



**BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL  
COMMISSION**

**In the matter of**

**Complaint No 1516/2017-legal**

**Mr. Liaqat Ali Vs Dr. Shahid Ahmad Chaudhry**

Mr. Ali Raza	Chairman
Mr. Aamir Ashraf Khawaja	Member
Dr. Asif Loya	Member
<i>Present:</i>	
Brig. Irfan Shukar	Expert (Surgery)
Dr. Shahid Ahmad Chaudhry	Respondent
Dr. Ghulam Hussain	Respondent
Dr. Farhan	Respondent
(SMO/AMS BVH)	(on behalf of MS Bahawalpur Victoria Hospital)
Hearing dated	20-03-2021

**I. FACTUAL BACKGROUND:**

**Complaint filed before Erstwhile PMDC**

1. A Complaint was filed before the Disciplinary Committee of erstwhile PMDC on 09-08-2017 by Mr. Liaqat Ali (hereinafter referred to as the "Complainant") against Dr. Shahid Chaudhry (hereinafter referred to as the "Respondent"). Brief facts of the case in terms of Complaint are that on 21-6-2017 patient was brought with H/O RTA and was advised surgery however Surgery was delayed and informed consent was not taken. Consent was taken from the patient himself who was minor and was not aware of complete treatment plans/risks/complications. The surgery resulted in necrosis due to wrong cut on limb and therefore vascular compromise. Another procedure was advised by the Respondent after



first surgery for debridement however on worsening of condition and no notice by the Respondent, the Complainant took the patient to multiple hospitals i.e Mayo Hospital, Ganga Ram Hospital, Services Hospital, Ghurki Trust Hospital and Bahawalpur Victoria Hospital. They all recommended for amputation due to wrong surgery/ surgery not done in time.

## Reply of Respondent

2. In his response dated 04-12-17 submitted to the erstwhile PMDC he states that:
  - a. *Mr. Kashif had high speed motorcycle accident while he struck against a Rehri. He was taken to THQ Hospital Chichawatni where medical officer on duty told them that he has fractured leg and absent pulses with cold extremity. He was referred to DHQ Hospital Sahiwal.*
  - b. *Complainant thought that it is a mild fracture Tibia and will heal in plaster. Instead of going to Sahiwal came to this hospital. Patient was examined by Dr. Shahid Ch. MBBS, FCPS Orthopedics.*
  - c. *He had dislocation of left knee with fracture of Tibia and Neurovascular compromised limb without any pulse and sensation and movement below knee.*
  - d. *After investigations, grave situation of limb was fully explained to family. It was told that limb is in vascular compromise situation and needs opening up of various leg compartment to decrease the intra compartmental pressure. Whole situation was explained and it was told it will be a try to save the limb which can fail. His brother Ghulam Hussain S/o Liaqat Ali has admitted in the application as well as he wrote in his own hand writing. Surgery was advised to fix the knee after reduction of dislocation and Tibia. Moreover, standard Fasciotomy Procedure recommended to save the limb. Whole procedure was explained to whole family on ATLAS of surgery, pictures of Fasciotomy shown.*
  - e. *Attendants were asked if they are not willing for surgery they can got to Nishtar Hospital for further opinion and treatment. However, family after long mutual consultation gave the consent for operation.*



- f. *In their complaint they have written that side cut on leg stopped the blood supply. this statement is wrong because it is a standard surgical procedure in compartment syndrome to decrease the compartment pressure and save the limb.*
- g. *He personally examined the patient on 24<sup>th</sup> June, morning, post operatively its skin condition was better than pre-op although no pulse, no movement. In the evening of 25-06-2017 the family was informed about need of wound debridement operation due to presence of some necrotic tissue and if deeper tissues necrotic we will advise amputation.*
- b. *Time was given to family for mutual consultation. However, they refused immediately left the hospital against medical advice. They were given the same advice at Mayo Hospital, Gangaram Hospital, Services Hospital, Ghurki Trust Hospital but they did not agree.*
- i. *In short it is a case of high speed trauma leading to fracture tibia and dislocation knee with delayed presentation and compartment syndrome. Surgery was performed with full consent of family and uncertain situation of limb was explained. In International Medical Literature this type of injury ends up in amputation in more than 1/3 of cases in spite of best possible facilities.*

## **II. PROCEEDINGS OF DISCIPLINARY COMMITTEE OF ERSTWHILE PMDC**

3. The matter was taken up by Disciplinary Committee of erstwhile PMDC on 28-4-2019 and was adjourned since Complainant asked for adjournment.
4. The matter was again taken up by Disciplinary Committee of erstwhile PMDC on 29-06-2019 at Lahore. Complainant was present, however the Respondent was absent.

## **III. DISCIPLINARY COMMITTEE UNDER PAKISTAN MEDICAL COMMISSION ACT**

5. Pakistan Medical and Dental Council was dissolved on promulgation of Pakistan Medical Commission Act on 23 September 2020 which repealed Pakistan Medical and Dental Council Ordinance, 1962. Section 32 of the Pakistan and Medical Commission Act, 2020 empowers the Disciplinary Committee consisting of Council Members to initiate disciplinary proceedings on the complaint of any person or on its own motion or on



information received against any full license holder in case of professional negligence or misconduct. The Disciplinary Committee shall hear and decide each such complaint and impose the penalties commensurate with each category of offence.

### **Hearing on 20-03-2021**

6. The Disciplinary Committee held the hearing of pending disciplinary proceedings including complaint of Mr. Liaqat Ali on 20-03-2021. Both parties are present.
7. The Complainant reiterates his allegations against the Respondents that during operation plates were placed. Cuts were inflicted on the wound site due to which his blood supply was affected. To hide his negligence the Respondent stated that 3-4 more surgeries will be required. The Complainant further alleges that surgery was delayed and informed consent was not taken. Consent was taken from the patient himself who was minor and was not aware of complete treatment plans/risks/complications. The surgery resulted in necrosis due to wrong cut on limb and therefore vascular compromise. Later, patient was taken to multiple hospitals i.e Mayo Hospital, Ganga Ram Hospital, Services Hospital, Ghurki Trust Hospital, Bahawalpur Victoria Hospital and they all recommended for amputation due to wrong surgery/ surgery not done in time.
8. The Complainant was inquired as to why after the incident the patient was not taken to DHQ Sahiwal which has better facilities. He stated that thinking it might be a small fracture and would heal with POP they took him to Respondent instead of taking him to DHQ Sahiwal.
9. The Disciplinary Committee inquired from Respondent about findings of the patient upon examination and his choice of treatment procedure. He stated that the patient was diagnosed with dislocation of left knee with fracture of Tibia and Neurovascular Compromised limb without any pulse and sensation and movement below knee. Upon examination the patient had cold extremities and absent pulses. After investigations, a confirmed diagnosis was made and grave situation of limb was fully explained to family. Surgical option being reduction of dislocation and Tibia was advised. Moreover, standard fasciotomy procedure was recommended to save the limb.



10. The Committee further inquired from Respondent about post-operative findings and indication of second surgery. He stated that first surgery was successful and post operatively the wound appeared fine however later necrosis had started therefore wound debridement was advised due to presence of necrotic tissue. Patient was also informed about possible need of amputation in case of involvement of deeper tissue however the attendants were not willing to understand and left the hospital without medical advice.
11. Respondent further states in his defense that the subject case was a case of highspeed trauma leading to fracture of tibia and dislocation of knee with delayed presentation and compartment syndrome. Surgery was performed with full consent of family-and uncertain situation of limb was explained. In international medical literature this type of injury ends up in amputation in more than 1/3 of cases in spite of best possible facilities.

#### **Expert opinion by Brig. (Retd) Dr. Irfan Shukar**

12. Brig. (Retd) Dr. Irfan Shukar who was appointed as an expert to assist the Disciplinary Committee in the matter has opined that:

*“Mr. Liaquat Ali was a case of high-speed trauma leading to fracture tibia and dislocation knee with delayed presentation and compartment syndrome. Dr. Shahid Ahmad performed the surgery with consent of family-and uncertain situation of limb was explained. The type of injury sustained by the patient ends up in amputation in a large number of cases in spite of operation because it results in decreased blood flow to the limb and ischemia, as major vessel is pressed during time of dislocation and later because of raised pressure in the leg compromising the blood flow more.*

*Considering above justification, Dr. Shahid Ahmad, who had adequate qualification and expertise to deal with such an injury, managed the patient correctly.”*

#### **IV. CONCLUSION/ FINDINGS OF THE DISCIPLINARY COMMITTEE**

13. The Committee has perused relevant record and the expert opinion in the matter. Both parties are present and have been heard at length. On 21-6-2017 Complainant’s son met an RTA. He was taken to THQ Hospital Chichawatni where medical officer on duty apprised them about fractured leg. Thereafter the Complainant visited Hafeez Specialist Hospital, Mian Chunnu, where he was admitted on 22-06-2017 by Respondent and was operated upon on 23-06-2017.

14. The Complainant alleged that Surgery was delayed and informed consent was not taken. However, from record and after hearing the parties at length the Committee is of the view that consent was taken and complete treatment plan, risks and complications were explained to both the patient and the family. With regards to clinical assessment and diagnosis, from available record it appears that the treatment option performed was in line with the definitive diagnosis made by the Respondent.
15. Keeping in view the expert opinion the Committee observed that the instant case was of highspeed trauma leading to fracture tibia and dislocation of knee with delayed presentation and compartment syndrome. Postoperatively there was necrosis and vascular compromise for which debridement of wound was advised. In the instant nature of cases, amputation is inevitable in a large number of cases in spite of operation because it results in decreased blood flow to the limb and ischemia, as major vessel is pressed during time of dislocation and later because of raised pressure in the leg compromising the blood flow more.
16. In view of submissions of parties and complete facts/record of the case and the expert opinion, the Disciplinary Committee is of the considered view that the Respondent had exercised his professional skills adequately and no professional negligence or misconduct is found on his part therefore he is exonerated from charges leveled against him.
17. The subject proceedings stand disposed of accordingly.



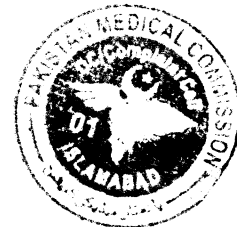
**Mr. Aamir Ashraf Khawaja**  
Member



**Dr. Asif Loya**  
Member



**Muhammad Ali Raza**  
Chairman



**31<sup>st</sup>** May, 2021