which when counter verified from the Chief

Controller of Examination CPSP, Karachi was found to be bogus and forged. Further, that Respondent No. 1 was only a registered trainee of CPSP and had failed the FCPS-Part II, thirteen times. Due to his fraudulent behavior of Respondent No. 1, the CPSP has also cancelled his trainee registration and he is not allowed to take any CPSP examination.

18. Through this earlier decision of the Disciplinary Committee dated 26.01.2022, the license to practice of the Respondent No. 1 has already been permanently cancelled. Further, due to his fraudulent representation of qualification, Respondent No. 1's case had already been referred to the Medical Tribunal under the Medical Tribunal Act 2020 in terms of section 34 of the PMC Act, 2002. The operative portion of the afore-mentioned earlier decision of the Disciplinary Committee dated 26.01.2022, is reproduced, as under:

*“... 20. The Committee observes that conduct of Respondent Dr. Haroon represents not only a patent absence of his duty and obligation as a doctor to be truthful and honest and place his patients' health and safety first and foremost but further admits to his absolute lack of integrity. In effect, Dr. Haroon falsely represented himself as qualified in a particular field when he had failed to acquire such qualification. The very intent of Dr. Haroon in this matter violates the most fundamental obligation imposed upon a medical practitioner when licensed and it is not only necessary but mandatory to protect the people of Pakistan from such practitioners lacking basic integrity and place their personal interests above and beyond the health and interests of the patient. 21. In view of forgoing, conduct of Respondent Dr. Haroon is against the norms of ethics and falls under category of maior offences as provided in Regulation 13 (1) (a) of Pakistan Medical Commission Enforcement) Regulations, 2021. In view of the forgoing, on the basis of available record, the Disciplinary Committee imposes major penalty as prescribed under Regulation 13 (1) (a) (ii) and his license to practice bearing no. 46284-P stands cancelled permanently.*”

---

Decision of the Disciplinary Committee in the matter of Complaint No. PF.8-1844/2019-DC/PMC

22. Further, under Section 34(a) of the Pakistan Medical Commission Act, 2020 whoever falsely pretends and uses with his name any title or words or letters representing that he is so registered with the Authority or uses the word "doctor" or any other nomenclature or designation without legal basis, irrespective of whether any person is actually deceived by such pretense or not is guilty of an offence of misrepresentation.

...

23. Abovementioned facts present a case of falsely representing a qualification fraudulently which is triable by the Medical Tribunal. Therefore, the case of Dr. Muhammad Haroon is referred to Medical Tribunal for further proceedings under the Medical Tribunal Act, 2020. ...”

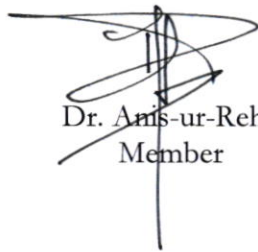
19. The Committee further observed in its earlier decision dated 26-01-2022 that Maroof International Hospital, allowed Dr. Muhammad Haroon to practice as a medical specialist and intensivist without first verifying his credentials from the CPSP. On the letter head of Maroof International Hospital name of Dr. Haroon was displayed as “Dr. Muhammad Haroon, FCPS, MCPS, MCCM which amounts to maladministration on part of healthcare establishment as well. Despite failure of Respondent Dr. Muhammad Haroon to produce the requisite documents the hospital allowed him to continue practice as a consultants/intensivist. It was only when disciplinary action was initiated by the Disciplinary Committee that the hospital wrote letter to CPSP for verification of his degree. Therefore, Disciplinary Committee decided in its decision dated 26-01-2022 to refer the case of Maroof International Hospital to Islamabad Healthcare Regulatory Authority for further necessary action in accordance with law. The Authority is directed to provide a copy of this decision to the Islamabad Health Regulatory Authority for initiating appropriate action against Maroof International Hospital, if not yet initiated based on the earlier decision of the Committee.

20. In view of above facts, the Respondent No.1 is found to have acted fraudulently representing himself a specialist and having presented and used a fake degree / certificate which to his knowledge was fake and is further prima facie guilty of having forged a CPSP certificate. While the license of the Respondent No.1 has already been cancelled, however, in view of the fact that the treatment of the Complainant by the Respondent No.1 represents a separate cause of action



and representing an independent criminal act, the Authority is directed to place the matter before the Hon'ble Medical Tribunal for prosecuting the Respondent No.1 under the PMC Act, 2020 for criminal acts committed by the Respondent.

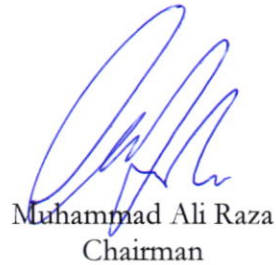
21. The subject proceedings stand disposed of accordingly.



Dr. Anis-ur-Rehman  
Member



Dr. Asif Loya  
Member



Muhammad Ali Raza  
Chairman

20<sup>th</sup> July, 2022