



## BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. 12-Comp-143/2017-Legal

Mudassar Hassan Malik Vs. Dr. Abdul Aziz

Mr. Ali Raza	Chairman
Dr. Anis-ur- Rehman	Member
Dr. Asif Loya	Member
<i>Present:</i>	
Dr. Abdul Aziz (8415-P)	Respondent
Dr. Mushtaq Haroon	Expert (Medical Specialist)
Hearing dated	11.12.2021

### I. FACTUAL BACKGROUND

#### Reference from Punjab Healthcare Commission

1. The instant matter was referred by the Punjab Healthcare Commission to the erstwhile PM&DC on 03.02.2017. A complaint was filed by Mr. Mudassar Hassan Malik (hereinafter referred to as the "Complainant") against Dr. Abdul Aziz Asim, (hereinafter referred to as the "Respondent") before the Punjab Healthcare Commission on 08.04.2015 wherein he submitted that:
  - a. His cousin Mr. Ghulam Murtaza S/o Ghulam Rasool, aged 36 years was not feeling well on 22.03.2015. They took him to private clinic of Dr. Abdul Aziz Asim at night. The doctor examined the patient, conducted ECG and directed his staff to administer Inj. Isoptin. Before administering the said injection, the patient was apparently well and was talking. Immediately after administering the said injection, the condition of the patient deteriorated.

- b. Dr. Abdul Aziz Aziz Asim directed them to take the patient immediately to the cardiologist, Dr. Kamran Sohail. When they reached the Clinic of Dr. Kamran Sohail, he was on leave due to Sunday. They then look him to Dr. Naeem Rafiq, Medical Specialist who on seeing the condition of the patient immediately provided the possible emergency treatment but he could not survive and died.
- c. After seeing the prescription and diagnosis of Dr. Abdul Aziz Asim, Dr. Naeem Rafiq told the attendant of the patient that Injection Isoptin cannot be given on heart rate 140/min and BP 150/80mmhg.
- d. Respondent Dr. Abdul Aziz negligently administered wrong injection to the patient which caused his death.

### **Findings and Decision of Punjab Healthcare Commission**

2. The Punjab Healthcare Commission conducted investigations and decided the complaint vide its decision dated 31.12.2016 in the following terms:
  - a. The case of Dr. Abdul Aziz shall be referred to PMDC for misdiagnosis and mismanagement, leading to death of the patient Ghulam Murtaza.
  - b. The HCE is directed to get licensed with PHC within one month failing which it shall be penalized and action shall be taken in accordance with the law.

### **II. NOTICE TO PARTIES**

3. In view of the reference received from the Punjab Healthcare Commission notice dated 27.05.2019 was sent to Respondent Dr. Abdul Aziz along with copy of decision of PHC and he was directed to submit his reply/comments. Vide separate notice of even date, the Complainant Mr. Mudassar was also directed to submit medical record and other relevant documents.

### **III. REPLY OF RESPONDENT DR. ABDUL AZIZ**

4. In response to the notice dated 27.05.2019, Respondent Dr. Abdul Aziz submitted his reply on 14.06.2019 wherein he stated that:

- a. I examined the patient Mr. Ghulam Murtaza at about 07:30 pm on 22.03.2015. The said patient was complaining of shortness of breath and palpitation. No apparent underlying cause like anaemia, hyperthyroidism, hypoxia, Pyrexia or hypovolaemia noted, that is why I provisionally diagnosed him a case of supraventricular tachycardia on ECG. Probably, sinus nodal re-entrant tachycardia in which ECG is identical to sinus tachycardia making the diagnosis difficult in which Blocker or Calcium channel antagonists are the first line treatment.
- b. The underlying cause was unknown on mere ECG findings. Further, the said patient's heart rate did not decrease in spite of performing vagal manoeuvres like carotid massage, Valsalva manoeuvre, oral B Blocker, (tab. Inderal 40mg) along with disprin and oxygen inhalation. After that Inj. Isoptin 5mg/2ml was injected as per its protocol. While dispenser was instituting the said injection, I was monitoring BP and the heart rate of patient by the auscultatory method.
- c. During the course of events the patient transiently went into shock / hypotension. I immediately performed cardiac massage for about 3 minutes and attached oxygen and patient became stable. At the time of referral to Cardiologist his BP was 150/80 as mentioned on referral slip.
- d. Patient was referred to District Cardiologist for further diagnosis of underlying cause of such type of tachycardia and specialist management in CCU. Unluckily after my referral, patient was admitted under the supervision of another General Physician contrary to my advice.
- e. Inj. Isoptin cannot be assumed to be cause of patient's state of shock and death. The expert cardiologist of Punjab Healthcare Commission, Lahore has categorically mentioned the evolving anteroseptal MI (Myocardial Infraction) to be the cause of patient's state of shock and death.
- f. According to ECG death of the patient occurred at Nighat Hospital Jhang at 22:21:43 on 22.03.2015 i.e. about 2-3 hours after being referred by me to Consultant Cardiologist DHQ, Jhang and PHC has not considered this sufficient time lapse in its inquiry.
- g. Injection was given as a rate control strategy and to avoid further complications of tachycardia. It is contra indicated to use Isoptin in cardiogenic shock, 2nd or 3rd AV block, heart failure with reduced EF, severe hypotension and bradycardia. None of these contra indications were found in this patient.
- h. Complications of Isoptin are reduced Left Ventricular Function (LVF), constipation, elevation of serum digoxin level and hypotension. However, none of these complications were noted in this patient except transient hypotension for few minutes.
- i. Despite the emergency the patient and his attendants were informed and verbally consented for administration of IV injection. I had been serving at Emergency Department, DHQ Hospital, Jhang as CMO and CCMO (Chief Casualty Medical Officer) for about 19 years and successfully treated many such patients.



#### **IV. PROCEEDINGS BEFORE DISCIPLINARY COMMITTEE OF ERSTWHILE PM&DC**

##### **Hearing Dated 30.06.2019**

5. The matter was fixed for hearing before the Disciplinary Committee of erstwhile PM&DC on 30.06.2019. Following directions/ observations were made by the Disciplinary Committee during the said hearing:

*“The Committee decided that Respondent will be asked to pay 5000 (five thousand) as the travel expense to the Complainant and also decided to suspend practice privileges of the Respondent till his appearance before Disciplinary Committee. Immediate notice to the Respondent to appear before next hearing”*

6. The above decision was communicated to both the parties vide letters dated 30.11.2020.

#### **V. PROCEEDINGS DISCIPLINARY COMMITTEE UNDER PAKISTAN MEDICAL COMMISSION ACT 2020**

7. Pakistan Medical & Dental Council was dissolved on promulgation of Pakistan Medical Commission Act on 23<sup>rd</sup> September 2020 which repealed Pakistan Medical and Dental Council Ordinance, 1962. Section 32 of the Pakistan Medical Commission Act, 2020 empowers the Disciplinary Committee consisting of Council Members to initiate disciplinary proceedings on the complaint of any person or on its own motion or on information received against any full license holder in case of professional negligence or misconduct. The Disciplinary Committee shall hear and decide each such complaint and impose the penalties commensurate with each category of offence.

##### **Hearing Dated 11.12.2021**

8. 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 Mudassar Hassan Malik (Complainant) and Respondent Dr. Abdul Aziz, directing them to appear before the Disciplinary Committee on 11.12.2021.

9. On the date of hearing the Respondent doctor appeared before the Disciplinary Committee whereas the Complainant remained absent despite notices.
10. The Committee asked the Respondent doctor about brief facts of the case to which he stated that the patient along with his uncle reached his clinic at about 6:35pm with symptoms of shortness of breath and palpitations. His blood pressure was 150/80 and pulse was 140-150. He immediately performed ECG of the patient and provisionally diagnose him as case of supra ventricular tachycardia. He started management with vagal maneuver, administration of tablet Inderal and tablet Disprin to prevent any cardiac issue.
11. The Respondent stated that when the patient didn't respond with the initial treatment, after about 25 minutes he administered injection Isoptin as per protocol but the blood pressure of the patient dropped. He did the cardiac massage and referred the patient to cardiologist. Instead of going to cardiologist the patient was taken to a general practitioner.
12. Respondent Dr. Abdul Aziz further stated that the patient reached his hospital at about 6:35pm and was referred to cardiologist at 8:00pm. But the patient reported to some private hospital with a time lapse of about 2 hours as his first ECG at that hospital was done at 10:00 pm.
13. The Respondent further added that upon reaching the said private hospital (as per record) the patient was pulse less BP less and the ECG showed inferior wall myocardial infarction (MI). He further stated that the inquiry conducted at DHQ Hospital, Jhang and the expert at Punjab Healthcare Commission also stated the cause of death as myocardial infarction (MI).
14. The Committee asked the Respondent doctor about the indication for administration of injection Isoptin to which he stated that he had the ECG of the patient which showed supra ventricular tachycardia (SVT). The patient was not anemic nor there was any hypovolemia.
15. The Respondent doctor was enquired by the Committee that whether SVT should be treated by general physician or by the relevant consultant doctor. Respondent admitted that SVT should be treated by the consultant and that he was not eligible to treat the patient in such condition.

16. The Committee asked the Respondent doctor about the closest hospital to which he stated that DHQ Jhang was the nearest hospital. On further enquiry by the Committee that why the patient was not referred to the DHQ which was a few minutes away and had the relevant consultant and the equipment to deal with any emergency situation, the Respondent doctor could not answer satisfactorily.

#### **VI. EXPERT OPINION BY DR. MUSHTAQ HAROON**

17. Dr. Mushtaq Haroon (Medical Specialist) was appointed as expert to assist the Disciplinary Committee. The salient points of the expert opinion are as under:

1. "The treatment given SVT was appropriate, however adenosine would have been a better choice but verapamil can also be used.
2. The injection has to be given slow IV over 2 minutes. Whether correctly given or not cannot be decided.
3. The patient collapsed after the injection and was revived accordingly by the doctor and referred to a nearby hospital for expert care.
4. In the later ECG it was determined that the patient had an acute cardiac insult. This could not be determined in the initial ECG seen by Dr. Abdul Aziz. Whether the patient initially had an acute MI could not be diagnosed by the initial ECG or the history.

#### **VII. FINDINGS AND CONCLUSION**

18. After perusal of the record and statements of Respondent doctor the Disciplinary Committee observes that Mr. Ghulam Murtaza s/o Ghulam Rasool, aged 36 years was brought to the private clinic of Respondent Dr. Abdul Aziz Asim at 6:36 pm on 22.03.2015. Respondent Dr. Abdul Aziz examined the patient, conducted ECG and provisionally diagnosed him as a case of Supra Ventricular Tachycardia (SVT). He started management with vagal maneuver, administration of tablet Inderal and tablet Disprin.

19. The patient did not respond to the initial treatment. After about 25 minutes he was administered injection Isoptin. Thereafter the blood pressure of the patient dropped. As per the stance of the Complainant prior to administering the Inj. Isoptin the patient was apparently well and was talking

but immediately after administering the said injection, the condition of the patient deteriorated. Respondent Dr. Abdul Aziz Asim advised the attendants to take their patient immediately to the cardiologist. The patient could not survive and died at 22:00 pm.

20. The Disciplinary Committee observes that as per ECG performed at 21:43 pm at the clinic of Dr. Muhammad Naeem Rafiq, acute Myocardial Infraction (MI) was diagnosed which caused the death of the patient.
21. The Respondent has submitted in his written reply and during the hearing that he carried out ECG of patient and diagnosed him a case of SVT, therefore he started the treatment for SVT. Expert in his opinion has observed that the treatment of SVT was appropriate. The expert also observed that injection Isoptine is administered IV slowly in 2 minutes and whether the Respondent doctor was qualified enough to treat the patient also requires consideration of the Committee.
22. During the hearing the Respondent was enquired by the Committee that whether SVT should be treated by general physician or by the relevant consultant doctor. Respondent admitted that SVT should be treated by the consultant and that he was not eligible to treat the patient in such condition. Respondent doctor started treatment of patient at 6:36 pm. One and half hour was spent in treatment of patient and when the condition of the patient deteriorated, he advised the attendants at 8:00 pm to take the patient to a cardiologist.
23. Further, DHQ Jhang was the closest hospital at the distance of few minutes' drive. Respondent doctor who holds only MBBS degree, did not refer the patient to DHQ and decided to treat the patient himself despite lacking the requisite skills and qualifications to treat patient who admittedly required immediate attention of a cardiologist.
24. The Committee observes that Disciplinary Committee of erstwhile PM&DC in its meeting held on 30.06.2019 *decided*" to suspend practice privileges of the Respondent till his appearance before Disciplinary Committee. Pursuant to the aforementioned decision license of Respondent Dr. Aziz has been suspended already for the last two and half years. For his failure to refer the patient to a specialist and attempt to treat the patient beyond his credentials when an emergency of such nature didn't exist where the patient could not have been referred to a secondary care hospital a few minutes

away, a penalty of six (6) months of license suspension is imposed. The period of the license already suspended for last two and a half years is considered as sentence served.

Dr. Anis-ur-Rehman  
Member

Dr. Asif Loya  
Member

Muhammad Ali Raza  
Chairman

28<sup>th</sup> February, 2022