BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF.8-1894/2020-DC/PMC

Tahir Ali Shah Vs. Dr. Sajjad Hassan Orakzai

Mr. Ali Raza	Chairman
Dr. Anis-ur- Rehman	Member
Dr. Asif Loya	Member
Present:	
Tahir Ali Shah	Complainant
Dr. Sajjad Hassan Orakzai (5025-N)	Respondent
Dr. Abdul Wahab, Dr. Henna Mubarak and	Representatives of Administrator, Shifa
Dr. Awayl Malik	International Hospital, Islamabad
Dr. Rashid Saeed	Expert (Orthopedic Surgeon)
Hearing dated	11.12.2021

I. FACTUAL BACKGROUND

1. Mr. Tahir Ali Shah (hereinafter referred to as the "Complainant") filed a complaint on 09.09.2020 against Dr. Sajjad Orakzai (hereinafter referred to as the "Respondent") who is working as orthopedic surgeon in Shifa International Hospital, Islamabad. The Complainant alleged that he visited the Respondent for treatment of his fractured leg. He remained under his treatment but due to negligent treatment provided by the Respondent doctor his leg again fractured. He requested that strict action be taken against the Respondent.

II. SHOW CAUSE NOTICE

2. A Show Cause Notice was issued to Dr. Sajjad Hassan Orakzai on 02.06.2021 mentioning allegations in the following terms.

4. **WHEREAS**, in terms of Complaint it has been alleged that the Complainant (with history of femur fracture repair) visited you at Shifa International Hospital, Islamabad with complaint of pain in leg and upon your suggestion to take out already placed rod in Femur being screw infection as the reason, the Complainant underwent Illizarow procedure undertaken by you that caused further infection subsequently leading to bone fracture; and
5. **WHEREAS**, in terms of Complaint it has been alleged that the bone fracture was a consequence of metal plates placed for more than a year by Illizarow procedure performed by you with careless approach and negligence; and
6. **WHEREAS**, in terms of Complaint it has been alleged that Complainant visited you again and upon your suggestion to remove dead bone he underwent lengthening procedure with illizarow back in place but the said surgery resulted in further deterioration of knee joint and mal-union of bones; and
7. **WHEREAS**, in terms of Complaint it has been alleged that Complainant informed you about lack of blood circulation in the affected area that had resulted in swelling, fatigue and loss of function of the limb, you however not only refused to treat him any further but also misbehaved with him; and
8. **WHEREAS**, in terms of Complaint it has been alleged that due to your negligence he has incurred handsome amount of expense for the said treatment, become handicapped and lost his livelihood;

III. REPLY TO SHOW CAUSE NOTICE

3. Dr. Sajjad Hassan Orakzai submitted reply to Show Cause on 05.07.2021 wherein he contended that:

a. The patient presented to the OPD of the hospital first time on 06.9.2014. At presentation, the patient had one (1) year old history of road traffic accident that resulted in fracture shaft of Rt. Femur for which patient underwent Intramedullary nailing at another hospital.

b. The allegation that the patient underwent Illizarov which caused infection is not correct. The patient presented with multi-drug-resistant P. aeruginosa infection of the previously operated Rt. femur. C. sensitivity report showed that the organism was sensitive to sulzone and tazocin. Patient was already on sulzone with no clinical improvement. There was gross infection of his wound with pouring of pus from the site. His radiographs revealed that his fracture had no union. He was explained that treating infection of bone is a prolonged process and will require removal of metal, washout and external fixator for stabilization of femur and may even require multiple procedures.

c. The patient was admitted with working diagnosis of infected non-union of Rt. femur on 08.9.2014 for removal of Rt femur and allizarow right femur after discussion with the patient in detail and after obtaining the patient's consent. The patient underwent removal of intramedullary nail, washout with reaming and application of Illizarov Ring Fixator. His immediate post-op period was uneventful and the patient was discharged home in a stable condition. He was followed-up in the OPD post-operatively. His fracture was seen to be healed and the Ring Fixator was removed on 01.06.2015.

d. He later developed localized abscess, which is a known complication of the procedure, as was explained at the time of obtaining informed consent. After detailed counselling and the patient's written consent, he was taken for Incision and Drainage on 24.08.2015 and for washout of haematoma on 07.09.2015. During each follow-up visit, the patient was repeatedly advised to comply with advice regarding mobility, and hygiene. Cleanliness and management of the wound at the patient end was inadequate. The patient was also encouraged to take showers.

e. The allegation that the patient was placed on Illizarov for more than a year is not correct. The patient underwent application of Illizarov fixator on 08.09.2014, which was removed after satisfactory union on 01.6.2015 (9 months). The application of Illizarov fixator for an extended period is part of the treatment plan. During follow-up period it was observed that the patient's response to management was slow due to several factors as explained above. The patient was mobile and generally doing well.

f. On 23.9.2015, patient was presented to the emergency department with complaint of pain in right thigh and inability to bear weight since one day. Patient was diagnosed to have fracture femur again and was admitted for further management. The patient underwent excision of infected non-union proximal femur and application of Illizarov fixator on 28.9.2015.

g. During follow-up in OPD, it was discovered that the patient had stopped the transportation mechanism of the Ring Fixator, which eventually caused his femur not to be lengthened to normal.

h. Eventually, the fracture healed and the osteomyelitis cleared. The patient was admitted for removal of external fixator on 09.2.2016. Illizarov fixator was taken off. He was mobilizing pain free with the help of one stick. Patient had good union of bones as well as evident from radiographic images.

i. The statement that there was lack of circulation in the limb is extremely misguiding. There would be evident necrosis of limb if that had been the case. All such cases are treated on emergency basis and since no evidence supports this claim either currently or previously, patient was in no need for such management. An ultrasound done outside dated 06.2.2020, attached with complaint concludes that there was "Normal arterial and venous Doppler of Rt leg" In addition to this, the patient kept coming to the OPD claiming that his leg was "dead" but on assessment he was able to walk without support and was even able to run in the OPD without any discomfort.

j. After multiple sessions, which included discussions with his brother and sons, he was referred to psychiatric services for consultation. Another Orthopedic surgeon, who reviewed him independently, had also advised a psychiatric evaluation for him based on his request for amputation of leg.

k. The statement that I misbehaved with the patient and refused treatment is contrary to the facts. Since the patient was not satisfied and was making unreasonable request of amputation repeatedly during follow up visits, therefore, he was advised to seek opinion from other physicians. The patient was also encouraged by me to get an independent review from other orthopedic surgeons regarding his treatment. Later on he started to follow me to the parking area when I would finish my daily work. After a few episodes I asked him not to do so, but the patient kept on shouting in the parking area. At this stage I contacted the OPD director of Shifa international Hospitals Ltd. and requested his help in this regard.

IV. REJOINDER

4. Reply of Respondent was forwarded to the Complainant for rejoinder. The Complainant submitted his rejoinder on 29.07.2021 wherein he stated that he is not satisfied with the comments of the Respondent doctor and requested to take action against the doctor.

5. The Complainant later on submitted prescription of PIMS hospital dated 21.09.2021 along with X-rays and requested to place it on record.

V. HEARING

6. After completion of codal formalities the matter was fixed for hearing before the Disciplinary Committee on 11.12.2021. Notices dated 29.11.2021 were issued to Tahir Ali Shah (Complainant) and Respondent Dr. Sajjad Hassan Orakzai, directing them to appear before the Disciplinary Committee on 11.12.2021. Administrator, Shifa International Hospital, Islamabad, was also directed to appear before the Disciplinary Committee on 11.12.2021 along with medical record of the patient.

7. On the date of hearing the Complainant, Respondent Dr. Sajjad Hassan Orakzai and the Representatives of Administrator, Shifa International Hospital, Islamabad were present before the Disciplinary Committee.

8. The Complainant stated that after four months of his surgery his primary surgeon went abroad for study so he visited Shifa International, Islamabad. He further submitted that Dr. Sajjad performed a procedure and applied illizrove. There was a dead bone in the center which Dr. Sajjad was requested to remove, but the Respondent doctor kept on saying that there was no such dead bone. The Respondent doctor removed illizrov but the bone had not united at that time. After removal of illizrov his leg got swollen. Respondent doctor debrided the leg saying that blood had clotted in the leg. After one week of removal of illizrov his leg again got fractured from the same site. The Complainant further submitted that when he was readmitted with the second fracture the Respondent doctor came to see him but he did not inform about the course of treatment nor did he took the consent for the procedure.

9. The Complainant further submitted that the Respondent doctor applied external fixator the second time as the first Illizrov applied by the Respondent doctor had failed. Blood circulation in his leg has stopped and his leg had turned black. The Disciplinary Committee enquired from the Complainant as why he kept on visiting the Respondent doctor even after obtaining opinion from consultants of Quaid-e-Azaam Hospital, CMH Rawalpindi and PIMS. He however, could not give a satisfactory reply. He further stated that he was advised that his bone had been dead and it needs removal. He further stated that at PIMS he had been advised that his previous surgery had been performed negligently and he needs to get admitted for further management.

10. The Disciplinary Committee enquired from the Respondent Dr. Sajjad Orakzai regarding the treatment of the patient. He stated that this patient visited him first time in September 2014. He had met a road traffic accident a year prior to that and sustained open fracture femur. He had intramedullary nailing in another hospital. When the patient was presented to him, his wound was grossly infected and pus was pouring out of his wound. X-rays also revealed that his fracture had not united and he had developed infection. He had two problems i.e. non united fracture and wound infection for a year or so for which he had been on medication

11. Respondent Dr. Sajjad further submitted that during lengthy discussion with the patient he told him that chronic osteomyelitis is difficult to treat and requires prolonged treatment. After discussion he gave him the option that the best way to move forward was to remove the metal, washout femur and apply external fixator for stabilization of femur. The patient sought some

time to think about the procedure and came back after sometime and consented for the procedure.

12. The patient underwent removal of intramedullary nail, washout with reaming and application of Illizarov Ring Fixator on 08.09.2014. Post-operative period was uneventful and he was discharged. The patient kept on visiting him in his clinic for follow up and repeat x-rays were performed in every follow up visits. On 01.06.2015, x-rays revealed that his fracture had united therefore, his external fixator was removed. Unfortunately, he developed a localized infection and washout of the femur was performed on 07.09.2015.

13. Later on, he received a call that the patient had a fall at home and he had been re-admitted with re-fracture of bone on 23.09.2015. After consent the patient, the patient underwent excision of infected non-union proximal femur and application of Illizarov fixator on 28.9.2015. He did sequestrectomy and dead bone was removed. This was discussed with the patient in detail and patient was offered lengthening of femur later on. He followed the patient later on but he was surprised to see that the patient was not doing the exercise for lengthening which was the sole responsibility of the patient. The patient told him that he was not interested in lengthening the leg.

14. Eventually, his fracture healed and frame was removed on 10.02.2016. During the follow up visits clinically he had no infection and he was full weight bearing. But he kept on coming and telling him that his leg was "dead". He explained the patient that his leg was good and he was able to fully bear weight on it. At one occasion he asked him to run in the corridor. The patient was able to do so. Despite that he kept on insisting that his leg feels dead and above knee it should be amputated. The Respondent Dr. Sajjad further stated that on multiple occasions he explained to the patient, his son and his brother who accompanied him during follow up visits that amputation was not required. On his insistence he advised him to see some psychiatrist. He accordingly visited a psychiatrist.

15. Respondent Dr. Sajjad Orakzai further submitted that he advised the patient to consult his colleague orthopedic consultants for second opinion. Resultantly, he consulted all of them and they were also of the opinion that his fracture had healed and he had good range of movement

of hip & knee and there was no need of amputation. He also advised him to see notable orthopedics consultants in the areas so he visited CMH, Rawalpindi, Quaid-e-Azam Hospital and Ali Medical Complex, but none at these institutions advised him amputation.

16. Respondent Dr. Sajjad further submitted that the patient also sought approval from his panel for amputation of above knee leg but he refused that and explained to the patient that objective of the treatment was to get rid of the infection and to fix the no-union of bone which had been achieved successfully and there was no need for amputation.

17. Respondent Dr. Sajjad further stated that at one occasion the patient told him that blood circulation in his leg had stopped. To satisfy his curiosity he did the Doppler study which revealed that there was no lack of blood supply or any clot. The patient was of the view that he had some dead bone inside, therefore, he advised the patient to have repeat MRI scan. The MRI report did not show any avascular necrosis in the femur.

18. The Respondent further submitted that the patient recently visited one of a renowned orthopedic consultant who noted that although he had leg length discrepancy but he had solid healing of wound and united fracture.

VI. 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. The expert after going through the medical record including the x-rays produced by the Complainant and the Respondent has opined as under:

"Mr. Tahir Ali was previously operated for his fracture femur by someone else, but unfortunately, it got infected and there was a discharging sinus on his operated leg. Dr. Sajjad Orakzai performed a surgery for the removal of the plate and debridement as well as application of external fixator. Subsequently after about two months another debridement was done. His fracture was united after nine months and the external fixator was removed. However, unfortunately patient had re-fractured his femur at the previous fracture site. This incident occurred after two months of removal of external fixator. This is a rare complication which can

occur occasionally. The patient needs to protect his leg and he is not allowed to put full weight bearing otherwise it could possibly result in another fracture.

In my opinion, the doctor has done the right procedure for this type of infected nonunion of femur and the fracture was united with a mild angulation after nine months. Having re-fracture is a rare complication which may occur due to full weight bearing on the affected leg."

VII. FINDINGS AND CONCLUSION

20. The record has been perused and the Complainant and Respondent Dr. Sajjad Orakzai heard. The Complainant suffered fracture of femur in the year 2014, for which he was operated at a hospital. Later on, he visited Shifa International Hospital, Islamabad where he was admitted with diagnosis of infected non-union of right femur. The patient was advised 3 view radiograph of right knee. The report dated 08.09.2014 contained the following findings:

> "an exaggerated response to fractured right femur with accentuated periosteal reaction along the shaft of the femur. Mottled lucencies in the distal end of the tibia as well as femur could be of infective etiology / osteomyelitis".

21. The Complainant was operated on 08.09.2014 for removal of nail right femur and illizarov right femur under general anesthesia. The patient was later discharged on 12.09.2014. Subsequently, on 01.06.2015, his external fixator was removed. Later on during follow up visit, MRI right femur/thigh was advised on 22.08.2015 which suggested "sequelae of osteomyelitis with dead sequestered non-united fractured bony fragments in right proximal femur laterally at fractured site. Evidence of mild surrounding cellulitis with fluid loculations and fluid filled tract as described above. The given findings of fluid filled tract is concerning for acute infective changes on background of chronic osteomyelitis and previous interventions. Few inguinal lymph nodes. Evidence of prior intervention with multiple tracks of previous nail and screw fixators". On 07.09.2015, the Complainant was admitted again with primary diagnosis of infected hematoma. Washout of hematoma was performed and the Complainant was discharged on 12.09.2015.

22. On 23.09.2015, the Complainant was brought to emergency of Shifa International Hospital with history of a fall at home. He was admitted with the diagnosis of Chronic Ostemyelitis secondary

to fracture of right femur. The Complainant underwent excision of infected non-union proximal femur and application of Illizarov fixator on 28.9.2015 and was discharged on 04.10.2015.

23. The Complainant visited Respondent Dr. Sajjad postoperatively, on 10.02.2016 and fixator was removed as the fracture had healed. X-ray femur was done on 20.02.2016 which showed:

> "Interval slight increase in calcified callus formation is seen at fracture site through the proximal shaft of right femur. Sclerosis of femoral shaft is seen as well. Slight angulation at femoral shaft region at fracture site is seen. Multiple marks are seen at shaft region is reobserved. Soft tissue planes are partially indistinct at thigh region. No evidence of frank dislocation is seen".

24. Similarly, radiology report dated 01.12.2016 revealed that:

> "Comparison is made with the previous radiographs of September 29, 2015. The alignment of the right knee joint is normal. There is no fracture or dislocation. Postsurgical changes with diffuse sclerosis is seen in the visualized distal femur. Tibiofemoral and patellofemoral joint spaces are preserved. There is no evidence of erosions. Surrounding soft tissues are unremarkable."

25. The Complainant has alleged that blood circulation in his leg had stopped and there is a dead bone inside his leg which has not been removed by the Respondent doctor. In this regard reference is made to the Doppler study which was specifically carried out to rule out the possibility of lack of blood circulation. The study revealed that there was no lack of blood supply or any clot. Further, he was advised to repeat MRI scan. The MRI report did not show any avascular necrosis in the femur. An ultrasound done outside dated 06.2.2020, attached with complaint also shows that there was "Normal arterial and venous Doppler of Rt leg"

> 06.02.2020
> **DOPPLER ULTRASOUND OF ARTERIAL AND VENOUS SYSTEM**
> Normal arterial and venous Doppler of rt. Leg.

26. There is no evidence available on record to support the allegation of the Complainant. Furthermore, as per the statement of the Complainant he had visited Quaid-e-Azam Hospital, CMH Rawalpindi and Ali Medical Centre as well as PIMS after seven months of the initial procedure by Respondent Dr. Sajjad and allegedly some consultant at PIMS informed him that

there was a dead bone inside. It is an admitted fact that when Respondent Dr. Sajjad gave his findings that there is no dead bone inside his leg, the Complainant did not go for removal of the dead bone at any of the other hospitals and kept on returning for consultation with the Respondent doctor. Had there been actually any such issue, the Complainant would have been treated for it by any of the multitude of other consultants from whom the Complainant had sought second opinions. Even otherwise, the medical records absolutely negate the allegations of the Complainant.

27. As far as the contention of Complainant for femur not to be lengthened to normal, it is observed that the patient's own negligence is the major contributory factor in this regard. He was not complying with the advice regarding mobility and hygiene and had also stopped the transportation mechanism of the Ring Fixator, which eventually caused his femur not to be lengthened to normal. During the hearing the Respondent doctor stated that patient himself told him that he was not interested in lengthening the leg which was not negated by the Complainant, who instead even at the hearing insisted that he only wanted his leg amputated

28. The Complainant has asserted that his leg has become dysfunctional and requires amputation, however, the Respondent doctor has not cooperated and considered his request for amputation. It is observed that the Complainant has been persistent for amputation of his leg. However, as per the protocol the Respondent Dr. Sajjad explained to the Complainant and his attendant family, who accompanied him during follow up visits, that the objective was to get rid of infection and to fix the no-union of bone which was achieved successfully and the patient is able to walk, therefore, amputation was not required. We have reviewed the different prescription and investigation produced by the Complainant and noted that at no stage the Complainant has been advised amputation by any of the consultants.

29. Keeping in view the medical record, statements/submissions of the parties and opinion of the expert, we are of the considered opinion that the Respondent doctor performed the correct procedure for this type of infected non-union of femur and the fracture was united with a mild angulation after nine months. The procedure was furthermore, successful. However, unfortunately the patient had re-fractured his femur at the previous fracture site. This incident occurred after two months of removal of external fixator and by an independent fall. The

Respondent doctor again proceeded as per the protocol in the further treatment of the Complainant which was correctly diagnosed and provided by the Respondent doctor leading again to successful healing and consequences. The Respondent doctor was absolutely correct in refusing to carry out amputation of leg as per the wish and insistence of the patient. Furthermore, the advice of the Respondent doctor to refer to a psychiatrist to address the issues which appear to be phycological in this case was the appropriate and correct step.

30. In view of foregoing, the complaint does not find any merit for consideration and is therefore, dismissed while recording that Dr. Orakzai acted prudently and fully and properly discharged his obligations as a practitioner.

31. Before parting with this order, we would like to note that we have elected not to impose a fine on the Complainant for what is otherwise a patently false and frivolous complaint only in view of the mitigating circumstances that the Complaint was a direct result of the Complainants psychological issues. We would further like to thank Dr. Orakzai for his forthcoming and extremely professional presentation before the Committee as is expected of a trained medical practitioner and the immaculate and organized medical and patient records as maintained by him, which is critical to determining any review or consideration of a procedure or treatment provided by a medical practitioner.

Dr. Anis-ur-Rehman
Member

Dr. Asif Loya
Member

Muhammad Ali Raza
Chairman

28th February, 2022