BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF.8-1799/2019-DC/PMC

Nadir Ali Vs. Dr. Syed Haider Abbas Rizvi, Dr. Farhat Ansari, Dr. Nasira Zobair, Dr. Arsala Hussain

Mr. Ali Raza	Chairman
Dr. Anis-ur- Rehman	Member
Dr. Asif Loya	Member
Present:	
Nadir Ali	Complainant
Dr. Syed Haider Abbas Rizvi (10146-S)	Respondent No. 1
Dr. Farhat Ansari (30359-S)	Respondent No. 2
Dr. Nasira Zobair (45990-S)	Respondent No. 3
Dr. Arsala Hussain (45696-S)	Respondent No. 4
Dr. Mohammad Mujeeb	Expert (ENT Surgeon)
Maj General Rtd. Dr. Liaqat	Expert (Anesthesia)
Hearing dated	11.12.2021

I. FACTUAL BACKGROUND

Reference from Sind Healthcare Commission

1. Director Complaints, Sindh Healthcare Commission forwarded enquiry report/decision of the Board dated 08.11.2018 to the erstwhile PM&DC which was received on 29.01.2019. The Board of Sindh Healthcare gave the following recommendations:

   - According to facts and figures duty RMO Dr. Farhat and Dr. Arsala & Dr. Nasira (Anesthesia RMOs), are found negligence at their level.
   - We are requesting to PMDC to take action against above mentioned observations related to Duty RMO (Dr. Farhat) and Dr. Arsala & Dr. Nasira (Anesthesia RMOs) due to improper & delayed provision of medical care during critical situation.
   - Hospital doctors and staffs need to get different trainings like BLS and ACLS, trauma care, code blue, infection control training and quality assurance CQI program.
   - Clinical and administrative SOPs manual should be prepared and implemented.

Complaint filed by Mr. Nadir Ali

2. Subsequently, a complaint was also filed by Mr. Nadir Ali (hereinafter referred to as the "Complainant") on 21-02-2019 before the Disciplinary Committee of erstwhile PM&DC, against Dr. Syed Haider Abbas Rizvi and other doctors working at Abbasi Shaheed Hospital, Karachi. Brief facts as per the contents of the complaint are that:

   i. The Complainant's son namely Hassan Ali age 19 years (the patient) had some nasal obstructions for which he was admitted in Abbasi Shaheed Hospital on 24.09.2018 for a minor procedure. The operation was scheduled to be conducted on 27.09.2018 at 10:30 am. They were told that it will take 20 minutes to complete the operation, but the patient was brought out of OT after 2 hours. After 10 minutes condition of the patient became critical and he was again shifted to OT and after keeping him in the OT for another 2 hours he was shifted to ventilator in ICU.

   ii. The attendants were asked to arrange 11 pints of blood, white cells, plasma and platelets. Multiple lab tests were advised which were conducted outside the hospital. The operation was conducted by Dr. Haider Rizvi who fled after the operation.

   iii. The attendants enquired from administration of the hospital, but nobody cooperated. At 10:00 pm, it was informed that the patient had expired.

   iv. The Complainant alleged that his son died due to negligence of Respondent no. 1 and his team. He requested that enquiry be conducted, and action be taken against delinquents.

II. NOTICE TO RESPONDENTS

3. In view of the contents of complaint and reference received from Sindh Healthcare Commission notices dated 07.03.2019 were issued to Respondent no.1 Dr. Syed Haider Abbas Rizvi, Respondent no. 2 Dr. Farhat Ansari, Respondent no. 3, Dr. Nasira Zobair and Respondent no. 4 Dr. Arsala Hussain, whereby copy of complaint was forwarded and the Respondents were directed to submit their respective replies.

III. REPLY OF RESPONDENTS

Dr. Syed Haider Abbas Rizvi

4. In response to notice Dr. Syed Haider Abbas submitted his reply on 25.3.2019 as under: -

   a. On 27.09.2018, I operated patient Hasan Ali s/o Nadir Ali for nasal obstruction/DNS. My junior RMO also assisted me in this operation. The entire surgical procedure remained uneventful. However, the recovery was not smooth, somehow the patient recovered from anesthesia and was shifted to recovery area where he was looked after by the recovery staff which comprises of a nurse and a sweeper. In addition to that the monitor in the recovery area was not in full working condition.

   b. After this case, I did another operation with my professor as an assistant. After completion of the minor case, a call was received from the recovery area that the patient, Hasan Ali, had developed shivering and oozing from the nose. I responded to the call and observed the condition of the patient who was shivering heavily but there was no active bleeding except for mild soakage of outer nasal dressing which was probably caused by the strain and movements of the body due to shivering. Immediately the anesthetist was informed, who advised the injection toradol for this shivering.

   c. After this I remained in the O.R premises (surgeon room) I left the O.R at about 1pm. During our stay in the surgeon room no call from the recovery room was received, but at 1:15pm a call was received from my RMO ENT Dr. Tanira, that the septoplasty patient had become serious and is now shifted to the O.R. I rushed towards the O.R and saw the patient, who was on the ENT ward bed in the O.R and was intubated again by the anesthetist after doing CPR by Dr. Arsala and Dr. Nasra.

   d. I observed that the patient was running 106 fever, severe shivering and had thin oozing from the nose.

e. Fortunately, three senior ENT personal, Dr. Itrat Jawed (Associate professor), Dr. Fahim Ahmed (Assistant professor) and Dr. Wadood (Senior Registrar) were already in the O.R who supervised us in management of this patient.

f. With the consensus for the thin oozing from the nose, nasal packing was reinforced, and the bleeding stopped. After half an hour of this procedure the patient started thin oozing from the nose and post nasal area (mouth), so we did the post nasal packing as soon as possible but the viscosity of blood showed that the patient had gone in DIC. He still had running high grade fever inspite of the anti-pyritic injection as advised by the anesthetist.

g. My professor also discussed the case with professor Gul Naaz Khalid (HOD Pathology) and we sent the investigation to the laboratory and arranged FFP according to their advice. The Doctor of Medical unit on call were also taken on board for resuscitation and management process in the operation theatre.

h. Lastly, the patient remained in the O.R for about one hour as no mobile ventilator was available and they also faced a difficulty in the arrangement of oxygen cylinder and umbo bag.

i. Ultimately the patient was shifted in the surgical ICU with 99% O2 saturation and his BP was 110/63 mm of Hg. I handed over the patient to the surgical ICU Doctors and staff for further management. The ENT team remained in contact with the surgical ICU Doctors and staff for any possible support. Despite the attempts and consistent observation of the surgical ICU doctors and staff, the patient, Hasan Ali, expired at 9:30pm on 27.09.2018.

j. In addition to the overall details of the events, a certain information was disclosed by a patient, Zahid, who returned for his nasal surgery as it was postponed after the 27th September incident. Zahid informed that Hasan Ali returned in normal state and remained so until he experienced a chain of fits after which the doctors were informed, and he was shifted to the O.R again. Zahid also informed that he overheard the family of patient Hasan Ali who discussed that the patient had a history of epileptic fits and this information was deliberately concealed from the ENT and Anesthesia department, Doctors and staff. Hence a possible cause for the sudden deterioration of the patient Hasan Ali could be the epileptic fits as the patient suffered from two insults, an anesthetic effect and nasal packing due to the surgery, so the fits created unfortunate circumstances in his full recovery. Documentary evidence can be provided if required.

Dr. Farhat Ansari

5. In response to notice Respondent no. 2, Dr. Farhat Ansari, submitted her reply on 21.03.2019 wherein she stated that:

a. I was on emergency duty on 27.09.2018 and was involved in the patient care services, the patient Hassan Ali was shifted after septoplasty at around 12:40 pm so the patient was received in ward at 12:40 by staff nurse hence the delay in managing patient was not at my

end just after few minutes of shifting, patient developed labored breathing and fits according to staff. I immediately rushed to attend the patient on staff complaint and upon examination found the patient was having severe labored breathing, nasal pack was in place no active bleeding was seen from nose or post nasal space, radial pulse was palpable, bilateral air entry was present. I decided to immediately shift the patient back to operation theatre for resuscitation, reintubation and ventilatory support as the ward has deficient resuscitating equipment.

b. Patient was shifted to operation theatre on the same bed without waiting for stature via lift. At this time patient was BP less and pulseless, we resuscitated the patient by reintubation and CPR. We successfully resuscitated the patient's cardio pulmonary status meanwhile my seniors also reached the theatre.

c. Now as we were waiting for oxygen cylinder and ambobag required for shifting the patient to SICU, the patient started thin nasal bleeding and developed high grade fever (106 degree F). My seniors reinforced the anterior pack but bleeding did not arrest and blood started coming from mouth so posterior nasal packing was also done and hemostasis secured, urgent investigations were sent and opinion done from Dr. Gulnaz Khalid (Professor of Pathology Department) and on her advice 4 pints FFPS and platelets arranged and later on transfused, Injection paracetamol was also given but patient fever didn't settle down to normal.

d. After arrangement of oxygen cylinder and ambobag we shifted the patient to SICU with 99% oxygen saturation and 110/63 B.P. That whole day I remained in contact with SICU doctor afterward and visited the patient at suitable intervals but the condition of patient deteriorated from bad to worse and ultimately, he expired at around 9:30 PM.

Dr. Nasira Zobair

6. Respondent no. 3, Dr. Nasira Zubair, submitted her reply on 19.03.2019, wherein she stated that:

    a. At 1:00 pm, when I was sitting in anesthesia department with my other anesthesia colleagues, Dr. Farhat (RMO in ENT department) came there and said that the patient who was operated for septoplasty on that day collapsed and she was shifting the patient to Operation Theater.

    b. Dr. Farhat decided to immediately shift the patient to E.N.T O.T because of non-availability of emergency drugs, emergency equipment, Oxygen Cylinder, Laryngoscopes, Endotracheal Tubes, Airways, Face Masks Suction Machine and other emergency equipment in the E.N.T Ward.

    c. When we received the patient from lift the patient was B.P. Less, Pulseless and completely cyanosed. I along with my anesthesia team immediately started resuscitating the patient, (My team included Dr. Arsala Hussain (M.C.P.S), Dr. Umer Daraz (M.C.P.S), Dr. Nusrat Jafery

(M.C.P.S) Dr. Asif (P.G), Dr. Wahaj (P.G). Dr. Aftab Imtiaz (Head of Anesthesia Department) and Dr. Hamid associate professor were also informed who reached at the spot.

d. CPR was done by Dr. Nusrat Jafry. Laryngoscopy was done and blood clots were suctioned by Dr. Arsala Hussain. ETT was passed and connected with ventilator. I gave emergency drug Injection Adrenaline 1mg I/V and fluids were pushed. The patient reverted within a minute.

e. Anterior and Posterior Nasal Packing was done by the Surgeons but there was still bleeding from nose and mouth so they asked us for Pharyngeal Packing. Urinary Catheter was passed (200ml Urine Output). When shifting the Patient, he had 100% Oxygen saturation on ventilator support, his B.P was 66/30 mmHg and Pulse 154 b/min.

f. I with Dr. Arsala Hussain shifted the patient to surgical I.C.U for post Cardiac Arrest Ventilatory support at around 4:15 pm and handed over the patient to Dr. Asma Siraj (R.M.O S.I.C.U).

Dr. Arsala Hussain

7. Respondent no. 4, Dr. Arsala Hussain, submitted her reply on 19.03.2019 wherein she stated that:

   a. Patient was shifted to ENT ward at 11:30-11:40 am. During that period, I had noticed that the dressing was soaked with blood and I duly pointed out the problem to Dr. Haider Abbas Rizvi who was the Operating Surgeon. Post shifting of the patient to the ENT ward between 11:40am till 01:00pm I have no knowledge of what the patient went through in the ward as I was not posted there and was performing duty in emergency ward.

   b. At 01:00pm, Dr. Farhat (RMO-ENT) came in the department of anesthesia and informed me and the team that the patient collapsed & was being shifted to operation theatre & was inside the elevator at that spur of the moment. We were asked to report to the main operation theater for further necessary action. Here it is imperative to highlight for your kind knowledge & necessary action that ENT Ward does not have the required equipment to deal with such situations. Following facilities are not available in ENT ward, crash trolley with emergency drugs, suction machine, umbo bag, facemasks, Oro pharyngeal / Nasal airways, Oxygen cylinder Laryngoscope, Endotracheal Tubes, Monitors and defibrillator.

   c. We reached the main operation theater immediately and when I received the patient with my team, he was BP less, pulseless and was completely cyanosed. Given the situation we immediately started CPR (Cardiopulmonary Resuscitation). At the time of laryngoscopy, I found the throat full of blood clots. I suctioned it & intubated the patient. My colleagues Dr. Nusrat Ali Jaffery (MCPS) started chest compression, Dr. Nasira Zobair (MCPS) gave Inj Adrenaline 1mg 1/V. Fluids were duly pushed. Patient was reverted within a minute & was kept on ventilator.

d. At around 01:40 pm patient started to bleed again from nose & mouth. Anterior & posterior nasal packing was done but the bleeding did not stop. I was asked by ENT Dr. Faheem to do pharyngeal packing. At 4:15 pm patient was shifted to surgical ICU for post cardiac arrest ventilatory support & monitoring. Shifting vitals were BP 66/30 mmHg Pulse 154 b/min O2 Sat 100% on ventilatory support Urine output 200ml (clear). In the surgical ICU, I handed over the patient to Dr. Asma Siraj (RMO SICU) who attached the patient to the ventilator. Subsequently I & Dr. Nasira both left to do the emergency cases as we were both on emergency duty.

IV. REJOINDER

8. Replies submitted by the Respondents were forwarded to the Complainant who submitted his rejoinder on 16.04.2019, wherein he stated that his 19 years old son went to the hospital riding his motorbike. The Respondent no. 1 did not visit the patient in ICU. He requested to take action against Respondents.

V. DISCIPLINARY COMMITTEE UNDER PAKISTAN MEDICAL COMMISSION ACT 2020

9. 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.

VI. HEARING

10. The Disciplinary Committee of PMC decided to hear the pending complaints filed before the Disciplinary Committee of erstwhile PM&DC and the instant complaint was therefore fixed for hearing on 11.12.2021. Notices dated 29.11.2021 were issued to Nadir Ali (Complainant), Dr.

Syed Haider Abbas Rizvi, Dr. Farhat Ansari, Dr. Nasira Zobair and Dr. Arsala Hussain (Respondent/s), directing them to appear before the Disciplinary Committee on 11.12.2021.

11. On the date of hearing Complainant and all the Respondent doctors were present before the Disciplinary Committee.

12. Dr. Haider Abbas Rizvi stated that on 27.09.2018 he operated on the son of the Complainant. He was sent out of the theater in a stable condition. The patient was in recovery room where facilities were not appropriate as only a nurse and a sweeper were available there to look after the patient. After performing operation of this patient he conducted other two operations. Subsequently he received a call to see patient Hassan Ali. He went to see the patient who was shivering and running fever. He noticed the nasal packing being soaked. He changed the packing. At 01:15pm he received a call from Dr. Tahira who informed that the patient Hassan Ali had become serious and they have shifted him to theater. He rushed to theater where all his seniors were already present and observing the patient. He noticed thin watery discharge from the nose of the patient and anterior and posterior packing was done.

13. Respondent Dr. Haider Abbas further stated that this patient was mismanaged preoperatively. The patient reported to the hospital early morning on the day of operation. Further, the family of the patient did not disclose that patient had epilepsy issue.

14. The Disciplinary Committee enquired from Dr. Haider Abbas whether the patient was seen by him before the surgery, he stated "no". He admitted that pre-op assessment was not done by him. He saw the patient just before the surgery in the OT.

15. The Committee further asked whether the clear/thin discharge noticed by the Respondent doctor was investigated any further, he however could not give a satisfactory answer. The Committee further asked whether the blood oozing from the nose of the patient was clotting he stated that he did not notice.

16. The Disciplinary Committee further enquired whether CT Scan of the patient was performed to he replied in the negative and sated that the facility of CT Scan was not available in Abbasi

Shaheed Hospital. He further stated that even suction machine and oxygen cylinder were not available in the ward.

17. The Disciplinary Committee further asked from Dr. Haider Abbas that in such meager facilities why did he perform surgery in the first place. He stated that in routine they are doing surgeries at Abbasi Shaheed Hospital with limited facilities.

18. The Respondent Dr. Haider Abbas further stated that the patient went to DIC. The on call consultant hematologist was also available who advised certain investigations. The Committee inquired whether being principal surgeon it was not his domain to investigate the issue. He replied that he sent sample for testing. The expert enquired that in Dr. Haider Abbas's view in such a short time how a patient can go to DIC? The Respondent doctor stated that they also suspected malignant hyperthermia for which medical specialist was also taken on board.

19. Respondent Dr. Arsala stated that it was not malignant hyperthermia. She stated that malignant hyperthermia is caused by succinylcholine which was not given to this patient. The Committee enquired whether the medication for malignant hyperthermia was available at that time Dr. Arsala stated "no".

20. She further stated that she was on emergency duty on 27.09.2018. Her head of Department instructed her to report to OT and start the list so she started list of surgeries. Surgery of patient and anesthesia was unremarkable. After surgery he was shifted to recovery room where she visited him. The patient was alright he was conscious and following voice command. She noticed some blood oozing about which she informed Dr. Haider. Dr. Haider came and saw the patient and said he was ok. There was no arrangement in recovery room normally one nurse is assigned duty to look after patients in recovery room. At around 11:30am she asked the nurse that if the patient was alright she can shift him to ward. The patient was accordingly shifted.

21. Dr. Arsala further stated that at 01:00pm she was informed that patient Hassan has collapsed. At the time of shifting to OT she checked his pulse, he was pulse less, BP less and cyanosed. She performed laryngoscopy and found blood clots in patient throat. She intubated the patient and started resuscitation. There was heavy bleeding for which the ENT team did anterior &

posterior packing and they asked her to do pharyngeal packing which she did. The patient recovered after CPR. At 04:15pm the patient was shifted to ICU. His breathing was not alright and there was no lungs compliance, his vitals were also not normal and BP was 60/30.

22. Referring to the statement of the Respondent Dr. Haider that patient had epilepsy, the Disciplinary Committee enquired from the Respondent whether other than allegedly overhearing any other patient he had evidence that the patient was epileptic. The Respondent Dr. Haider Abbas stated that the only basis of him claiming that the patient was epileptic was that another patient who was scheduled for surgery on the same day informed him that he overheard the family of the patient Hassan Ali regarding his issue of epilepsy.

23. The expert asked Respondent Dr. Arsala, who did the pre-anesthesia assessment of the patient. She replied that she did pre-anesthesia assessment and he was fit for anesthesia. She also assessed the patient on table. She further stated that she specifically asked the patient regarding history of epilepsy but the patient gave no history of epilepsy. His HB was 10.6.

24. The expert asked whether she noticed fever when she visited the patient in recovery room, she stated at that time patient did not have fever or shivering, there was only oozing of blood. The expert further asked that when she noticed bleeding and was it some unusual event that the patient was not kept under observation and instead shifted to a ward within 30 minutes where no facilities were available. She could not give a satisfactory reply.

25. The expert ENT surgeon enquired from the Respondent Dr. Haider, that if it was simple septoplasty why did the patient bleed so much? The Respondent could not give any satisfactory answer.

26. The Disciplinary Committee enquired from Respondent Dr. Haider about the medical record of the patient to which he stated that he does not have knowledge about the record.

27. The expert asked from Respondent Dr. Haider, what treatment they give to elevate mucosa, he stated adrenaline solution. The expert observed that adrenaline was no more in practice for such situations.

VII. EXPERT OPINION BY DR. MOHAMMAD MUJEEB (ENT)

28. Dr. Mohammad Mujeeb (ENT surgeon) was appointed as expert to assist the Disciplinary Committee. The expert after going through the record and enquiring from the parties opined as under:

> "Septoplasty alone will never lead to profuse bleeding and death. Possibility of injury to the skull base with resultant CSF rhinorrhea cannot be ruled out in this case. This would require a CT scan but unfortunately that was not considered. This might explain the thin blood in the post-operative period that the surgeon talked about. But CSF leak alone will not cause the patient to die in the first few hours of surgery.
>
> If the patient died of bleeding, then I have to say that there are no blood vessels in the nose which cannot be controlled even in a basic set-up, except injury to the Internal Carotid Artery in the Sphenoid sinus. Carotid Artery injuries are known to occur in Advanced Endoscopic Sinus Surgeries but never in Septoplasty procedure.
>
> According to evidence by respondents, the patient had fits in the ward, bled from nose and mouth and was found cyanosed, BP-less and Pulse-less on shifting to OT from the ward. This situation may arise, during such a fit, in a patient whose nose is already packed.
>
> In my opinion the last possibility is the only explainable answer to this unfortunate incident coupled with, perhaps, a CSF rhinorrhea"

VIII. EXPERT OPINION BY MAJ GEN RTD. DR. LIAQAT (ANESTHETIST)

29. Major General Retired Dr. Liaqat (Anesthetist) was also appointed as expert to assist the Disciplinary Committee. The said expert after going through the record and enquiring the parties opined as under:

1. "Dr. Haider Abbas ENT Surgeon shifted patient to ward without identifying source of bleeding which may be simple bleeding or mixed with CSF as ENT Surgeon suspected it was initially thin blood he should have shifted patient at least to high dependency unit with monitoring and resuscitation facilities.

2. Dr. Arsala anesthetist involved in clear negligence for shifting patient from recovery to ENT ward in half an hour in spite of noticing postop complication while she should have monitored for longer period of time before shifting the patient to at least high dependency unit with monitoring and resuscitation facilities.

3. Dr. Farhat RMO ENT ward did severe negligence by not providing ventilator support and shifting the patient to OT through lift which led to early cardiac arrest.

4. Hospital administration may be advised to improve training/SOPs & emergency equipment."

IX. FINDINGS AND CONCLUSION

30. The record and evidence have been perused and parties heard at length. The son of the Complainant namely Hassan Ali, age 17 years was initially brought to Abbasi Shaheed Hospital on 24.09.2018 with the complaint of nasal obstructions. The patient was advised DNS (septoplasty). He was put on list of 27.09.2018 for surgery. The attendants took the patient to the Hospital for surgery on 27.09.2018. The patient was shifted to the theater where Dr. Haider Abbas Rizvi performed septoplasty. The patient was shifted from the theater to the ward where he collapsed. He was shifted to the operation theater for resuscitation. Resuscitation was done and as per Respondents the patient revived but his vitals were not normal and he was on ventilator. Later on the patient expired at around 9.30-10:00 pm on 27.09.2018.

31. It is noted that from the pr-op till the expiry of the patient there were serious lapses on part of doctors managing this patient. Medical record is severely deficient. As per statement of Respondent Dr. Haider Abbas Rizvi (ENT surgeon) he saw the patient first time in the theater

before the operation. It is observed with grave concern that the Respondent Dr. Haider Abbas admitted during the hearing that in routine he is given a list for surgeries and he performs those surgeries as directed and this is the routine process practiced at the hospital. Such stance or even acceptance of such practice at a hospital by a qualified surgeon is alarming. A surgeon as a mandatory part of practice, with the exception of extremely critical emergencies, sees the patient in advance, investigates the case and discusses the course of treatment before the surgery and if the patient is referred to surgery then undertakes the above process during pre-op. It is always the decision of surgeon whether to go for surgery or not and to ensure that the patient is capable of handling the surgery. In this case from the statement of Dr. Haider Abbas it is evident that he regularly performed surgeries, including the one in question, without even knowing whether the surgery is actually required or not and caried out the list as handed over to him apparently based on the assessment of some other doctor and probably a physician, who as per standards can only refer such cases to a surgeon and not direct a surgeon to undertake the surgery.

32. There exist no operation notes. When the Respondent Dr. Haider was asked about his surgery notes, he stated that as a practice no such detailed surgery notes are prepared. Furthermore, there is no record when the patient was shifted to the ward and what was his actual position at the time of shifting. As per Respondent Dr. Arsala (Anesthetist) she visited the patient once in recovery room and noticed some bleeding about which she informed Respondent Dr. Haider Abbas who then visited the patient and told him that he was alright therefore, she instructed to shift the patient to the ward. There is again no document to this effect. Dr. Haider on other hand in his written reply, and as reiterated by him during the hearing, has taken a contrary stance and stated that *"a call was received from the recovery area that the patient, Hasan Ali, had developed shivering and oozing from the nose. I responded to the call and observed the condition of the patient who was shivering heavily but there was no active bleeding except for mild soakage of outer nasal dressing which was probably caused by the strain and movements of the body due to shivering. Immediately the anesthetist was informed, who advised the injection toradol for this shivering."*.

33. The patient apparently was later on shifted to the ward on instructions of Dr. Arsala. This is after admittedly having noticed that there was some level of bleeding. Therefore, she should not have instructed shifting of the patient instead the patient who should have either remained in

OT or shifted to high dependency unit for close monitoring. Similarly, Dr. Haider Abbas being the primary surgeon should have apprehended the threat and investigated the issue of oozing, instead he continued with his operation list after admitting to at best a cursory response to as per him a call from the recovery area.

34. The patient was shifted to the ward where he collapsed. As per Dr. Farhat who was on duty in ward she visited the patient who was gasping. She decided to shift the patient to OT for mechanical support. It is important to note here that as per statement of Dr. Arsala the patient was shifted to ward at 11:30 am whereas as per Dr. Farhat she received the patient at 12:40pm. Since no record is available therefore, it is difficult to determine where was the patient or the patients status and condition 11:30 to 12:40. The facts represent a serious lapse of monitoring of patient during this period. It was only when the patient collapsed that Dr. Farhat took notice of situation. Respondent Dr. Farhat Ansari when asked about the condition of the patient in the ward stated that the patient was having labored breathing; she then amended her stance stating that he was gasping. No notes of Dr. Farhat are available about the condition of the patient at the time of receiving in the ward. There is also no medical record which indicate as to why and when the patient was shifted to the OT again. The Respondent doctors Dr. Arsala and Dr. Farhat in their written replies and during the hearing have submitted that the patient was B.P. Less, Pulseless and completely cyanosed at the time of arriving at the OT from the ward.

35. It is an admitted fact that patient was bleeding profusely when shifted back to the OT and the bleeding was thin. However, no investigation was carried out by the primary surgeon on the thin fluid. The Committee specifically asked Respondent Dr. Haider whether CT Scan was performed to investigate thin fluid and he replied in the negative.

36. The Respondent Dr. Haider Abbas has made different statements before the Committee with the clear intent to cover up his negligence and an attempt to shift the blame onto others. First, he stated that the patient went to DIC. When the expert confronted him that in such a short time how a patient can go to DIC, the Respondent doctor stated that they suspected malignant hyperthermia. Whereas Respondent Dr. Arsala confirmed that it was not malignant hyperthermia. She correctly stated that malignant hyperthermia is caused by succinylcholine

which was not given to this patient. The Respondent Dr. Haider Abbas made another incorrect allegation that the patient was epileptic which was not disclosed by the family. However, on enquiry by the Committee he could not substantiate his claim of epilepsy. The Claimant also confirmed that there was no history of his son having epilepsy. Further Dr. Arsala, stated that she did pre-anesthesia assessment and he was fit for anesthesia. She also assessed the patient on the table. She further stated that she specifically asked the patient regarding history of epilepsy but the patient gave no history of epilepsy. Moreover, as per the pre-anesthesia report dated 27.09.2018 available on record, the patient had no past surgical history and anesthesia exposure & complications. His HB was 10.6, platelet count 328 TLC 6.7. The patient was declared fit for general anesthesia.

37. Facts and circumstances of the instant case confirm that profuse bleeding led to death of the patient. In view of the experts' opinions septoplasty alone will never lead to profuse bleeding and death. Therefore, keeping in perspective all facts albeit in the absence of proper records and lab investigative reports, the only conclusion that can be reached is that an injury to the skull base occurred with resultant CSF rhinorrhea in this case. This is a possibility in such procedures if the surgeon is not careful and makes a mistake. Furthermore, negligent and careless attitude of the primary surgeon to not carry out investigation at the appropriate time led to the further complications and deterioration of patient's condition. Failure to address and rectify the issue of oozing in the recovery room and hasty decision of the Respondent Dr. Arsala to shift the patient to the ward without having allowed for proper and satisfied recovery post-op, led to the ultimate collapse of patient.

38. In view of foregoing facts and the finding that Dr. Syed Haider Abbas Rizvi was negligent in his duty as a medical practitioner and the surgeon, his license to practice medicine is suspended for a period of one (1) year. It has also been determined that Dr. Arsala Hussain was negligent in her duty of care to the patient and her undue haste during the recovery period represents negligence as a consequence of which her license to practice medicine is suspended for a period of six (6) months. Dr. Farhat Ansari while not having been found of direct negligence appears to have not taken proper care at the ward and could have responded earlier to the patient's condition. However, in the absence of hospital record it is not possible to hold negligence on her part.

However, she is warned and directed to ensure that the duty of care towards her patients be at all times considered paramount and properly discharged. No omission or negligence was found on the part of Dr. Nasira Zubair, against whom the complaint is disposed off.

39. It is noted that we have been constrained in imposing lower penalties upon the Respondent doctors in view of the admitted circumstances that existed at Abbasi Shaheed Hospital including lack of management, organization, equipment and resources. This to some extent hampered the ability of the doctors in question to perform what would otherwise be considered normal procedures in performance of their obligations to their patients. Be that as it may, it remains the duty of every medical practitioner to follow the code of conduct and ethics and ensure the best care is provided to patients and if the practitioner is unable to do so at a hospital due to lack of facilities then they are required to decline to proceed. In this case it was furthermore an elective procedure and not an emergency one. Hence the Respondents being aware of the conditions should have either refused to perform the surgery starting with Dr. Haider Abbas who had not even done pre-op assessment and was simply running the OT like an emergency war room and Dr. Arsala Hussain who in her haste caused in all probability by the number of patients coming through and under her care failed to take the precautionary steps that should have been taken in recovery.

40. It is noted with greater concern that all the Respondent doctors in their written replies have pointed out severe deficiencies of equipment and other facilities at the hospital to manage the patient. Respondent Dr. Haider Abbas submitted that the patient was looked after by the recovery staff which comprises only of a nurse and a sweeper. In addition to that the monitor in the recovery area was not in full working condition. He further mentioned that the patient remained in the O.R for about one hour as no mobile ventilator was available and they also faced a difficulty in the arrangement of oxygen cylinder and ~~umbo~~ ambu bag. Similarly, Dr. Nasira, Dr. Arsala and Dr. Farhat submitted that the decision to immediately shift the patient to E.N.T O.T was taken because of non-availability of crash trolley with emergency drugs, Oxygen Cylinder, Laryngoscopes, Endotracheal Tubes, Oro pharyngeal / Nasal airways, Face Masks Suction Machine, Monitors, defibrillator and other emergency equipment in the E.N.T Ward. Furthermore, admittedly no essential patient records are maintained at the hospital and the hospital management has allowed patient management in the manner described by the

respondent doctors. All the Respondent doctors had no record to show regarding the management of the patient. As per surgeon there is no practice of writing detail operation notes. The surgeon does not assess the patient pre-operatively and perform operations as per the list provided to him. All in all the conditions at the hospital as put forth are diabolical and criminal. While we appreciate that public hospitals and especially tertiary care hospitals all over Pakistan are under immense workload pressure while managing with limited resources, however, it is time where the relevant authorities need to consider whether public health care is allowed to deteriorate to an extent where the systems simply fail and while justifying that at least some care getting medical care the hospital itself becomes a death trap rather than a place of healing and care. The question which looms over all policy makers and professionals involved in healthcare has to be whether in the name of providing public healthcare the rights of patients and the public can be ignored. The Constitution and laws of Pakistan provide life and health as fundamental rights of a citizen. These cannot be any longer sacrificed at the altar of simply ticking the boxes on a report to fulfil the obligation of providing public healthcare. There are multitude of cases across Pakistan where public hospitals are functioning at quality levels and medical practitioners ensuring that their obligations as health care providers discharged honestly and properly with due care. There is no basis any longer to accept the absolute lack of discharging these fundamental obligations on the part of both the health care institutions and the health care providers.

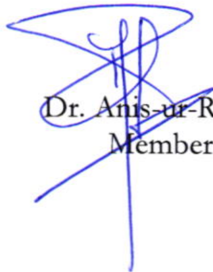
41. It is important to note that the Sindh Healthcare Commission in its enquiry report dated 08.1.2018 also pointed out deficiencies and suggested corrective measures at Abbasi Shaheed Hospital, Karachi in the following terms:

    - A holistic approach should be adopted to assess the ground realities of Abassi Shaheed Hospital like over burden of patient's volume with co-relation of annual capital, operational and human resource budget.
    - Hospital Annual financial budget should be allocated as according to actual need of the hospital unfortunately functionalities are affected by due to limited or non-availability of funds.
    - They should designate a focal person on urgent basis to get involved in training sessions at Sindh Healthcare Commission.

- Central oxygen section system should be installed at ward level.
- Recovery room should be well equipped along with proper professional human resource to deal with all critical and elective cases amicably.

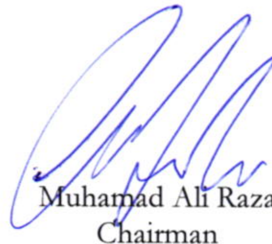
We are unaware whether any of these recommendations were acted upon or put to one side. As per the doctors who appeared before the Committee, the conditions remain more or less the same as they were at the time of the incident.

42. The stated deficiencies at Abbasi Shaheed Hospital, which is a teaching institute registered with the Commission, are extremely concerning. Therefore, we direct the National Medical Authority to conduct a surprise inspection of Abbasi Shaheed Hospital within 30 days and submit a report accordingly. If the hospital fails to fulfill the recognition criteria required of a teaching hospital, the matter will be taken cognizance of by this Committee and the recognition status of Abbasi Shaheed Hospital shall be reconsidered.



Dr. Anis-ur-Rehman
Member

Dr. Asif Loya
Member



Muhamad Ali Raza
Chairman

28th February, 2022