



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF. 8.2079-2022-DC-PMC

Dr. Zobia Usman Vs. Dr. Muhammad Sajid Sheikh

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| Professor Dr. Naqib Ullah Achakzai | Chairman |
| Professor Dr. Noshad Ahmad Shaikh | Member |
| Mr. Jawad Amin Khan | Member |
| Barrister Ch. Sultan Mansoor | Secretary |
| Expert of Surgery | |

Present:

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| Dr. Zobia Usman | Complainant |
| Dr. Muhammad Sajid Sheikh (16593-P) | Respondent |
| Hearing dated | 21.11.2022 |

I. FACTUAL BACKGROUND

1. Reference was received from the Punjab Healthcare Commission (PHC) in the matter of the complaint filed by Dr. Zobia Usman (the “Complainant”) to PHC on 08.07.2019 against Dr. Muhammad Sajid Sheikh (the “Respondent”), for his alleged medical negligence during the Laparoscopic Cholecystectomy procedure of Dr. Muhammad Amir Mushtaq (the “patient”).
2. The PHC decided the complaint vide its decision dated 13.12.2021 and forwarded the case to the Pakistan Medical Commission (the “Commission”) on 04.01.2022 with the following observations/findings.

"...As far as the allegations against the doctor/surgeon are concerned, we direct that the case of Respondent doctor Muhammad Sajid Sheikh be referred to PMC for investigation of the allegations as contained in this Complaint. No further order is required to be passed. ..."

II. SHOW CAUSE NOTICE TO RESPONDENT, DR. MUHAMMAD SAJID SHEIKH

3. In view of the findings of PHC, Show Cause Notice dated 20.07.2022 was served to Respondent mentioning the allegations in the following terms:

"...

3. **WHEREAS**, the Punjab Healthcare Commission (the "PHC") vide decision No. C/2019/149 dated 13.12.2021 decided the complaint filed by Dr. Zobia Usman (hereinafter referred to as the "Complainant") against you and referred the matter to Pakistan Medical Commission.
4. **WHEREAS**, in terms of the reference of PHC, it has been alleged that Dr. Muhammad Aamir Mushtaq (the "Patient"), brother of the Complainant visited your clinic at Saad Hospital, Faisalabad (the "Hospital") on 12.10.2018 and 15.10.2018 and was diagnosed with "Mirizzi Syndrome Type 1" by you. He was initially treated for ascending cholangitis with antibiotics and pain killers.; and
5. **WHEREAS**, in terms of the reference, the patient was admitted at Saad Surgimedical Hospital, Faisalabad on 18.10.2018 where no pre-op investigations except ultrasound were recommended/ done by you. You performed Laparoscopic Cholecystectomy of the patient on the same day and discharged him the next day i.e. 19.10.2018, without any directions for follow up visits which are necessary for post-operation care in cases of Mirizzi Syndrome.; and
6. **WHEREAS**, in terms of the reference, the patient developed jaundice five months after the surgery and he was taken to Shaikh Zayed Hospital, Lahore with complaints of pain abdomen and vomiting where ERCP was performed. As per ERCP Report/notes dated 28.03.2019, the patient was diagnosed of "Tight CBD stricture at the level of Common hepatic duct" and stent in bile duct was deployed and he was discharged. He was again admitted at Shaikh Zayed Hospital on 29.03.2019 with complaints of vomiting and pain abdomen where he was treated and discharged on 02.04.2019. Subsequently, due to deteriorating condition he was moved to Holy Family Hospital, Rawalpindi on 22.04.2019 where he was diagnosed of Post-pancreatitis Intra-abdominal collection. His exploratory

laparotomy + Pancreatic Necrosectomy was performed on 27.04.2019 and he remained admitted till 30.05.2019 at Holy Family Hospital. The patient ultimately expired on 21.06.2019; and

7. **WHEREAS**, *in terms of fact mentioned above, prima facie it appears that you negligently treated the patient pre/ per and post Laparoscopic Cholecystectomy which led to development of severe complications, leading to multiple procedures/ surgeries at different hospitals and ultimately death of the patient. ...”*

III. REPLY TO SHOW CAUSE NOTICE BY RESPONDENT DR. MUHAMMAD SAJID SHEIKH

4. Respondent, Dr. Muhammad Sajid Sheikh submitted his reply to Show Cause Notice on 12.08.2022, wherein he stated that:

- a) *Patient, Dr. Aamir Mushtaq was presented to me with the complaint of right hypochondrium pain, jaundice, and fever in October 2018. He was accompanied by his family friend, Dr. Asif Razza, Radiologist Saad Medical Complex, Faisalabad.*
- b) *After detailed discussion with patient and his accompanying friend, Dr. Asif Razza, I put him on recommended treatment of antibiotics and anti-inflammatory drugs to which he responded. On follow up visit after a few days, patient's jaundice had improved, his pain was relieved and he was afebrile. On follow up ultrasonography, his common hepatic duct was normal. Although stone was still impacted at the neck of the gall bladder which was distended and he was suffering from continuous pain.*
- c) *I categorically asked the radiologist to rule out common bile duct stone, with further investigations including MRI scan. On follow up, pre-op visit ultrasound showed no evidence of stone in common bile duct so after discussion with the radiologist and the patient MRI was omitted. On the basis of clinical judgment and ultrasonography, patient was diagnosed Type 1 Mirizzi syndrome (a rare complication of gallstone disease) with ascending cholangitis and acute cholecystitis. Although most of the time it's difficult to diagnose preoperatively and is a per-operative diagnosis. The diagnosis was confirmed per-operatively. Ultrasound scanning is the only routine preoperative imaging for gall stone disease and MRCP and CT scanning are carried out occasionally and selectively, based on any suspicions.*
- d) *During two pre-op consultations, patient was only accompanied by Dr. Asif Razza and no other family member was present in neither pre-op nor post-op visits. I accepted patient's verbal & written consent for treatment, in the presence of Dr. Asif Razza. In addition to this patient also had all basic*

investigations including CBC, LFTS, RFTS, ECG and chest X Rays, so the allegation that necessary preoperative investigations were not done, is baseless.

- e) Even though, the patient was a doctor, even then, before the procedure the disease, pre-operative investigations, its treatment options and possible complications were discussed in detail with the help of diagrams to the patient and his attendant, Dr Asif Razza. After all the discussions in the presence of his attendant, patient chose the option of laparoscopic cholecystectomy. As patient himself was a medical doctor and was well informed regarding the complications of cholecystitis with impacted stone (Type 1 Mirizzi) he insisted on early surgery (due to persistent pain). The patient himself signed a printed detailed consent form. After that, patient was referred to anesthetist where he was thoroughly assessed with physical examination and investigations.
- f) On 18.10.2018, patient underwent Laparoscopic cholecystectomy which is the preferred procedure for type 1 Mirizzi syndrome. Surgery was smooth, completed within an hour, drain was placed and patient had excellent post-op recovery. I examined him immediately after operation in recovery room, on the night of operation and next day before discharge.
- g) On 3rd post-operative day, the patient was called for follow up and his drain was removed after ultrasonography by Dr. Asif Razza. Ultrasound reported no abnormality at surgical site, no intra-abdominal collection, normal extra and intra-hepatic biliary channels and normal abdomen.
- h) On 7th post-operative day, patient again visited my clinic for removal of stitches and his vital signs were within normal range. I removed all the stitches and advised him to revisit if he ever has any problem.
- i) After this visit, neither patient nor any of his relatives including the complainant, ever contacted me for any complaint. Per record, patient remained symptom free for 5 months and thereafter in March 2019 developed jaundice, and was diagnosed with the help of MRCP to have common hepatic duct stricture, one of the complications of Type 1 Mirizzi syndrome. I firmly believe that the patient developed stricture as a sequel of disease and not due to surgical technique.
- j) Unfortunately, after ERCP performed at Sheikh Zayed Hospital, Lahore, patient developed pancreatitis and died because of complication or mismanagement of complications of acute pancreatitis that he developed. I was never involved in the management of stricture or pancreatitis.
- k) There was no delay in diagnosis and treatment, patient was properly investigated, disease was diagnosed correctly and procedure done according to the international standards. There was no per-operative or post-operative complication and patient had proper post-op follow up. Patient remained symptom free



for 5 months, hence, I humbly request that I should not be held responsible for a complication of primary disease (Type 1 Mirizzi Syndrome).

IV. REJOINDER OF THE COMPLAINANT

5. Reply received from the Respondent doctor was forwarded to Complainant through a letter dated 18.08.2022 for her rejoinder.
6. The complainant submitted her rejoinder on 26.08.2022 wherein she inter-alia submitted that Dr. Johar Amin who treated the patient post-surgery at Sheikh Zayed Hospital be also impleaded as party to the proceedings as he was allegedly negligent in treating the patient.

V. HEARING

7. After completion of pleadings, the matter was fixed for hearing before the Disciplinary Committee on 21.11.2022. Notices dated 14.11.2022 were issued to the Complainant and Respondent, Dr. Muhammad Sajid Sheikh, directing them to appear before the Disciplinary Committee on 21.11.2022.
8. On the date of hearing, the Complainant, Dr. Zobia Usman and Respondent, Dr. M. Sajid Sheikh, both were in attendance.
9. The Complainant, Dr. Zobia Usman was given a chance by the Disciplinary Committee to state her stance, the Complainant reiterated the facts of her complaint and asserted that her main complaint is against Dr. Johar Amin; the Gastroenterologist, against which she has filed a separate application, and requested the Disciplinary Committee that Dr. Johar Amin, posturing the main role in the procedure, be included in the enquiry.
10. The Respondent doctor articulated that the patient was presented with Jaundice and after thorough examination was diagnosed with Type 1 Mirizzi syndrome. He maintained that the patient was successfully discharged after 7 days of admission, and was presented with Jaundice again after 5 months.

VI. FINDINGS AND CONCLUSION

11. The Disciplinary Committee has perused the relevant record and submissions of the parties in the instant complaint. Based on the statement of the Complainant and a written application submitted during the hearing categorically mentioning the major involvement of Dr. Johar Amin in the alleged negligent treatment of the patient; the Disciplinary Committee directs that a Show Cause Notice be issued to Dr. Johar Amin, Gastroenterologist.
12. The matter shall be fixed for hearing before the Disciplinary Committee once the pleadings are completed. Fresh Notices of hearing shall also be issued to both the Respondents and the Complainant. Adjourned.

Prof. Dr. Noshad Ahmad Shaikh

Member

Member

Secretary

Prof. Dr. Naqib Ullah Achakzai

Chairman

21/11' ~~December~~ 2022