



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF.8-1660/2018

Gulzar Ahmed & Muhammad Nazeer Shahid vs. Dr. Asad Mahmood Butt

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

Present:

Muhammad Nazeer Shahid	Complainant
Dr. Asad Mahmood Butt (10601-P)	Respondent
Dr. Anjum Habib Vohra	Expert (Neuro Surgeon - Expert)
Hearing dated	11.12.2021

I. FACTUAL BACKGROUND

Complaint

1. Mr. Gulzar Ahmad and Muhammad Nazeer Shahid (hereinafter referred to as the “Complainant/s”) filed the instant complaint on 24.09.2018, against Dr. Asad Butt owner of Butt Hospital & Neurosurgical Complex, Gujrat (hereinafter referred to as the “Respondent”).

2. Brief facts as per the complaint are that on 28.10.2017, the Complainant's brother (the patient) met a road traffic accident and sustained severe head injury. Attendants took the patient to Butt Hospital & Neurosurgical Complex, Gujrat without wasting time. The Respondent assured that the patient would be able to talk and go home within three hours after operation.
3. Later on, operation was conducted but after a short while another operation was conducted. The attendants asked about the need for second operation, but no reply was given by the Respondent doctor. It has been alleged that Respondent made some mistake during first operation and the said doctor failed to provide necessary facilities and treatment which caused death of the patient.

II. NOTICE TO RESPONDENT

4. Notice dated 06.12.2018 was issued to Respondent Dr. Asad Mahmood Butt whereby a copy of the complaint was forwarded, and he was directed to submit reply.

III. REPLY OF RESPONDENT

5. Dr. Asad Mahmood Butt submitted his reply on 18.12.2018 wherein he stated that:
 - a. The patient named Mazhar Iqbal s/o Muhammad Inayat was brought to Butt Hospital & Neurosurgical Complex, Gujrat at about 03:30pm on 28.10.2017, after about 08 hours of severe head injury following a Road Traffic Accident. The patient was in critically serious condition, deeply comatosed with GCS: 06/15.
 - b. On examination, there was an open wound at his right parietal area of the head. His right side was paralyzed, and he was heavily bleeding from his right ear. His right clavicle was also fractured. Emergent MRI Scan (Brain) was done, which revealed Massive Extra-Dural Hematoma on Left side of the Brain with Hemorrhagic Contusion. After the permission and consent of patient's attendants he was shifted to Operation Theatre at about 04:30 PM and emergency operation was performed i.e. Left Fronto-Temporo-Parietal Craniotomy. A big hematoma was evacuated from the Left side of the Brain. Middle Meningeal Artery was also bleeding which was Diathermized. Surgery remained uneventful. Patient was shifted to Intensive-Care Area and Neurological Observation started.

- c. Patient remained stable post-operatively for the initial few hours. But after few hours it was observed that patient's Right Pupil was dilating, which immediately alerted of some serious problem on the Contralateral (Opposite side) of the Brain as well. An immediate Repeat MRI Scan (Brain) was done, which revealed complete evacuation of Hematoma on left side of the brain but another Massive Extra-Dural Hematoma on the Right side of the Brain (i.e. Opposite Side). Patient's condition was explained again in detail to the attendants. They were explained that the patient needs another surgery for the removal of another big hematoma on the Opposite side i.e. right side of the Brain. Attendants were again explained in detail before surgery about the consequences of the surgery. They agreed and informed consents were obtained for Anesthesia as well as for Surgery, which were signed by patient's brother Mr. Gulzar Ahmed.
- d. After the permission and consent of attendants, surgery was performed i.e. Right Posterior Parietal Craniotomy. A big hematoma was evacuated from the Right side of the Brain (Opposite Side). Second surgery also remained uneventful. Patient was shifted to intensive care area and neurological observation started.
- e. Patient remained stable post-operatively overnight. But his condition started deteriorating next day and respiratory difficulty occurred. With the permission of attendants and after informed written consent, patient was put on Mechanical Ventilator on 29.10.2017 at about 01:00pm.
- f. Patient remained on Ventilator for few hours but there was no response. After discussion with family and with the permission of his family, patient was taken off the mechanical ventilator. There was no response and Brain Stem Death was declared at about 04:00am on 30.10.2018.
- g. There was no mistake in any of the operations. First surgery was done to evacuate a Massive Hematoma from the Left Side of the Brain. And the second surgery was needed to evacuate another Massive Hematoma from the Opposite side of the Brain (i.e. Right Side), that happened later.
- h. This patient was provided with each and every facility according to the Neurosurgical Protocol being followed in the world regarding treatment / management of such patients.

IV. REJOINDER

6. The reply submitted by the Respondent doctor was forwarded to the Complainant for rejoinder. The Complainant filed his rejoinder on 06.08.2019, wherein he stated that he is not satisfied with the comments of the Respondent doctor and requested to process his case further for necessary action.

V. DISCIPLINARY COMMITTEE UNDER PAKISTAN MEDICAL COMMISSION ACT

7. 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 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.

VI. HEARING

8. The Disciplinary Committee held the hearing of pending disciplinary proceedings including the instant complaint. Notices dated 29.11.2021 were issued to the Complainant and Respondent Dr. Asad Mahmood Butt, directing them to appear before the Disciplinary Committee on 11.12.2021.
9. On the date of hearing M. Nazeer Shahid (Complainant) and Respondent Dr. Asad Mahmood Butt appeared before the Disciplinary Committee.
10. The Committee asked the Complainant to narrate his grievance briefly to which he stated that his brother had a road traffic accident while driving a motorcycle. He was brought to Malakwal, from where he was referred to Mandi Bahaudin and remained under treatment in a public sector hospital. The family being unsatisfied of the treatment at the public sector hospital decided to take the patient (on their own will) to a private hospital in Gujrat i.e. Butt Hospital & Neurosurgical

Complex, Gujrat. The Complainant further stated that, he lives in Denmark and he personally talked to the Respondent doctor over the phone who ensured that the hospital is well equipped with all the latest facilities and that the patient will be able to talk after 2 to 3 hours as the said procedure is a small surgical procedure. After the first surgery the patient started to develop complications within 15 minutes and the doctors stated that there is blood accumulation on the other side of brain which needs immediate second surgery.

11. The Committee enquired from the Respondent doctor about the whole event to which he stated that the patient reached the hospital at about 3:30 pm in a very critical condition, after about 8 hours of the accident. Scan of the patient was done within one hour, which showed that there was a clot on the left side of the brain. The attendants were explained about the surgical procedure, its pros & cons and urgency, to which they agreed. Written consent was obtained and surgery was performed and clot was removed. There was bleeding from middle meningeal artery. Patient was shifted to the ICU.
12. After about 2 hours, the paramedical staff noted that the right pupil of the patient was also dilating. Immediately 2nd MRI scan was done, which showed another clot on the right side. The situation was again explained to the family about 2nd surgical intervention on the right side. The family agreed and 2nd surgery was performed. After surgery the patient was shifted to ICU and ICU care was accordingly given. The Respondent doctor further refer to the MRI scan and the bilateral clot due to severe head injury as the patient had bleeding from right ear too. Further stated that after about 8 to 10 hours the patient became restless and was put on ventilator but the patient couldn't survive.
13. The Committee inquired about the post graduate qualification from the Respondent doctor to which he replied that he has done FRCS in general surgery and have done about 5 years neurosurgical training from UK (1993-1997), in addition to working as medical officer/registrar of neurosurgery department Nishtar hospital for about 3 years (1985-1988). The Respondent doctor stated that he has sufficient training in the field of neurosurgery from England and the PM&DC also issued him experience certificate in this regard, when he applied for the post of Assistant Professor Neurosurgery through Punjab Public Service Commission.

14. The Committee further enquired from the Respondent doctor that whether he told the family that the patient will be alright within 2 hours, the Respondent denied and stated that they don't use such statement, especially in cases of neurosurgery.
15. On query of the Disciplinary Committee about the MRI report, the Respondent doctor submitted CD of MRI. The Committee enquired whether any radiologist was working at the said hospital and whether he was present when the MRI scan was done to which the Respondent doctor replied that the radiologist at the hospital is Dr. Wajid who was not present at that time. Due to emergency situation he didn't wait for the radiologist to arrive and gave report of the MRI as the delay could have caused more damage to the patient. The Respondent further stated that he discussed the MRI with radiologist on the phone, however reporting was not done by the radiologist.
16. The Committee enquired about the anesthetist to which the Respondent answered that Dr. Mahmood Ahmad who works on full time basis at the hospital did pre-anesthesia assessment of the patient and gave anesthesia.
17. The expert asked the Complainant about the time of accident to which the Complainant stated that accident occurred around 8 - 8:30 am, as his brother was a school teacher and was going to school on a motorcycle. The expert further enquired if his brother was wearing a helmet or not, to which the Complainant responded that his brother was not wearing helmet and that he became unconscious after he reached hospital.

VII. EXPERT OPINION BY DR. ANJUM HABIB VOHRA

18. Dr. Anjum Habib, neuro surgeon, who was appointed as an expert to assist the Disciplinary Committee in the matter has opined that:

“I heard the defendant Dr. Asad Butt and reviewed the notes provided. I enquired the Complainant's brother about the time, mode of accident and whether the patient was wearing helmet at the time of accident or not. The complainant's brother informed that accident happened at 8 am while he was riding a motorbike without helmet.

The patient met severe head injury and his Glasgow Coma Scale was 6/15 when the patient reached to Dr. Asad Butt. Dr. Asad Butt did the right procedures. I have not found any negligence in medical treatment provided by the defendant.”

VIII. FINDINGS AND CONCLUSION

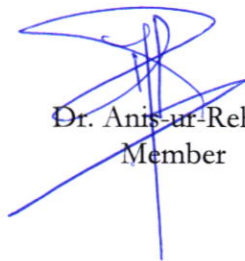
19. After perusal of the record statements of the Complainant as well as the Respondent it is noted that the patient, Mazhar Iqbal, sustained a head injury while riding a motor bike on 28.10.2017 at about 08:00am. He was initially shifted to a local hospital in Malakwal, wherefrom he was shifted to a public sector hospital at Mandi Baha-Ud-Din. The attendants being not satisfied with the services at public sector hospital brought the patient to Butt Hospital & Neurosurgical Complex, Gujrat at about 03:30pm on 28.10.2017 after about 08 hours of accident.
20. Dr. Asad Mahmood Butt examined the patient and advised MRI along with other investigations. Subsequently, Left Fronto-Temporo-Parietal Craniotomy was performed around 4:30 p.m. to evacuate Extra Dural Hamatoma on left side of the brain of the patient and he was shifted to Intensive Care Area after the surgery.
21. After few hours, the staff noticed dilation of right pupil of the patient. The Respondent doctor advised another MRI. The Respondent doctor decided to operate on the right side of the brain to evacuate hamotoma. Second surgery was performed at 09:00pm the same day and the patient was shifted to ICU. After 08-10 hours of the surgery, condition of the patient further deteriorated and he was put on the ventilator but he couldn't survive and was declared dead.
22. Dr. Asad Mahmood Butt is FRCS general surgery and has done further five years training in neurosurgery in the UK. He was qualified to undertake the emergency procedure.
23. There was no report attached to the MRI scan before the Respondent doctor decided to carry out surgery of patient. However, the Committee is conscious of the fact that there was an extreme emergent situation and the Respondent proceeded to conduct surgery based on his review of the MRI scan rather wait for report of a Radiologist. As a matter of practice, MRI reports of Radiologist are made part of medical record where emergent decisions are taken by the surgeon to operate the patient to save his life. There is no such post-surgery report of Radiologist has been

found in the medical record of the patient. The Respondent doctor has taken the stance that no such post-surgery report was obtained as he had discussed the MRI scan with Dr. Wajid Ali (Radiologist) on phone who works part time at Butt Hospital and was not available in the hospital at that time. The registration record of the Commission reveals that Dr. Wajid Ali (18565-P) is qualified radiologist who hold FCPS (Diagnostic Radiology). It is observed that even in such emergency cases the post-surgery report must be compiled and retained for record.

24. It is unfortunate that the patient was not wearing a helmet while riding a motorbike and the road traffic accident resulted in a severe head injury. It is also important to note here that accident took place at 8:30 am, however, the patient was not brought to the hospital of the Respondent doctor directly. The patient was first taken to Malakwal and then to a public hospital in Mandi Bahauddin. There was lapse of eight (08) hours between accident and surgery which clearly points to the reason for extreme deterioration in the patient's condition by the time he arrived at the Respondent's hospital. While the Complainant has not filed any complaint against the hospital at Malakwal or Mandi Bahauddin, it appears from the record that there existed some lapse in the emergency treatment at those facilities as the severity of the head injury should have been noted and a patient in such condition should not have been moved except by a direct referral of the hospital itself to a specialist, if one was not available at Mandi Bahauddin.
25. Moreover, Glasgow Coma Scale of the patient was also 6/15 when he was brought to Butt Hospital. It is pertinent to mention here that patient having GCS less than 8/15 is considered critical. In such cases of severe head injury time is of essence and delay in procedure has fatal consequences. Unfortunately, vital 8-9 hours were wasted after the accident which delayed the immediate treatment to be provided leading to bleeding in brain and clot formation.
26. The Complainant during the hearing asserted that the Respondent doctor had made some mistake during first operation and therefore, to cover it he carried out second procedure which led to complications and caused death of the patient. The expert neurosurgeon during the hearing addressed the concern and assertion of the Complainant and highlighted that in such critical cases usually decompression of one side is followed by a second decompression of other side which had to be operated therefore, second surgery is required in such cases of severe head injury. Further, in his written opinion he has mentioned that "*Glasgow Coma Scale was 6/15 when the patient reached to*

Dr. Asad Butt. Dr. Asad Butt did the right procedures. I have not found any negligence in medical treatment provided by the defendant.”

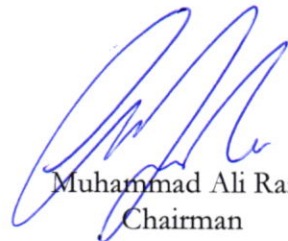
27. A careful consideration of the evidence and record confirms that there existed no negligence on the part of the Respondent and the necessary and correct treatment was afforded to the patient. For such reasons the Complaint is dismissed. However, before parting with the order it is observed that maintenance of medical records of the patient is a critical feature of medical practice and there must not be a lapse on the part of the practitioner or the hospital in this respect, even in cases of emergency the said record must be properly completed post- surgery.



Dr. Anis-ur-Rehman
Member



Dr. Asif Loya
Member



Muhammad Ali Raza
Chairman

28th February, 2022