



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

In the matter of

Complaint No. PF. 8-1827/2019-DC/PMC

Ms. Fareen Khalid Vs. Dr. Nusrat Shah & others

Professor Dr. Naqib Ullah Achakzai	Chairman
Mr. Jawad Amin Khan	Member
Barrister Ch. Sultan Mansoor	Secretary
Expert of Gynecology	

*Present:*

Nemo

Hearing dated 26.10.2022

**I. FACTUAL BACKGROUND**

1. Mrs. Fareen Khalid (the "Complainant") filed a Complaint against Dr. Nusrat Shah (12876-S), Dr. Hassan Ala (25481-S), Dr. Adila Amanullah (52990-S), Dr. Farah Deeba (29779-S), Dr. Hamna Sabih Baqai (73558-S), Dr. Shafia Khan (63413-S), Dr. Sanober (57182-S) and Dr. Kanwal (66323-S). Brief facts of the complaint are that:

- a. *She was visiting Dr. Ruth K. M PFAU Civil Hospital, Karachi for antenatal checkups and her LMP was 02.06.2018. the attitude of the Respondents was very casual and careless towards her during her check-ups.*
- b. *She informed the doctors' at OPD at the start about her HTN, diabetic condition and earlier miscarriage, two months ago. Her baby survived till last 39 weeks but Respondents did not operate her,*

*as they didn't have time and her EDD reached 40 weeks, specifically due to the negligence of Respondent, Dr. Adila at the OPD.*

- c. Important checks and lab work was ignored by the Respondents despite her 05 visits. Upon my last visit in the OPD at night, the doctors did not admit me on time and admitted me next morning. Even when I was informed that my baby had expired by Dr. Shamim, the OT doctors didn't give me anytime from 09:00am till 08:00 PM. They kept me in waiting area the entire time. During time at OT, the attitude of the doctors was very harsh, shouting on me.*
- d. The Respondents ignored the condition of the patient and due to the negligence and omissions of the Respondents, the baby expired.*

## **II. NOTICE TO RESPONDENTS**

2. In view of the allegations leveled in the Complaint, separate Notices dated 11.07.2019 were issued to the Respondents No. 01-08, directing them to submit comments, record of the patient along with the copy of their registration certificates.

## **III. REPLY OF RESPONDENT, DR. NUSRAT SHAH**

3. Respondent No.1 Dr. Nusrat Shah submitted her reply to Show Cause Notice on 26.07.20219, wherein she stated that:
  - a. Mrs. Farbeen, Complainant, 30-year-old (antenatal Registration no. 2558), had her first booking visit in the antenatal OPD at 13 weeks of pregnancy. I made her antenatal card and documented the high-risk factors of diabetes and previous 1 caesarean section. I advised her about sugar control and regular and weekly antenatal visits and prescribed the necessary medication. After this first visit, I saw her only after the reported incident had already occurred.*
  - b. Complainant had total three visits during early pregnancy till 19 weeks of pregnancy and then she lost follow up for 4 months. In uncontrolled diabetic patients, there is a very high risk of congenital abnormalities but due to non-visitation after 19 weeks, her anomaly scan which should have been advised at 24 weeks to rule out cardiac and other abnormalities, could not be done.*
  - c. Complainant only visited again at 38 weeks pregnancy (36 weeks by early ultrasound) on 23.02.2019, after a gap of 4 months, despite advice of weekly visits. On 23.02.2019, she was advised to come again after a week but she visited on 06.03.2019, when she was examined by Senior Registrar, her BP was*



- 160/100. She was advised admission in ward for control of blood pressure, blood sugar monitoring, CTG and ultrasound. It was planned that if CTG shows any abnormality, she will have emergency C-section immediately, but if CTG is normal, her Elective C-section will be performed on OT list on 09.03.2019.
- d. As per OPD doctors, patient strongly refused for admission, and then she was convinced for admission in the Day Care Room for monitoring of BP, lab tests and CTG. Her BP stabilized and she was asked to wait for CTG as there were 8 to 10 patients, in waiting. She refused to wait for the CTG, despite being told that CTG was mandatory to confirm fetal heart rate. Hence, the only evidence to show that her baby was alive on 06.03.2019 was through Fetoscope examination (which is not a very reliable examination for diagnosing fetal distress and monitoring fetal heart rate). The patient Left Against Medical Advice (LAMA) and she told the duty doctor that she can't wait any more, her brother (who works in IT department of DMC) will collect her reports and she will come on 09.03.2019 for her caesarean section.
- e. She came on 09.03.2019 with complain of decreased fetal movements. Her ultrasound was done which unfortunately showed fetal demise. Her caesarean section was carried out and a macerated stillborn baby was delivered which had abdominal wall defect as the intestine of the baby was protruding out through the umbilicus of the baby. This defect could be due to Gastroschisis or Omphalocele which is associated with chromosomal and other structural abnormalities in more than 50% of cases and may be the cause of intra-uterine death of the baby. The weight of the newborn baby was 2.3 Kg, a low birth weight, suggesting abnormal growth of baby. This could be due to high BP but it can also be due to congenital abnormalities. If she had been regularly visiting every week, her anomaly scan at 24 weeks, regular scans for baby's growth and umbilical artery color Doppler for intrauterine growth restriction, could have been advised.
- f. After the incident, I had met and counseled and condoled with the patient promising to conduct an enquiry on her reservations. During our monthly audit meeting, her case was discussed in detail and it was concluded that the intrauterine death could be due to congenital abnormalities and intrauterine growth restriction. This diagnosis was missed during pregnancy due to irregular antenatal attendance of the patient. It is pertinent to mention herein that we have also received a notice from the Medical Superintendent, Civil Hospital, Karachi regarding an inquiry in the above incident which is also under way.



#### IV. REPLY OF RESPONDENT, DR. HASAAN ALA

4. Respondent No. 2 submitted his reply/comments on 24.07.2019, vehemently refuting all allegations leveled against him & stated that:
- Complainant, 30 years old, antenatal registration number 2558, had booking visit in the antenatal OPD at 13 weeks of gestation where she was booked by the Professor and detailed antenatal card was made. In view of her risk factors of being diabetic, previous cesarean section and miscarriage, she was advised admission for control of blood sugar and collaborative care by diabetologist.*
  - She had three more visits till 19 weeks of gestation, after that she did not follow up. She came on 23.02.2019 in high risk OPD after a long gap at 36 weeks of gestation. Therefore, she did not have anomaly scan and nobody knows about the status of the fetus whether normal or abnormal (it has been proved that maternal diabetes mellitus has an increased risk of fetal abnormalities).*
  - She visited again on 06.03.2019 and she was seen by the registrar of our unit and advised admission by the Assistant Professor to get admitted for monitoring and advised Cesarean section in emergency if required on the basis of investigations otherwise elective section on 09.03.2019. She was kept in the department's High dependency unit for Maternal and Fetal Surveillance. She was counseled by the group leader of the emergency team to stay for CTG and wait for the results of investigations, but she refused and left against medical advice.*
  - I have been working in Obstetrics/Gynecology for last 24 years and have good rapport among doctors, Nurses, ancillary staff and patients. I am polite and cordial with my colleagues and patients.*

#### V. REPLY OF RESPONDENT, DR. KANWAL

5. Respondent No. 03 submitted her reply/comments on 23.07.2019, wherein she stated that:

*She is a Postgraduate Trainee (R-3) at Gynae Unit-3, Civil Hospital, Karachi. She performed caesarian section of Complainant on 09.03.2019 at 8:10 pm, Outcome was macerated still birth male of weight 2.3kg. She confirmed it from the senior resident who examined the baby; there was slight peeling of skin, therefore it is mentioned in the file that the baby was macerated. Baby was handed over to attendant while C-section was being finished in operation theater with patient till her shifting to ward.*

#### VI. REPLY OF RESPONDENT, DR. SHAFIA



6. Respondent No. 04 submitted her reply/comments on 24.07.2019, wherein she stated that:
- It is clarified that her correct name is Dr. Shafia and not Dr. Shazia, as mentioned in the Notice sent by the PM&DC. Being a doctor, I know my ethics and patient care, I politely talked with patient and her attendants conveying that as soon as O.T is available we do her C-Section.*
  - She is a postgraduate trainee (R-4) at Gynae Unit-3, Civil Hospital, Karachi. Complainant was received at about 9:30 to 10:00 am on 09.03.2019. Her C-section was planned, so first her CTG was done but no fetal heart sound was audible on CTG. Then, ultrasound was done and ultrasound also showed no fetal heart and no fetal movement. So we and our seniors informed Complainant and decide for trial of vaginal birth after C-Section (VBAC) but Complainant strongly refused for trial and want C-Section so we decided her C-Section on maternal demand.*
  - As due to hectic emergency and we were dealing with critical emergency cases so patient and her attendant was informed about this so her C-section done on 09.03.2019 at about 8:10 pm meanwhile between this time patient was in labour room HDU.*
  - I have deep grief of death of baby being a human being.*

#### VII. REPLY OF RESPONDENT, DR. HAMNA

7. Respondent No. 05 submitted her reply/comments on 24.07.2019, wherein she stated that:
- She is postgraduate trainee (R-1) at Gynae Unit-3, Civil Hospital, Karachi. Complainant came to daycare for blood sugar and BP monitoring and CTG on 06.03.2019 at around 1:00 pm. Her BP was 140/100 so I gave her antihypertensive medicine for control of her BP and sent her laboratory investigation and told her that she has to wait for the reports and for CTG and until her BP was controlled. Complainant kept saying that she wants to go home and will get her labs collected by her brother who works at Dow Medical College.*
  - At that time, I had 8-10 patients waiting for their turn for CTG and as I have only one CTG Machine in Daycare and it is our protocol to do CTG of every patient admitted in daycare, I told her to wait but she insisted that she cannot stay and around 4:00pm her BP was controlled and fetal movement and fetal heart sounds on fetoscope were positive but she did not wait for her lab reports and CTG and Left Against Medical Advice (LAMA).*

#### VIII. REPLY OF RESPONDENT, DR. FARAH DEEBA



8. Respondent No. 06 submitted her reply/comments on 24.07.2019, wherein she stated that:

- a. *She was posted in Gynae clinic in the months of February and March 2019 and have not seen any Obstetric (Pregnant) patient in OPD during this period.*
- b. *She is practicing for 23 years in this field and have good rapport among patients, juniors and seniors. All faculty members of our department specially professor are very much concerned about patients and pay full attention to them in OPD and ward.*
- c. *We do not make joke of patients. Faculty members including professor are always available for patients in ward and emergencies we see all the patients with equal attention whether they come by themselves or referred by any staff or seniors. I am a teacher and supervisor of undergraduate and post-graduate students and frequently teach them ethical issues, care and respect of patients.*
- d. *This complaint seems to be exaggerated, baseless and fabricated and without any evidence against me. I firmly deny any each and every false allegation against me. Moreover, no any such incident of negligence and misbehavior has been reported against me throughout my career.*

#### **IX. REPLY OF RESPONDENT, DR. ADILA TAHIR**

9. Respondent No. 07 submitted her reply/comments on 24.07.2019, wherein she stated that:

- a. *She is working as a senior registrar at Dow University of Health Sciences and posted at Dow Medical College/ Dr. Ruth KM PFAU Civil Hospital Karachi. She is working in Gynae Department and has good rapport among doctors, nurses, ancillary staff and patients. I am polite and cordial with my colleagues and patients.*
- b. *In Civil Hospital there are around 500 to 600 patients in Gynae OPD everyday out of which 150 to 200 patients are in high risk OPD. We try our level best not to compromise patient's care despite of very limited resources.*
- c. *Complainant, 30 yrs old antenatal Reg # 2558, previous 1 C-Section with known high-risk factors of Diabetes, Hypertension and miscarriage was initially booked at 13 weeks of gestation. She was first seen by Professor herself and her detailed antenatal card was made and she was advise regular follow ups and weekly antenatal visits. She had 3 antenatal visits in OPD then she was lost to follow and came after a long gap because of her non-compliance we were unable to perform a detailed Anomaly Scan / Fetal Echo and Doppler ultrasound at 32 weeks.*
- d. *She first saw Complainant on 23.02.2019 and calculated her EDD from her dating scan (First trimester scan), it was found to be 20.03.2019 and her 38 weeks on 06.03.2019. She was called after a week for antenatal visit but she came on 06.03.2019. I was called in to perform her pelvic examination*

- and her mid-cavity of pelvis was found to be narrow so she was given the date of 11.03.2019 on elective list after discussing with assistant professor in OPD.
- e. Complainant's blood pressure was 160/100 so she was admitted in the ward for maternal surveillance. In case of abnormal CTG or uncontrolled B.P she will be advised C-Section in emergency. She strongly refused admission our assistant professor convinced her for day care admission and she agreed. It is our ward protocol that every patient who comes with day care admission will definitely have CTG in ward she was not sent back home as I knew that she was a high-risk patient.
  - f. According to my colleagues in day-care, Complainant's investigation were sent, she was waiting for CTG there are 8 to 10 patient's in queue she did not wait for long as her B.P was controlled, patient argued that her brother who works in Dow Medical College will collect lab reports but she refused to have CTG after constant insistence by duty doctor and group leader she left against medical advice (LAMA).
  - g. There was no negligence from my side and that's why I found this complain highly exaggerated and seems fabricated with mala fide intention toward the doctors of our department.

#### X. REPLY OF RESPONDENT, DR. SANOBER

10. Respondent No. 08 submitted her reply/comments on 24.07.2019, wherein she stated that:

- a. She is a postgraduate trainee (R-4) at Gynae Unit-3, Civil Hospital, Karachi. Under supervision of Assistant Professor, Respondent No. 2, she is giving reply of case against me by the Complainant. She was G3P2+0 pre 1 C-Section with precious baby booked case of Gynae Unit-3. As per seniors she went to the OPD where her Elective C-Section on 09.03.2019. On 06.03.2019, Complainant went to OPD & consultant decided to admit her in day care for BP & Sugar monitoring. Dr. Hamna at daycare informed that patient got LAMA (leaving against Medical Advice) from there without informing her.
- b. Complainant came directly into ER on 09.03.2019 with decrease fetal movement from one day. Ultrasound was done which showed IUD baby (intrauterine fetal Death) as her Ellscs done as per decided date during night time. After that patient went for post-operative care.
- c. I deny each and every allegation leveled against me. Neither have I shown harsh behavior to the Complainant nor I checked her BP. Whereas, at that time I was performing my duties in emergency which is matter of record. Also, I have never worked with Dr. Shafia. On the contrary I have deep grief on death of her baby boy being human being.

#### XI. REJOINDER OF THE COMPLAINANT

11. Reply received from the Respondents was forwarded to Complainant through a letter dated 30.12.2021 for rejoinder. The Complainant has submitted no response/rejoinder, till date.

## XII. HEARING


12. After completion of pleadings, the matter was fixed for hearing before the Disciplinary Committee on 26.10.2022. Notices dated 24.10.2022 were issued to the Complainant and Respondent doctors directing them to appear before the Disciplinary Committee on 26.10.2022.


13. On the date of hearing, neither the Complainant, nor any of the Respondents have appeared before the Disciplinary Committee.

14. The Disciplinary Committee has decided to provide one last opportunity to both the parties and if they fail to appear in in the next meeting the case shall be decided on the basis of available record. Fresh Notices of appearance shall be issued to the Complainant and all the Respondents to appear before the Disciplinary Committee in next hearing.

15. The case is adjourned in the above terms.

Mr. Jawad Amin Khan  
Member

  
Barrister Ch. Sultan Mansoor  
Secretary

  
Professor Dr. Naqib Ullah Achakzai  
Chairman

22nd November, 2022

