



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF.12-Comp-147&103/2017-Legal

Dr. Waseem Ahmed Vs. Dr. Muhammad Amir & Dr. Arif Malik

Mr. Ali Raza	Chairman
Dr. Anis-ur- Rehman	Member
Dr. Asif Loya	Member
<i>Present:</i>	
Dr. Waseem Ahmed	Complainant
Dr. Muhammad Amir (13130-P)	Respondent no. 1
Dr. Arif Malik (11238-P)	Respondent no. 2
Dr. Abdul Wahab, Dr. Henna Mubarak and Dr. Awayl Malik	Representatives of Administrator, Shifa International Hospital, Islamabad
Prof. Dr. Tanwir Khaliq	Expert (Surgery)
Hearing dated	11.12.2021

I. FACTUAL BACKGROUND

Complaint

1. Ministry of Overseas Pakistanis forwarded complaint of Dr. Waseem Ahmed (hereinafter referred to as the "Complainant") on 04.05.2017 to the erstwhile PM&DC. The Complainant was directed to submit his complaint on affidavit. Resultantly, on 03.08.2017 the Complainant

submitted his complaint on affidavit. As per the contents of the complaint it has been alleged that:

- a. The Complainant's wife namely Mst. Tania Kanwal (British citizen) underwent subtotal gastrotomy on 20.01.2016 at Shifa International Hospital, Islamabad. She did not recover from her surgery as her wound could not heal properly. In the meantime, oncologist started adjuvant chemotherapy and she received her first cycle. After a month, she developed acute abdominal pain. On investigation, she was found to have peritonitis due to perforation of bowel. Subsequently, she underwent exploratory laparotomy on 29.02.2016.
- b. There was also a breach of confidentiality of the patient, Tania Kanwal, as the Respondents allowed an irrelevant third person in the Operation Theatre to take photographs of the removed tumor, which were then sent to a non-related person in the United Kingdom.
- c. Tumor Board along with the oncologist, palliative medicine specialist and pain medicine specialist started giving Fentanyl without taking consent of family and without discussing side effects of the said medicine.
- d. Dr. Muhammad Amir and Shifa International Tumor Board instead of initiating treatment should have advised the patient's treatment in the United Kingdom as more effective and best treatment would have been available in the United Kingdom.
- e. In June, 2016 Dr. Ejaz Khan refused to provide treatment to the patient despite prior appointment. Similarly, on 12.08.2016 Dr. Muhammad Amir refused to give treatment to the patient.
- f. Shifa International Hospital had administered radiation contaminated injections which were cause of non containment of cancer cells, thereby spreading cancer in other parts of body of the patient.
- g. Doctors of Shifa International Hospitals were directly responsible for speedy deterioration of health of Complainant's wife suffering from stomach carcinoma leading to her death on 25.8.2016.

II. NOTICE TO RESPONDENT(S)

2. Notice dated 18.07.2017 along with copy of complaint was sent to the Respondents for reply/comments.

III. JOINT REPLY OF RESPONDENT(S)

3. Joint reply of Dr. M. Amir (consultant General Surgery) and Dr. Arif Malik (Director Surgical Services & Allied) of Shifa International Hospital was received on 10.08.2017, which is as follows:-

- a. Patient presented to Shifa International Hospital Ltd (SIH) on 13.01.2016 in outpatient department with complaints of vomiting and weight loss for two years while in UK. She was diagnosed of adenocarcinoma stomach with extensive peritoneal involvement. She had history of treatment in UK for above mentioned complaints.
- b. Workup with CT scan showed a mass at distal stomach and bilateral adnexal masses with no evidence of metastasis. She had an endoscopic gastric tumor biopsy, which revealed Gastric Adenocarcinoma. After discussing the case in the tumor board, all experts agreed to attempt for surgery. She underwent laparotomy on 20.01.2016, which revealed a large mass involving distal stomach and first part of duodenum along with extensive peritoneal deposits, which proved to be metastatic adenocarcinoma.
- c. A Roux-n-Y Gastrojejunostomy was done with subtotal gastrectomy. The surgery was successful, she remained well post-operatively, gained weight and was discharged in a stable condition on oral feeding. Her follow up visits went well and she received one cycle of adjuvant chemotherapy as well. However, on 29.02.2016, she presented to emergency department in SIH with complaints of severe abdominal pain, distension, vomiting and constipation for two days after intake of heavy meal (chicken tikkas) against doctor instructions, CT scan was done showing pneumoperitoneum with free fluid in the peritoneal cavity suggesting of intestinal perforation. Emergency exploratory laparotomy was done. A small perforation was found close to the previous enteroenterostomy site along with exudative peritonitis. The bowel at the perforation site was exteriorized as a stoma. She remained stable post-operatively and was sent home on TPN. She gradually lost weight and became lethargic due to high output from the stoma and ongoing disease process.
- d. The jejunostomy reversal was done on 01.04.2016 along with feeding jejunostomy. She remained stable during the post-operative period and jejunostomy feed was started.
- e. On the 09th post-op day patient developed a small anastomotic leak which established an enterocutaneous fistula tract at the previous jejunostomy site. The tumour board discussed the patient along with palliative medicine specialist and pain medicine specialist. She was managed conservatively with TPN and jejunostomy feed. She had been improving gradually and was discharged in stable condition, with wounds healed, on IV medications, TPN and jejunostomy feed.
- f. She was having moderate output at the fistula site that was being managed effectively with urostomy bag. The patient and family have been regularly seen and counselled in detail about further palliative care and management. She had been having repeated episodes of pain abdomen that required IV analgesics as well.
- g. She was re-admitted on 09.06.2016 with history of increased abdominal pain and vomiting and poor intake. Abdominal findings were unremarkable except for bile-stained jejunostomy

site output of 250-300 ml/day. The abdominal pain was considered to be due to disease progression. She was given pain medication and IV nutritional supplementation. Part of pain management included the administration of Fentanyl. A general consent from the patient/patient's family on admission is taken for all medical/surgical treatment/examination and procedure. Patient was in severe pain and fentanyl infusion was a justified choice of treatment used to break the pain cycle. No noteworthy side effects were experienced by the patient. The husband had been informed and was involved with the pain management plan.

- h. As alleged in the complaint, no contaminated injections were administered to Mrs. Tania Kanwal during her entire treatment. Allegation in complaint is totally false and frivolous. The following day, tip of her feeding jejunostomy was found protruded into the ostomy bag. An attempt at re-positioning under fluoroscopic control was unsuccessful. The feeding jejunostomy had to be removed on the persistent request of the patient on 15.06.2016.
- i. The patient was discharged to proceed further treatment in UK. The tumour board recommendations included Xeloda as an oral chemotherapeutic agent and suggested possible Sugar baker hyper thermic intra-peritoneal chemotherapy after the bowel issues are resolved.
- j. The patient's husband raised concerns about the capabilities of Dr. Ejaz Ahmed Khan, who was one of the consultants attending the patient. He is a qualified Infectious Diseases Consultant as well as a Pediatrician. The patient's husband had misbehaved with the consultant during the period of his wife's management by walking into Dr. Ejaz's clinic room unannounced and started shouting at Dr. Ejaz. The patient had been scheduled for a follow up visit and had been waiting only 15 minutes before the patient's husband started his argument with Dr. Ejaz. The consultant was not inclined to see the patient after the argument and refunded the patient in full Dr. Ejaz has documented the encounter in his OPD notes in the patient file.
- k. In brief, the case had been treated with multidisciplinary recommendations appropriately. The patient had consented for all procedures after detailed discussions with her and the family by the primary surgeon.

IV. REJOINDER

4. Reply/comments submitted by the Respondents were forwarded to the Complainant for his comments. The Complainant submitted his rejoinder on 30.08.2017 wherein, he reiterated the contents of complaint. He further stated that he is not satisfied with the reply of the Respondent. He requested that the matter may be proceeded further.

V. PROCEEDINGS BEFORE THE DISCIPLINARY COMMITTEE OF ERSTWHILE PMDC

Hearing dated 02.05.2018:

Decision of the Disciplinary Committee in the matter of Complaint No. PF.12-Comp-147/2017

5. The matter was fixed for hearing before the Disciplinary Committee of erstwhile PM&DC on 02.05.2018, but the Complainant submitted a request to adjourn the case. The Disciplinary Committee accepted the application and case was adjourned.

VI. PROCEEDINGS BEFORE THE DISCIPLINARY COMMITTEE UNDER PAKISTAN MEDICAL COMMISSION ACT 2020

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.

Submission of record by Shifa International Hospital

7. Shifa International Hospital submitted record of the patient on 23.11.2021. Along with record they also forwarded copy of a letter from one of the attendants of the patient stating that the patient and her family were satisfied with the medical services provided by SIH and the doctors.

Hearing dated 11.12.2021

8. The matter was fixed for hearing before the disciplinary Committee on 11.12.2021. Notices dated 29.11.2021 were issued to the Complainant as well as the Respondents directing them to appear before the Disciplinary Committee on 11.12.2021. The Administrator of Shifa International Hospital, Islamabad was also directed to appear before the Disciplinary Committee on the date of hearing along with medical record.
9. On the date of hearing the Complainant appeared in person, Respondents Dr. Muhammad Amir and Dr. Arif Malik also put up appearance before the Disciplinary Committee. On behalf of Administrator of Shifa International Hospital, Islamabad, Dr. Abdul Wahab, Dr. Henna Mubarak and Dr. Awayl Malik appeared before the Disciplinary Committee.

10. The Complainant stated that the patient had stage III cancer which had spread in the whole body. Dr. Amir being a general surgeon should not have operated the patient as it was not his domain. He further added that the surgeon violated privacy of the patient as he allowed a third person to take picture of the tumor removed from the patient. The said third person sent those pictures to some doctors in United Kingdom. The Complainant further stated the treating doctors of Shifa International knew that the patient was a British national. They should have referred the patient to UK at the first place instead of conducting surgeries at Shifa International Hospital.
11. The Complainant further submitted that on 12.08.2016, the patient was brought all the way from Muzaffarabad to Shifa International Hospital, Islamabad but Respondent Dr. Muhammad Amir refused to see the patient despite pre booked appointment and also instructed his staff not to entertain the patient. The Complainant further submitted that he complained to the CEO of Shifa International regarding this incident upon which Dr. Muhammad Amir harassed my family and told them that since complaints are being made against him therefore he will not treat the patient.
12. The Respondent Dr. Muhammad Amir submitted that the patient Tania Kanwal visited him first time in January 2016. She was carrying one endoscopic report and a biopsy report which was suggestive of carcinoma of stomach. The patient was informed that she (British National) could continue her treatment in UK but she refused and wanted to undergo possible available treatment in Pakistan with her family. Resultantly, the treatment was started she was evaluated and the case was presented in tumour board meeting. Based on the recommendations, she was operated on 20.01.2016 as she had an obstructive carcinoma of stomach. They had to operate to relieve the obstruction.
13. Subtotal gastrectomy was performed in the best interest of patient. After debulking she would have more benefit of chemotherapy which was to follow. She signed consent form and at that time, the Complainant was not with the patient. After seven days of surgery, she was discharged in a stable condition. She received her first cycle of chemotherapy as advised by multidisciplinary

tumour board. She was fine, she was eating and drinking and she had a follow up visit in his outdoor patient clinic.

14. After six week she visited ER of Shifa International Hospital with complaints of vomiting and pain abdomen. After evaluation, it was noticed that she had perforation of jejunojejunostomy. The patient was asked about the events prior to the episode of vomiting she informed that she had a large meal at home. Dr. Amir further submitted that it was decided to operate the patient for the perforation.
15. Surgery was performed after obtaining consent and at this time Complainant was also present and the whole situation was discussed with the family. She improved to some extent, started getting stable and her infection was over. After ten days she again had perforation. They kept treating her conservatively and chemotherapy was also continued. She had OPD follow ups.
16. The Respondent Dr. Muhammad Amir further submitted that they prepared summary of the patient and gave all other supporting documents for further treatment in UK. The patient was facilitated in all respect for her travel to UK. Regarding the Complainant's allegation of giving pain killers the Respondent doctor stated that in carcinoma cases all the pain killers are advisable provided the person prescribing such medicines is qualified. Shifa International Hospital has a separate pain management team and they advised all those medicines. Regarding the refusal of treatment he stated that there was no such incident.
17. The Committee enquired from the Respondent Dr. Muhammad Amir regarding allegation of photograph taken by unauthorized person in the OT, he replied that one of the attendants requested to accompany the patient in the OT as the patient was scared. He allowed the said attendant to stay in pre-op area. After the operation the attendant took picture of the removed tumour. He further stated that it is usual practice to show removed tumour to the attendants of the patient. He did not send the picture to any person; even otherwise a mere picture of the tumour did not by any means disclose the identity of the patient.
18. The expert enquired from the Respondent doctor whether the advance stage of disease was explained to the patient prior to the first surgery. He replied yes it was discussed in detail and the

family was also informed that they might not be able to remove the tumour even after operating. The family requested to go ahead with the surgery. The decision to operate was made on the bases of tumour board meeting. There were three meetings of the tumour board in this case.

19. Minutes of meetings of the Tumor Board were presented before the Committee. It was observed that the names of consultants were not mentioned therein. The Respondent stated that name of consultants are mentioned on a separate attendance sheet. The Committee directed the team of administration department of Shifa Hospital present at the hearing to produce the said sheet and other relevant documents they want to rely on.

VII. EXPERT OPINION BY PROF. DR. TANWIR KHALIQ

20. Dr. Tanwir Khaliq, general surgeon, was appointed as an expert to assist the Disciplinary Committee in the matter. He has opined that:

“Patient (TK) 34 years female with clinical diagnosis of adenocarcinoma of stomach and extensive peritoneal metastatic lesions underwent following procedures:

- i. Subtotal gastrectomy with Roux-En-Y Gastro-jejunostomy – This surgical procedure was performed on 21.01.2016. Tumor board was held on 19.01.2016 where case was discussed in detail and surgery was recommended as first line of treatment due to pyloric obstruction and vomiting. (She received one course of chemotherapy after first surgery).*
- ii. Exploratory laparotomy – for an enteric perforation just distal to Entero-Enterostomy leading to peritonitis – Perforated bowel was exteriorized as a stoma on 29.02.2016.*
- iii. Early reversal of jejunostomy due to high output – 14.04.2016.*

In summary a palliative subtotal gastrectomy was performed for a stage 3 locally advanced adenocarcinoma of stomach which was followed by complication of intestinal perforation complication was managed accordingly (exteriorization of perforated intestine) and finally stoma was reversed. The prognosis of the disease was explained to the patients relative in details as per primary surgeon patient was discharged in satisfactory conditions after first surgery. The UK based treatment details were not available.

Observations



*Management of the patient was carried out as per protocols of the hospital and recommendations of tumor board.
No obvious negligence on the part of treating surgeons was found.”*

VIII. FINDINGS AND CONCLUSION

21. We have perused the record and the submissions/statements of the parties. The wife of the Complaint Ms Tania Kanwal, age 33, was brought to Shifa International Hospital on 13.01.2016 with the diagnosis of stomach carcinoma. The matter was discussed in multidisciplinary tumor board meeting on 19.01.2016. The Committee observes that as per minutes of the meeting of tumor board Dr. Muhammad Amir (general surgeon), Dr. Zafar Ali (pathologist), Dr. Muhammad Farrukh and Dr. Asif Masood (Department of Radiation Oncology) were present amongst other consultants. The tumor board recommended as under:

“If no nodal involvements then proceed with surgery Gastrojejunostomy/resection,
If nodes present proceed with chemo/radio.”

22. The procedure was performed on 20.01.2016 and the patient was discharged on 28.01.2016 in a stable condition. After the surgery, the matter was again discussed in tumour board meeting held on 26.01.2016. Dr. Muhammad Amir and Dr. Fareeha Farooqi (surgery), Dr. MA Afridi, Dr. Farrukh and Dr. Asif Masood (Radiation Oncology), Dr. Nadira (pathologist), Dr. Aqdas Qaziand (Palliative Medicine) were present in the tumor board meeting, as per records provided by the hospital and confirmed by Dr. Amir. The tumor board recommended chemotherapy.

23. The patient visited the Respondent Dr. Muhammad Amir postoperatively and she received one cycle of adjuvant chemotherapy as well. However, on 29.02.2016, she was presented to emergency department in SIH with complaints of severe abdominal pain, distension, vomiting and constipation for two days after intake of heavy meal (chicken tikkas) against doctor instructions. Investigations were done which were suggestive of intestinal perforation. Emergency exploratory laparotomy was performed on 29.02.2016. The bowel at the perforation site was exteriorized as a stoma. She remained stable post-operatively and was sent home on

total parenteral nutrition (TPN). She gradually lost weight and became lethargic due to high output from the stoma and ongoing disease process.

24. Subsequently, on 01.04.2016, jejunostomy reversal was done along with feeding jejunostomy. On ninth post-op day, the patient developed anastomotic leak which established an enterocutaneous fistula tract at the previous jejunostomy site. The Tumor Board held a meeting in this regard on 26.04.2016, Dr. Muhammad Amir (general surgeon), Dr. Muhammad Farrukh, Dr. Asif Masood, Dr. Uzma Jameel, (department of Radiation Oncology) and Dr. Aqdas Qazi (Palliative Medicine) were present in the Tumor Board Conference. The Tumor Board recommended as under:

Her case was discussed again, Suggestion made: Modifina CXT can be started.

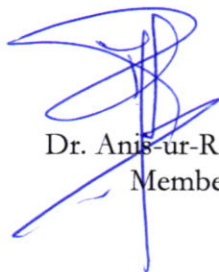
Interaperetoneal CXT is another option (could go to UK but patient not willing)

Ovarian neoplasim (Prodeline)

25. Patient was managed conservatively with TPN and jejunostomy feed and was discharged with healed wounds and on IV medications, TPN and jejunostomy feed. Patient was re-admitted on 09.06.2016 with history of increased abdominal pain and vomiting and poor intake. She was given pain medication and IV nutritional supplementation. Part of pain management included the administration of Fentanyl.
26. We have also considered the opinion of the expert that surgical procedure was performed on 21.01.2016 as per recommendations of the Tumor Board where case was discussed in detail and surgery was recommended as first line of treatment due to pyloric obstruction and vomiting. Exploratory laparotomy was carried out in emergency on 29.02.2016 keeping in view the condition and complication of the patient for an enteric perforation just distal to entero-enterostomy leading to peritonitis. Perforated bowel was exteriorized as a stoma. Further, reversal of jejunostomy due to high output was carried out on 14.04.2016.
27. In summary a palliative subtotal gastrectomy was performed for a stage 3 locally advanced adenocarcinoma of stomach which was followed by complication of intestinal perforation complication was managed accordingly (exteriorization of perforated intestine) and finally stoma was reversed. The prognosis of the disease was explained to the patients relative in details as per

primary surgeon patient was discharged in satisfactory conditions after first surgery. Patient was in severe pain and fentanyl infusion was justified choice of treatment to break the pain cycle. Management of the patient was carried out as per protocols of the hospital and recommendations of Tumor Board.

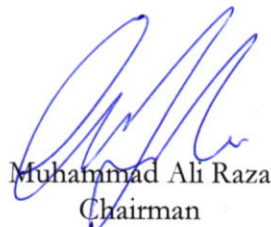
28. In view of foregoing, we are of the considered view that as per the treatment followed no professional negligence has been found on part of the Respondent doctor hence, the Complaint is dismissed being without merit.
29. We have observed that the record maintenance at Shifa International Hospital leaves somewhat to be desired. The minutes of the tumor board meetings were scattered in three portions/documents. Attendance of the consultants who participated the meeting and gave findings was recorded on a separate document. Medical record of patients is crucial to assess and establish not only the treatment of a patient but also a review of cases by the hospital as well as hearing of complaints and such record has an important evidentiary value in the adjudicatory process. It is expected that all hospitals will ensure proper maintenance of the patient records including board meetings and consultations carried out and all medical practitioners should ensure that the same are recorded properly and maintained.



Dr. Anis-ur-Rehman
Member



Dr. Asif Loya
Member



Muhammad Ali Raza
Chairman

28th February, 2022