



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF. 8-1830/2019-DC/PMC

Shabana Hamid Vs. Dr. Ayesha Qadeer, Dr. Abdul Salam Khan, Dr. Mehreen Iqbal, Dr. Mehnaz Ali

Mr. Ali Raza	Chairman
Dr. Anis-ur- Rehman	Member
Dr. Asif Loya	Member
<i>Present:</i>	
Shabana Hamid	Complainant
Dr. Ayesha Qadeer (45492-P)	Respondent No. 1
Dr. Abdul Sattar Associate Director	(on behalf of Respondent No. 2)
Dr. Mehreen Iqbal (17058-N)	Respondent No. 3
Dr. Mehnaz Ali Bangash (24621-N)	Respondent No. 4
Dr. Abdul Wahab, Dr. Henna Mubarak and Dr. Awayl Malik	Representatives of Shifa International Hospital, Islamabad.
Dr. Mushtaq Haroon	Expert (Medical Specialist)
Hearing dated	11.12.2021

I. FACTUAL BACKGROUND

Complaint

1. Ms. Shabana Hamid (hereinafter referred to as the “Complainant”) filed a complaint on 11.07.2019 before the erstwhile PM&DC against Dr. Ayesha, Dr. Abdul Salam, Dr. Mahreen Iqbal and Dr. Mehnaz Ali Bangash (hereinafter referred to as Respondent no. 1, Respondent no.

2, Respondent no. 3 & Respondent no. 4 respectively) of Shifa International Hospital, Islamabad wherein she stated that:

- a. On 24.06.2019, I took my father Muhammad Nawaz (the patient) to Emergency (ER) of Shifa International Hospital, Islamabad due to low blood pressure and breathing problem. Doctors in Emergency checked him and firstly shifted him to “Major” and subsequently to “Critical Unit” of Emergency. Dr. Ayesha Qadeer, Assistant Consultant and Dr. Mehreen Iqbal (PG Trainee) called us and without examining the patient stated that he could lead to ventilator despite the fact that he was not in that critical position.
- b. Around 02:40pm, Dr. Ayesha without consulting and taking family into confidence, directed Dr. Mehnaz Ali, Medical Officer to inject Serenase 2.5 mg injection in order to conduct ECHO against the will of patient and despite the fact that he was not fit for it. The patient then at once had cardiac arrest and the nursing staff who was doing ECHO shouted for help that patient is collapsing. After cardiac arrest, he was in critical condition and probably had died at the spot.
- c. The patient was a smoker and had kidney problems, difficulty in passing urine, prostate problems, diabetes and at that time he had low blood pressure around 90/45 mm/hg. These are the conditions in which Serenase is not recommended at any cost.
- d. After the cardiac arrest the above-mentioned doctors in order to save themselves, started pumping heart of the patient and continued it for almost 8-10 minutes and then with the help of machines, his pulse responded and ultimately, he was put on ventilator at around 3:00pm without counseling the family.
- e. In the meantime, Dr. Abdul Salam Khan, Director Emergency appeared for the first time. He threatened the attendants and stated that the attendants did not have any right to claim that this injection (serenase) has caused cardiac arrest and death of the patient. Attitude of Dr. Abdul Salam was too biased and unprofessional.
- f. Dr. Mehnaz Ali and Dr. Mehreen Iqbal presented another document for IV injection with anesthesia and pressurized the attendants to sign that document to save themselves. We refused to sign document stating that we could not allow IV with anesthesia because the patient was already on ventilator. Dr. Mehreen Iqbal even abused the attendants and misbehaved and asked all paramedic staff not to respond.
- g. The patient died at 03:00 pm on 24.06.2019 whereas Respondents to save themselves put him on ventilator and declared his death after ten hours i.e. at 01:00 am on 25.06.2019.
- h. The Complainant requested that an inquiry may be conducted against Dr. Ayesha, Dr. Abdul Salam Khan, Dr. Mehreen and Dr. Mehnaz Ali and their license may be cancelled.

II. NOTICE(S) TO RESPONDENTS

2. In view of the allegations leveled in the complaint notices dated 12.07.2019 were issued to Dr. Ayesha Qadeer (Respondent no. 1), Dr. Abdul Salam Khan (Respondent no. 2), Dr. Mehreen (Respondent no. 3) and Dr. Mehnaz Ali (Respondent no. 4) of Shifa International Hospital, Islamabad.

III. REPLY OF RESPONDENTS

Dr. Ayesha Qadeer

3. Dr. Ayesha Qadeer (Respondent no. 1) submitted her reply on 01.08.2019 wherein she stated that:
 - a. Mr. Nawaz was an 80 years gentleman with history of Diabetes Mellitus, Hypertension, and Chronic Kidney Disease. He was advised dialysis multiple times previously, but family had refused. Patient was a smoker with 100 packs a year as smoking history, was advised CT chest in previous visits but he did not get it done, he had HCV related CLD. Patient had history of multiple ER visits, in few of them he was advised admission, but he had left against medical advice.
 - b. On 24th June 2019, patient was brought to ER by his family with the complaints of confusion, shortness of breath and fever for last 2 to 3 days. After initial management and treatment, patient's clinical condition further deteriorated and he was shifted to Critical Unit of ER. At that time, Critical Care consultation was sought by the ER team and I went to ER to see the patient. On examination, patient's blood pressure was around 90 Systolic, had fever of 38°C and had oxygen saturation of 80% on room air for which he required oxygen via face mask. Patient was agitated and was removing his oxygen mask again and again.
 - c. After taking history from the Complainant, pertinent workup was ordered which also included Echocardiogram to rule out a new cardiac event and re-accumulation of large pericardial effusion, both of which can be the causes of patient's low BP. Afterwards, I explained to the patient's son and daughter (Mr. Shuja Nawaz and Ms. Shabana Hamid) regarding the critical condition of the patient and explained to them that due to his previous co-morbidities and expected involvement of major organs of the body including heart, kidney, liver, lungs, brain and low blood pressure, he carries a poor prognosis and can require ventilator support in due course of his ICU stay. I had also discussed with them regarding the need for insertion of CVP line (central venous line) for inotropic support but the family seemed reluctant for CVP line insertion.
 - d. Patient's daughter was asking again and again for the Echo to be done since she was also concerned about the re-accumulation of pericardial effusion. When the Echo technician came

in and attempted the Echo, patient was delirious and non-cooperative and was not letting the technician do the Echo at all. Patient's family members including son and daughter-in-law were allowed to stay with him so that he can remain a bit calm and comfortable. Despite all the efforts, when he remained agitated, 2.5mg Serenase (Haloperidol) was advised for the patient, after confirming normal corrected QT interval on ECG, which helped in reducing patient's agitation and Echo was done which showed large vegetation on the aortic valve, no pericardial effusion and EF of around 30%. Patient was also started on 5 micrograms of Norepinephrine via peripheral line.

- e. While the Echo was on going, patient became bradycardiac followed by cardiac arrest requiring CPR of 6 minutes. Family members started shouting during CPR and blamed that the cardiac arrest was due to injection Serenase. Family members; daughter, son and son-in-law were again explained during CPR regarding poor prognosis. When patient revived after CPR, again family members were briefed about his condition, but they kept on blaming rather than listening to patient's details.
- f. After this again need of CVP line insertion was discussed and family was asked to sign on the consent form. After some time, family gave consent for femoral CVP line insertion reluctantly, but they did not want any kind of sedation during that procedure. Two attempts were made on right side, ultrasound showed possible thrombus in femoral vein, so procedure was abandoned on the right side and attempted on the left side but there as well due to altered anatomy on the ultrasound, procedure was abandoned, and decision was made to involve the IR team for CVP line insertion. Patient's daughter-in law was explained again in detail about the current situation of the patient. While I was inserting CVP line, family came in multiple times, again blaming me. Patient's daughter even came in and she tried to harass me and threatened me.
- g. The main concern of Complainant appears to be the administration of Serenase 2.5mg (Haloperidol) and that this caused cardiac arrest. It is emphasized that Serenase (Haloperidol) is indicated in an agitated patient in ICU settings and is commonly used antipsychotic in ICU. It is further emphasized that this drug in the dose prescribed (2.5mg) in this case, does not cause cardiac arrest or hypotension.

Dr. Abdul Salam Khan

4. Dr. Abdul Salam Khan (Respondent no. 2) submitted his reply on 01.08.2019 wherein he stated that:
 - a. On 24.06.2019, the patient was brought to the hospital with low blood pressure and was treated in the major unit of the emergency department. He was later on shifted to the critical unit of the emergency department because of blood pressure that was not coming up, and he needed more close nursing care and monitoring.

- b. Critical care Assistant Consultant, Dr. Ayesha was looking after the patient. I got involved at that time because the doctors in the emergency department were having difficulty in dealing with the attendants.
- c. There was never a moment that any of the members of the family was threatened or told to even leave the area. They were allowed to be present at the side of the patient even though we knew it was hampering our effort to attend the patient and respond to the attendants at the same time.

Dr. Mahreen Iqbal

5. Dr. Mahreen Iqbal (Respondent no. 3) submitted her reply on 01.08.2019 wherein she stated that:
 - a. I am the final year resident of Emergency Medicine in the residency program of College of Physicians and Surgeon Pakistan at Shifa International Hospital.
 - b. As I was not directly involved in the management and decision making of the patient, my name referred time and again by the Complainant in her complaint is therefore, quite surprising to me. Particularly the statement referred towards me by the Complainant in point number 10 is away from the truth and incorrect. We are trained for such working conditions and never use these words for any one.

Dr. Mehnaz Ali

6. Dr. Mehnaz Ali (Respondent no. 4) submitted her reply on 01.08.2019 wherein she stated that:
 - a. I am working as a second year medical officer in Emergency Department (under FRCM UK) in Shifa International Hospital.
 - b. On 24.6.2019, at around 11:20 am, P2 was announced and patient was received by the ED team with complaints of shortness of breath, fever, confusion and hypotension. Patient was assessed by ED team and initial lab work up was sent. Nephrology team was called who after assessment counseled the attendants for the need of hemodialysis and patient was shifted to critical unit.
 - c. Patient was then assessed by the Critical Care Assistant Consultant, Dr. Ayesha Qadeer and she counseled the attendants regarding the condition of the patient. Echo was ordered by Dr. Ayesha Qadeer as patient had previous history of pericardial effusion in 2017, which was drained. Patient was irritable, and Echo was very difficult to perform which was important in the diagnosis. In order to get the Echo performed, injection serenase 2.5 mg was ordered by the critical care assistant consultant according to the standard protocol to calm the patient. After about 8-9 minutes patient went into cardiac arrest while the Echo was being performed. Code was performed according to ACLS protocol for 6 minutes and patient was revived, intubated and later shifted to ICU.

Reply of Dr. Nadia Mehboob, Assistant Director Staff Affairs

7. Dr. Nadia Mehboob, Assistant Director Staff Affairs, Shifa International Hospital, Islamabad also submitted a detailed reply wherein she reiterated the version of Respondent doctors.

IV. REJOINDER

8. Replies submitted by the Respondent doctors were forwarded to the Complainant for rejoinder. The Complainant submitted her rejoinder on 02.09.2019 wherein she stated that following points can be derived from their written statement as SIH is intentionally hiding the record of Raja Muhammad Nawaz for cross examination:
- a. They claim that Raja Muhammad Nawaz had multiple diseases and his multi-organ were involved, despite that he was treated by an Assistant Consultant.
 - b. Dr. Ayesha mentioned that Raja Muhammad Nawaz was suffering from involvement of major body organs including heart, kidney, liver, lungs, brain and low blood pressure and she further claims that she knew about patient's age, critical condition and multi organ involvement. Despite that she used injection Serenase, which has not been designed to treat patient who have multiple diseases like Raja Muhammad Nawaz had.
 - c. All three doctors namely Dr. Ayesha herself, Dr. Abdul Salam and Dr. Mehnaz Ali has admitted in their statements that as soon as serenase was injected, patient had cardiac arrest within maximum 8-9 minutes.
 - d. Dr. Abdul Salam Khan admitted that he intervened after cardiac arrest which shows his commitment level towards patients who are in emergency situation and need immediate care. Critical patients are left at the disposal of junior doctors.
 - e. We are not satisfied with the response of Doctors of Shifa International Hospital and we have same stance that criminal negligence of doctors led to the death of Raja Muhammad Nawaz and serenase was not appropriate for him at that time.

V. MEDICAL RECORD SUBMITTED BY SHIFA INTERNATIONAL HOSPITAL, ISLAMABAD

9. Mr. Muhammad Shahzad, Manager Legal, Shifa International Hospital, Islamabad submitted medical record on 23.11.2021 pertaining to patient Muhammad Nawaz.

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 the Ms. Shabana Hamid (the Complainant), Dr. Ayesha Qadeer, Dr. Abdul Salam Khan, Dr. Mehnaz Ali and Dr. Mehreen Iqbal (Respondent/s) directing them to appear before the Disciplinary Committee on 11.12.2021. Administrator, Shifa International Hospital, Islamabad was also directed to appear on the said date along with medical record to assist the Disciplinary Committee.
11. On the date of hearing Complainant as well as Respondent No 1, Respondent No. 3 and Respondent No. 4 were present before the Disciplinary Committee. On behalf of Respondent No.2, Dr. Abdul Sattar (Associate Director Emergency) appeared.
12. The Complainant briefly stated her case that her basic concern is about the administration of injection Serenase which was administered to the patient and within 3-4 minutes his condition deteriorated. The family was not counselled properly by the Respondent doctors nor any consent/advisory was obtained from the attendants. Complainant further added that the injection serenase is supposed to be administered to schizophrenic patient whereas her father was not schizophrenic.
13. The Committee enquired from Respondent Dr. Ayesha Qadeer about the case to which she stated that she is currently serving as Associate Consultant critical care in Shifa International hospital. The patient was seen by her on 24.06.2019. The patient had history of smoking, diabetes mellitus, hypertension, chronic kidney disease, HCV with chronic liver disease. He also had history of fall due to which he sustained subarachnoid hemorrhage and subdural hemorrhage afterwards, burn wound on right foot, history of pericardial effusion in 2017 with drained fluids around 1300 ml. During previous visits the patient was advised admission but he left against medical advice.
14. On 24.06.2019, upon arrival in emergency the patient had symptoms of confusion, shortness of breath and fever for 2-3 days, on examination of the patient his blood pressure was 90/45

mm/hg, fever 38° C, oxygen saturation of 80% on room air for which he required oxygen via facemask.

15. The patient had metabolic acidosis, hyperkalemia and raised cardiac enzymes. The patient was agitated and was removing oxygen mask again and again. After taking complete history from the family especially from the daughter, the necessary investigations were ordered which also included echocardiography to rule out any new cardiac event/re-accumulation of fluids/pericardial effusion, which could be a possible cause of patient's low blood pressure. The patient's son and daughter were briefed about his critical condition due to comorbidities and involvement of his major organs i.e. heart, kidneys, liver, lungs and brain.
16. When an attempt was made to perform an echo the patient was very agitated and was not allowing to perform the echo. To calm the patient, son and daughter of the patient were allowed to stay with the patient so that he may remain calm and comfortable and echo could be performed, but despite all the effort patient remained agitated. The patient was then given 2.5mg serenase after confirming the normal QT interval from ECG which helped in reducing the patient's agitation. Echo was performed which showed a large vegetation on the aortic valve, there was no pericardial effusion and Ejection Fraction was 35-40 %. Patient was given 5 microgram of norepinephrine by peripheral line due to hypotension. Patient later became bradycardiac, followed by cardiac arrest. CPR was done for 6 minutes, after which the spontaneous circulation was returned, the patient was intubated and shifted to ICU.
17. The Committee enquired the Respondent Dr. Aysha if she was on routine duty in emergency to which she responded that she was called as critical care consult for the said patient. The Committee further inquired as to what was the time difference between administration of injection and patient going into cardiac arrest and that who performed the echo, she stated that as per the record, the injection was administered at 2:40pm and the patient had cardiac arrest within 7 minutes of the injection. The echo was done by the technician from echo department, the patient had bradycardia during the echo.
18. The Committee enquired from Respondent Dr. Aysha as to who assisted her during the patient management she replied she was assisted by Dr. Mehnaz Ali Bangash.

19. The Committee asked the Respondent Dr. Mehnaz about her role in the emergency to which she replied that she was working as 2nd year medical officer in emergency under the supervision of consultant Dr. Fauzia. The patient arrived in emergency at about 11:15am, the patient was assessed in triage, priority level II was announced according to emergency severity index. The patient had fever of 100.4° F and was put on 3 liter of oxygen. Patient was shifted to major unit, the arterial blood gases showed acidosis. Preliminary serum electrolytes showed hyperkalemia. Dr. Fauzia ordered consultation of critical care and then Dr. Ayesha was called to assess the patient. The Committee further inquired about the role of Dr. Abdul Salam, to which Dr. Mehnaz replied that he was working under direct supervision of Dr. Fauzia.
20. The Committee inquired from the Respondent Dr. Mehreen Iqbal about her role during the whole event to which she responded that, she was 4th year resident at the time of event and was at triage when the patient arrived. She along with Dr. Mehnaz assessed the patient. The Committee inquired about what level was given to this patient to which the Respondent replied that this patient was given priority level II which means that this patient had to been seen within 15 minutes.
21. The Disciplinary Committee enquired from Respondent Dr. Ayesha Qadeer about the time she attended the patient and the sequence of events between 11:30am and 1:15pm, to which she replied that during this period all the necessary investigations were done and further management of the patient was started accordingly. She further stated that she put her notes at 01:15pm however, she had seen the patient earlier and was busy in management. Afterwards Consultant Dr. Fauzia advised to shift the patient to the critical unit in ER and he was shifted to critical unit between 12:50pm to 1:00pm.
22. The Committee enquired whether the patient was calm or agitated while shifting. Dr. Ayesha answered that the patient was agitated and the GCS was around 14 between 12:30pm to 1:00pm. The Committee further asked the reason to give injection serenase to the patient to which Respondent Dr. Ayesha stated that she advised injection serenase in order to facilitate Echocardiography. Furthermore, the patient was removing his oxygen face mask repeatedly.

23. The Committee enquired from Respondent Dr. Ayesha whether echocardiography was essential in the scenario where a patient had to be medically restrained. The Respondent doctor replied that firstly; the patient was already hypoxic and he was removing the oxygen mask repeatedly, secondly; the patient had history of pericardial effusion and thirdly; the patient was in shock as his blood pressure was on the lower side. Further stated that all the measures were taken by her before administration of injection Serenase which included allowing the family members to stay with the patient so patient might get calm and cooperative and administration of routine drugs and oxygenation may improve along with carrying out necessary investigations. Upon failure of all these measures injection serenase was administered.
24. The Committee enquired if any alternative investigation i.e. x-ray chest was done or not to rule out pericardial effusion to which Dr. Ayesha replied that such alternate investigations can be done but in such critical condition it can be nonspecific.
25. The Expert asked Respondent Dr. Ayesha whether ECG was done and if there were any acute changes or ST elevation to which she replied that ECG was done and there were T wave inversion on lateral 1 and AVL with sinus rhythm but no acute changes or ST elevation. The patient had raised cardiac enzymes with Trop-I around 1700.
26. The Expert asked Respondent Dr. Ayesha that why injection Serenase was chosen and why she didn't consider midazolam to which the Respondent answered that in contrast to other benzodiazepine the injection Serenase was the safest choice at that time. Injection midazolam was not administered because the patient was already hypoxic and administering midazolam could have increased chances of respiratory distress/failure.
27. The Committee enquired from the representatives of the Administration Department Shifa Hospital regarding designation of Respondent Dr. Ayesha which she has mentioned as Associate Consultant. Prefix of Associate does not clarify her skills as a consultant. The representative stated that different prefix such as "assistant" or associate" for consultants are used by the hospital as a practice.

VII. EXPERT OPINION BY DR. MUSHTAQ HAROON:

28. Dr. Mushtaq Haroon (Medical Specialist) was appointed as expert to assist the Disciplinary Committee. The said expert after perusing the record and enquiring from Respondent doctors opined as under:

- i. “The patient was an elderly man with multiple comorbidities
- ii. As the patient was restless, he was given Serenase injection, which is commonly used for this purpose and was used in the correct dose.
- iii. However, the indication of using Serenase for the purpose of echocardiography is doubtful as echocardiography for pericardial effusion can be judged within minutes.
- iv. It was unfortunate that the patient collapsed following the injection.
- v. He was resuscitated and ultimately died.
- vi. The statements from both parties of the events that occurred are conflicting and it is for the board members to decide about the truth. As a medical expert I do not find any gross negligence. The other complaints are related to behavior of the doctors and inappropriate communication which as a medical expert do not fall under my domain”.

VIII. FINDINGS & CONCLUSION

29. After perusing the record and statements of parties it is noted that on 24.06.2019, the patient Muhammad Nawaz was brought to Emergency (ER) of Shifa International Hospital, Islamabad with low blood pressure and was treated in the major unit of the emergency department. He was later on shifted to the critical unit of the emergency department because of blood pressure that was not coming up. Respondent Dr. Ayesha Qadeer was called to attend the patient. She checked the patient and advised investigations including Echo. Dr. Ayesha advised injection sernase which was administered by Dr. Mehnaz at around 02:40pm. The patient subsequently went into cardiac arrest. He was resuscitated and shifted on ventilator but he could not survive and was declared dead at 01:00 am in the night.

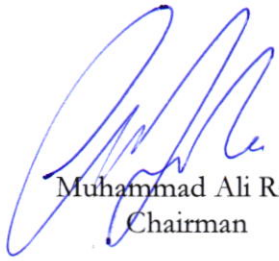
30. It is observed that within seven minutes of administration of the injection the patient had cardiac arrest. The reason given by the Respondent Dr. Ayesha to administer serenase was that the patient was agitated, neither allowing his oxygen mask to stay nor allowing any medications to be administered. She advised injection serenase in order to facilitate Echo.
31. During the hearing the Committee enquired the Respondent Dr. Ayesha whether the medical restraint was essential to a patient in the given scenario of low blood pressure, comorbidities and history of diabetes mellitus, hypertension, chronic kidney disease, HCV with chronic liver disease, subarachnoid hemorrhage and subdural hemorrhage. The Respondent doctor has responded that the patient was required to be calmed to perform the Echo which was required to rule out pericardial effusion or any new cardiac event, because the patient had history of pericardial effusion with 1300ml fluid drained.
32. As for the alternative investigation modes such as chest x-ray, ECG etc. to rule out pericardial effusion, Dr. Ayesha has submitted that such alternate investigations can be done but in such critical condition it can be nonspecific. Whereas while responding to the queries of the expert during the hearing she had confirmed that ECG was done and there were no acute changes or ST elevation. However, the patient had raised cardiac enzymes with Trop-I around 1700.
33. The expert in his opinion has also mentioned that the patient was an elderly man with multiple comorbidities. He was given Serenase injection to make him calm which is commonly used for this purpose and was used in the correct dose. There is no medical evidence to substantiate that the injection of Serenase caused the cardiac arrest 7 minutes later. The patient's condition on arrival and later echo report confirm that the patient was in acute condition and a cardiac arrest in such circumstances would be an expected consequence.
34. Based on the available record, patient's age, medical history (especially low blood pressure) and involvement of multiple organs, patient was in a high risk stage to be restrained with drugs to carry out any investigation, which may or may not affect the treatment of the patient. Ordinarily a patient should never be restrained solely for the convenience of the hospital staff or doctor. Such convenience restraint use is prohibited and against ethical medical practices. There are least restrictive alternatives available for restraint and seclusion such as verbal de-escalation

techniques, low stimulation/decreased stimulation environments, sensory modulation interventions and use of a patient's attendant. In the current circumstances and confronted with a patient with emergency symptoms the reasons for the decision by Dr. Ayesha can be understood when coupled with the patients past history. However, such should not be a general practice and must be ensured as an exception.

35. Based on the evidence and record and statements of all parties and considering the opinion of the expert, it is concluded that no medical negligence occurred on the part of any of the Respondent doctors. Therefore, the complaint is dismissed.
36. On a separate matter brought to the notice of the Committee during the hearing, it is noted that the Respondent Dr. Ayesha has mentioned her designation as "Associate Consultant" pursuant to the structure created by the hospital. This does not clarify whether the doctor has the privilege of a "Consultant" or not rather creates a possible confusion as to whether she is a consultant having the requisite post graduate qualification; which Dr. Ayesha does and is therefore, a Consultant. Representatives of the Administration Department Shifa Hospital in this regard clarified that different prefix are used such as "assistant" and "associate" by the hospital as a practice for recording the seniority level of consultants. While this is the hospital's prerogative we would only like to observe a caution that it should be ensured that a doctor without a recognized post graduate qualification must at no time be allowed to represent or carry any designation including the word "Consultant" or "Specialist" and for the benefit of patients the words 'Consultant' may be highlighted in some manner when carrying a prefix to represent seniority.


Dr. Anisur Rehman
Member


Dr. Asif Loya
Member


Muhammad Ali Raza
Chairman

28th
February, 2022