



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF.8-1688/2018-DC/PMC

Mrs. Hamida Begum Vs. Dr. Faridullah Zimiri & Dr. Hasaan Khan

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

Present:

Mr. Tahir Alam Khan	Son of Complainant
Raheel Khan Niazi	Counsel of Complainant
Dr. Faridullah Zimiri (33307-P)	Respondent
Dr. Ahmed Hasaan Khan	Respondent
M. Tahir Saeed	Physiotherapist
Dr. Rashid Saeed	Expert (orthopedic Surgeon)
Dr. Fawad Ahmad	Radiologist
Hearing dated	11.12.2021

I. FACTUAL BACKGROUND

1. Mrs. Hamida Begum (hereinafter referred to as the "Complainant") filed a complaint on 30.07.2018 against Dr. Faridullah Zimiri (Respondent No.1) and Dr. Hassaan Khan

(Respondent No. 2) working at Ali Medical Center, Islamabad, alleging their professional negligence. The Complainant submitted that:

- a. Patient suffered femur neck (hip bone) fracture on 17.2.2016 at Islamabad and was brought to Ali Medical Centre, F-8 Markaz, Islamabad, where Respondent No.1, Surgeon Dr. Farid Ullah Zimri performed Interlocking Nail surgery on the same day. First post operation X-Ray film was recorded on the same day and Respondent No.1 affirmed that surgery was successful. Patient remained admitted in Ali Medical Centre from 1.2.2016 to 23.2.2016.
- b. As per the advice of the Respondent No.1, physiotherapists Mr. Tahir and Ms. Sara Wajahat did the physiotherapy in the hospital and she was made to walk during physiotherapy from the very next day of surgery. She used all medicines as per advice of Respondent No. 1 but she did not feel any relief in pain.
- c. She visited the hospital again on 15.3.2016, where second X-Rays film of left femur neck was recorded and Respondent No.1 affirmed X-Rays result as fine and allowed her to travel to Lahore.
- d. After the surgery she continued to bear excruciating pain, on the other hands, the Respondents turned deaf ears to the patient and ignored her. Subsequently she visited two orthopedic consultants in Lahore who opined that implants affixed during Interlocking Nail Surgery were not fixed properly from the very first day by Respondent No. 1.
- e. Then she visited Surgimed Hospital, Lahore, where Professor Doctor Amir Aziz opined that it was a case of implant failure from the very first day and he did revise DHS surgery on 19.04.2016.
- f. Fracture was not reduced by Respondents, as can be seen in the post-operative X-rays and as evident by the neck shaft angle which is roughly 90 degree instead of the normal 125-135 degree.
- g. After failure of surgery, the Respondent No.1/Dr. Faridullah with the connivance of other respondents, instead of adopting remedial measures concealed his blunder knowingly and let the patient suffer willingly.

II. NOTICE TO RESPONDENT

2. In view of the allegations leveled in the complaint notice(s) dated 20.08.2018 along with copy of complaint was sent to Respondent doctors directing them to submit their reply/comments.

III. REPLY OF RESPONDENTS

3. Dr. Faridullah Zimiri and Dr. Hassan Khan submitted their joint reply on 11.09.2018. As per the reply:
- a. Patient Mrs. Hamida Begum 84 Y/F presented to the emergency department of Ali Medical Centre, F-8 Markaz on 17.2.2016 with history of broken Left Hip Bone. She was initially assessed by Dr. Danish, Orthopedic Surgeon and was advised admission for surgical intervention.
 - b. The Patient's son namely Mr. Tahir Alam requested for second opinion of Dr. Faridullah Zimri. Dr. Faridullah Zimri discussed all possible treatment options for hip fracture including pros and cons of different surgical techniques in relation to which the patient and her attendants were also advised of the risk factor of all surgical interventions due to her age coupled with pre-existing medical conditions of osteoporosis and osteoarthritis.
 - c. The patient was operated by Dr. Faridullah Zimri the same day. There were no operative and post-operative complications encountered during her stay at hospital. Her early post-operative X-Rays showed good reduction of fracture. She was mobilized on first post-operative day. Only touch weight bearing was allowed and she was able to walk with the help of walking frame with minimal pain at hip and severe pain in her both knee joints, which was due to her pre-existing conditions.
 - d. The patient was an elderly lady and suffering from osteoporosis due to which she had osteoarthritis in both knee joints, which lead to her initial fall and injury. Her post-operative course was uneventful during her stay in hospital and in order to improve the muscle strength of hip joint and for rehabilitation of osteoarthritis of knee joint she was advised home physiotherapy.
 - e. During her home stay and after the surgery the patient experienced a fall again as described by physiotherapist Mr. Tahir who used to visit the patient regularly at home. This fall, which took place after her surgery by Dr. Faridullah Zimri, is an aggravating intervening factor, which was concealed by the patient in her complaint.
 - f. After that fall, Dr. Faridullah Zimri instructed the physiotherapist Mr. Tahir to perform only in bed physiotherapy. When the patient visited Dr. Faridullah Zimri on 15.3.2016, she was complaining of bilateral pain in her both knee joint with minimal pain in her Left hip joint.
 - g. Follow up X-Ray of the patient on 15.3.2016 revealed relatively stabilized hip fracture with minimal loss of reduction. She was advised only bed mobilization for

one more month and was advised serial X-Rays at 4 weekly interval for assessment of fracture union.

- h. During follow up, Dr. Faridullah Zimri advised revision surgery on justifying the fact that there was significant displacement of fracture fragment and no sign of union. Subsequently, the patient underwent surgical intervention at Surgimed Hospital Lahore on 19.4.2016 where open reduction and internal fixation of intertrochanteric hip fracture was performed.
- i. The surgery performed by Dr. Faridullah Zimri was a close reduction and internal fixation with proximal femoral locking nail as this technique in percutaneous with minimal loss of blood and dissection; non anatomic reduction is usually obtained and Patient neck shaft angle was maintained to 120 degree initially which later collapsed to Varus deformity in about two months' time.
- j. Types of treatment offered to the patient was with full informed written consent and high quality imported implants were used. Before the surgery Dr. Faridullah Zimri discussed the case with family of the Complainant and her son signed consent form. The consent form at paragraph 5 clearly states that the possibility and nature of complications cannot be accurately anticipated and therefore there can be no guarantee as to the result of the surgery. There was no irreparable complication (i.e., damage to nerve, vessel or joint) encountered during her course of treatment at Ali Medical Centre.

IV. REJOINDER

4. The Complainant submitted her rejoinder on 27.09.2018 wherein it was submitted that:
 - a. The assertions / contents of complaint are all true and rightly reported, further nothing has been concealed there from by the Complainant at any stage.
 - b. There were number of complications after the surgery.
 - c. That the respondents have made false statement in Para 8 and 9 of their reply. In this aspect no evidence is provided by the respondent. Neither statement nor affidavit of Mr. Tahir as witness has been given or produced with the reply. The Complainant never fell again after surgery.
 - d. That follow up x-rays are evident for the failure of implant of nail. Such fact has also not been seriously disputed by the Respondent on any stage.
 - e. That Respondents rather disclosing of failure of surgery asked patient to undergo physiotherapy which led to more pain to patient.

V. PROCEEDINGS OF DISCIPLINARY COMMITTEE OF ERSTWHILE PM&DC

5. The matter was fixed for hearing before Disciplinary Committee of erstwhile PM&DC on 28.04.2019 at CPSP, Lahore. Disciplinary Committee after hearing observed as under:

Hearing Before Disciplinary Committee on 28.04.2019

6. The matter was fixed for hearing before Disciplinary Committee of erstwhile PM&DC on 28.04.2019 at CPSP, Lahore. Disciplinary Committee after hearing observed as under:
- The fact that whether the patient had a fall shall be verified by the Physiotherapist's statement.
 - The fact that the respondent presses that a radiologist opinion be sought on x-ray so as whether the screws were placed right or otherwise, the Complainant will provide a certified opinion from a radiologist.
 - Patch up was done and therefore case should be dismissed. Pending written agreement of patch-up.

VI. DISCIPLINARY COMMITTEE UNDER PAKISTAN MEDICAL COMMISSION ACT 2020

7. Pakistan Medical & Dental Council was dissolved on promulgation of Pakistan Medical Commission Act on 23rd 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.

Hearing Before Disciplinary Committee on 11.12.2021

8. The matter was fixed for hearing before the Disciplinary Committee of Pakistan Medical Commission on 11.12.2021. Notices dated 29.11.2021 were issued to Mrs. Hamida Begum (Complainant) and Dr. Fareedullah Zimri and Dr. Hassaan Khan (Respondent/s), directing them to appear before the Disciplinary Committee on 11.12.2021.
9. On the date of hearing son of the Complainant, Mr. Tahir Alam along with the counsel for the Complainant was present. Respondent Dr. Fareedullah Zimri and Dr. Hassaan Khan put up appearance before Disciplinary Committee. Mr. Tahir (Physiotherapist) also attended the hearing.
10. The Disciplinary Committee enquired from Mr. Tahir Alam regarding report of radiologist which he was required to submit in compliance of directions issued to the Complainant during the previous hearing held on 28.04.2019. He stated that he had not submitted the report as he was directed to bring the report on the day of hearing. He presented a report dated 15.07.2019 and also submitted x-rays of the patient.
11. The son of the Complainant further submitted that the patient visited Respondent Dr. Fareedullah Zimri post operatively. On 15.03.2016, x-ray was performed which clearly showed that there was no interlocking of the nail but the Respondent did not advise repeat surgery despite knowing that the screw had not been fixed properly. He further stated that the patient was taken to different consultants who informed that the screw had not been rightly inserted through the rod rather it was going directly to the neck of the femur and was not interlocked. They consulted Dr. Amir Aziz in Lahore who performed revision surgery.
12. The Committee enquired from the son of the Complainant that whether he has the report of doctor who performed surgery in Lahore mentioning the above stated mismanagement i.e. incorrect insertion of screw by the Respondent doctor. The son of the Complainant could not produce any such report or findings.

13. The Disciplinary Committee asked Respondent Dr. Faridullah Zimri his version of the case. He stated that the patient reported to emergency of Ali Medical Center on 17.02.2016 with history of fracture of left hip bone. After initial assessment of medical condition of the patient, surgery was performed by him on 17.02.2016. The surgery was uneventful. He offered two options of treatment to the patient i.e. close method and open method. Proximal Femoral Nailing (PFN) is a relatively new technology for management of proximal femur fracture. It is minimally invasive done under fluoroscopic control and there are less chances of complications as compared to open technique especially in old age cases. The patient was an elderly lady 84 years old therefore considering her old age this was the best option of management. She also had advanced osteoarthritis of knees.

14. The procedure was performed under fluoroscope and no per-op complications were encountered. After the procedure the patient was pain free and she was mobilized on first post-operative day. She was advised physiotherapy sessions twice a day. Subsequently, she was discharged on oral medication and there were no issues regarding fracture and the wound. She was offered physiotherapy sessions at home as well. Hospital's physiotherapist Mr. Tahir used to visit her for bed physio followed by mobilization. During mobilization she had a sever fall. The Respondent Dr. Faridullah Zimri further submitted that Mr. Tahir (Physiotherapist) contacted him and told about the fall he instructed him to stop mobilization and do bed physiotherapy only.

15. The Disciplinary Committee enquired from Mr. Tahir (Physiotherapist) regarding fall of the patient at home, he stated that during her physiotherapy sessions one day the patient put full weight on her fractured leg due to which she lost her body balance and her hip was twisted. It was a heavy twist.

16. The expert asked from Mr. Tahir (physiotherapist) whether the patient was obese, he stated that she had reasonable weight but not obese. He further stated that he used to mobilize her daily and continued this for a month on touch weight bearing. On that day she put her full weight on the fractured leg resultantly she had a twist of hip.

17. Respondent Dr. Faridullah Zimri further stated that the patient had follow up with him post operatively. During first follow up visit she was complaining of knee pain rather than the hip pain. So she was injected intra articular injection in the knee joint. She was given conservative treatment keeping in view her old age and comorbidities and early intervention was avoided. Since it was a biological fixation and as one of the modality in this type of fixation is that there is also a tendency of natural healing process therefore conservative trial was given for good callous formation. In x-ray taken at Lahore she had complete dislodgment of fragment and he offered the patient a revision surgery but the attendants refused and the patient later on underwent revision surgery at Lahore.
18. The expert asked from the son of the Complainant that whether the patient was able to stand after surgery done by the Respondent doctor, he stated yes she was able to stand with the assistance of physiotherapist.

VII. EXPERT OPINION BY DR. RASHID SAEED

19. Dr. Rashid Saeed, orthopedic surgeon, was appointed as an expert to assist the Disciplinary Committee in the matter. He has opined that:

“It has been further alleged that fracture of the patient was not reduced by Respondent Dr. Fareedullah Zimri as can be seen in the post-operative x-rays.

My opinion after reviewing the post-operative x-rays where only antero-posterior view of the x-ray was available. There was no lateral view x-ray so in AP view x-ray it seemed that nail was locked but in the absence of a lateral view x-ray it is difficult to comment whether it was truly interlocked or not.

As per physiotherapist, patient almost fell but her fall was broken by the physiotherapist supporting her. This was confirmed during the hearing from the physiotherapist. The x-ray which was done before the second surgery in April showed displacement of the nail which can be due to the fall of the patient.

Final conclusion: on the immediate post-operative AP view x-ray it seemed that nail was interlocked but due to the absence of lateral view x-ray it cannot be confirmed.”

VIII. EXPERT OPINION BY DR. FAWAD YASIN (RADIOLOGIST)

20. Dr. Fawad Yasin, Radiologist, was appointed as an expert to assist the Disciplinary Committee in the matter. He has opined that:

“On the provided AP view radiograph immediate post-operative status, the nail appears interlocked with seemingly adequate fracture reduction. However, due to lack of lateral view radiograph the interlocking cannot be confirmed radiologically and would have required accompanying clinical assessment at that time. Similar review of the follow up x-rays since they also lack lateral view necessary to confirm interlocking.

Additionally, the physiotherapist recounts an episode of patient’s/complainant’s near fall with some twisting over the injured hip, the fall broken by physiotherapists help. One the radiographs performed before the second surgery, there is evidence for displacement of nail and hence displacement/non-reduction of fracture.

Final impressions:

In light of the records provided, there is no clear evidence for negligence.”

IX. FINDINGS AND CONCLUSION

21. Record perused and statements and evidence of the son of the Complainant as well as Respondent doctor reviewed. The patient Mrs. Hamida Begum 84 Years of age was brought to the emergency department of Ali Medical Centre, F-8 Markaz on 17.2.2016 with history of fall and broken Left Hip Bone. Respondent Dr. Faridullah performed Proximal Femoral Nailing the same day i.e. on 17.02.2016. The patient remained admitted for six days post-operatively and was discharged on 23.02.2016.

22. The Complainant has alleged surgery performed by the Respondent doctor on 17.02.2016 was not successful. Screw had not been rightly inserted through the rod rather it was going directly to the neck of the femur and was not interlocked. On the other hand the Respondent doctor has stated that after examination of the patient he discussed with her family the two options of treatment to the patient i.e. close method and open method. Proximal Femoral Nailing (PFN) is a relatively new technology for management of proximal femur fracture. It is minimally invasive done under fluoroscopic control and there are less chances of complications as compared to open technique especially in old age cases. The patient was an elderly lady 84 years old therefore

considering her old age this was the best option of management. She also had advanced osteoarthritis of knees.

23. The Respondent doctor further stated that surgery was uneventful. The procedure was performed under fluoroscope and no pre-op complications were encountered. After the procedure the patient was pain free and she was mobilized on first post-operative day. She was advised physiotherapy sessions twice a day. Subsequently, she was discharged on oral medication and there were no issues regarding fracture and the wound. She was offered physiotherapy sessions at home as well. One day Mr. Tahir (Physiotherapist) contacted him and told about the fall incident of patient and he accordingly instructed him to stop mobilization and do bed physiotherapy only
24. It is pertinent that the Complainant, Mrs Hamida Begum in her complaint has categorically mentioned that “she was made to walk during physiotherapy from the very next day of surgery”.
25. During the hearing the orthopedic expert enquired from Mr. Tahir Alam whether the patient was able to stand with support after surgery which he replied in affirmative and stated that “she was able to stand with the assistance of physiotherapist.” Mr. Tahir Alam (Physiotherapist) also stated during the hearing that he used to mobilize her daily and continued this for a month on touch weight bearing. The expert observed during the hearing that had there been any failure in interlocking the patient would not have been able to stand as the rod would have come out. Therefore, had there been any mismanagement in insertion of the rod or interlocking of the nail, it would have straight way resulted into further complications and the patient would not have been able to walk with support or otherwise. In the present case no such thing happened and patient was mobilized on daily basis through walker.
26. Moreover, post-operative AP view x-ray performed on 17.02.2016 reveals that nail was interlocked. It is also an admitted fact that the patient was mobilized on the first post-operative day. Only touch weight bearing was allowed and she was able to walk with the help of walking frame with minimal pain.

27. It is further observed that the patient had a fall subsequently at home. The physiotherapist Mr. Tahir who used to visit the patient for physiotherapy appeared before the Disciplinary Committee and stated that “during her physiotherapy sessions one day the patient put full weight on her fractured leg due to which she lost her body balance and her hip was twisted. It was a heavy twist.”
28. After the fall, the patient visited Respondent Dr. Faridullah Zimri who advised x-ray. The patient was advised conservative treatment keeping in view her old age and other comorbidities. Later the patient visited some consultant in Lahore where x-rays were performed which showed dislodgement of fragment. It is also on record that the Respondent doctor was in contact with the attendants of the patient even when she was in Lahore. The Respondent doctor during the hearing stated that “in x-ray taken at Lahore she had complete dislodgment of fragment and he offered the patient a revision surgery.” Revision surgery was however performed on 19.04.2016 at Lahore by some other consultant. The record of the same is not available in entirety to identify why such surgery was undertaken and specifically what procedure was done and corrective measures taken.
29. Further, after reviewing the medical record and x-ray of the patient, both experts i.e. orthopedic surgeon and radiologist have opined that on the immediate post-operative AP view x-ray it seems that nail was interlocked but due to the absence of lateral view x-ray it cannot be confirmed. The experts have further observed that the x-ray which was done before the second surgery in April showed displacement of the nail which can be due to the fall of the patient.
30. The radiologist report was presented by Mr. Tahir Alam before the Committee at the beginning of the hearing pursuant to the direction of given in hearing held on 28.04.2019 by Disciplinary Committee of erstwhile PMDC. It is observed that the radiologist Report dated 15.07.20219 produced by Mr. Tahir Aalam was not signed by any radiologist. Therefore, the radiologist Report dated 15.07.20219 has no evidentiary value and cannot be considered for proceedings before us. Furthermore, the Complainant could not produce any comments/finding of operating surgeon who performed the surgery in Lahore regarding failure of the first surgery as alleged by him in the complaint

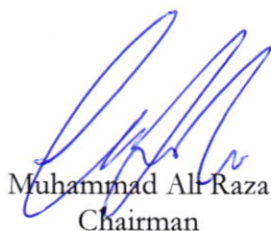
31. In view of the above, after thorough deliberations and minutely perusing the record and considering the opinion given by two experts in the matter, we are of the view that the surgery performed by Respondent Dr. Faridullah Zimri was as per the protocols and the patient was able to walk post-operatively. Post-operative AP view of x-ray performed on 17.02.2016 shows that nail was interlocked. The unfortunate incident of fall at home may have led to dislodgement of the nail. Therefore, no professional negligence has been observed on part Dr. Faridullah Zimri. Hence the complaint is therefore, dismissed.



Dr. Anis-ur-Rehman
Member



Dr. Asif Loya
Member



Muhammad Ali Raza
Chairman

28th February, 2022