



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL & DENTAL
COUNCIL

In the matter of

Complaint No. DC-143-C/2023

Mr. Muhammad Shakil Ahmed against Dr. Rahil Mehmood ur Rehman (20812-S)

Prof. Dr. Muhammad Zubair Khan	Chairman
Barrister Ch. Sultan Mansoor	Secretary
Prof. Dr. Mahmud Aurangzeb	Member
Mr. Jawad Amin Khan	Member

Present:

Mr. Muhammad Shakil Ahmed	Complainant
Dr. Rahil Mehmood Rehman (20182-S)	Respondent
Hearing dated	05.07.2024



I. FACTUAL BACKGROUND

1. Mr. Shakeel Ahmed (the "Complainant") filed a Complaint on 13.01.2024 against Dr. Raheel Mehmood ur Rehman (the "Respondent") working at Haleem Hospital, North Nazimabad, Karachi. The gist of facts conveyed by the Complainant are that:

The Complainant stated that he took his 16-year old son, Mr. Shabrukh (the "Patient") to the Hospital due to the complaint of stomach pain, fever and vomiting. The Respondent diagnosed the Patient with appendicitis and administered with wrong heavy dose medication. The Complainant alleges that the Respondent overdosed the Patient, leading to a significant decline in his health and liver failure. In



response to this emergency, the Complainant took the Patient to Agha Khan Hospital, where it was diagnosed that the Patient's liver had failed.

The Complainant had also submitted his complaint to Sindh Healthcare Commission on 30.06.2022 and appeared before the Director Complaints Sindh Healthcare Commission dated 16.09.2022.

II. LETTER ISSUED TO RESPONDENT

2. In view of the allegations leveled in the Complaint, a letter dated 13.02.2024 was issued to the Respondent doctor, directing him to submit his comments, along with a copy of his medical registration and relevant record of the patient.

III. REPLY OF RESPONDENT

3. The Respondent submitted his response through his counsel on 22.02.2024, wherein he stated, in terms, as under:

"... 3. As per records the above patient presented in the emergency of Halim Hospital on 7/10/2021 at 4.00 pm with a history of being severely sick due to high grade fever on and off for a period of 15 days along with vomiting and severe abdominal pain since the last 05 days.

4. Patient had been getting treatment from several doctors and other hospitals with several prescriptions of high doses of antipyretics and Nsaids. Our client diagnosed him in the outpatient clinic and found the boy to be dehydrated and lethargic with pain and tenderness in the epigastrium and right side of the abdomen but was vitally stable. Our client advised the attendant for admission, investigation and treatment, but same was reluctant for admission and did not get admitted till left the hospital.

5. Our client was informed an hour later by the hospital that the attendants/parents of the boy had agreed to admit the boy and the same was admitted by duty doctor and emergency treatment was started. Certain tests were vital and were prescribed by our client but the same were refused by Shakeel Ahmed as according to him the said tests had already been conducted in Patel Hospital and he would have the results at night or next morning.

6. The patient's vomiting and fever subsided, and he stayed stable but general conditions were not improving.

Our client got a call from the hospital at about 3:30am that the patient had become very aggressive/irritable



and the same had pulled out his iv (intravenous) cannula. He had scratched and bitten his attendant and was running out of his room.

7. Our client spoke to the attendant on phone and asked him about any past history of similar episodes, but he only told me that the boy was sensitive and his had not slept for the last couple of nights. Our client advised to give him "Injection Serenace 5mg" intramuscularly to calm him down.

8. Our client saw him early morning on (8/10) / 21 and found the patient slightly drowsy but responding to verbal commands. His vitals were normal and oxygen sat 97% on room air. Our client reviewed his Laboratory reports and Ultrasound which showed Liver disease with acute Hepatitis A infection.

9. Our client counselled the patient's attendants that he needed to be shifted to a tertiary care hospital like Agha Khan Hospital for further management and treatment for which they were initially reluctant. The patient being vitally stable was transferred to AKU at 11:30am. This timely transfer and early diagnosis saved the patient's life. ...

13. That our client received a letter on 30.06.2022 from Sindh Healthcare Commission asking for details of the case with relevant documents. After extensive investigation and scrutiny of papers a hearing was scheduled on 22.09.2022, which our client attended and Sindh Healthcare commission verbally informed him that they found no evidence of mismanagement in the treatment of this patient or any negligence on the part of the hospital staff or consultant. ...

15. The allegation of the mismanagement of the patient is baseless & untrue and amounts to harassment, exploitation, defamation, abuse, torture and the same gives rise to civil as well as criminal liability. ..."

IV. REJOINDER OF COMPLAINANT

4. A letter dated 07.03.2024 was written to the Complainant enclosing the comments received from the Respondent, directing him to submit his rejoinder.
5. Rejoinder from the Complainant was received on 08.03.2024, wherein he rejected the reply of the Respondent doctor stating that the Complainant is concealing facts from the PM&DC and further accused the Respondent of blackmailing him.

V. HEARING



6. The matter was fixed for hearing before the Disciplinary Committee for 05.07.2024. Notices dated 27.06.2024 were issued to the Complainant, Mr. Shakeel Ahmed and Respondent, Dr. Raheel Mehmood ur Rehman directing them to appear before the Disciplinary Committee on 05.07.2024.
7. On the date of hearing, the Respondent doctor was present in person before the Disciplinary Committee and the Complainant was person through online mode.
8. The Complainant was asked to present his complaint, where he stated that patient was suffering from 04-05 days from vomiting. Initially taken to Patel Hospital, Karachi, however, due to financial constraints patient was taken to the Respondent at Haleem Hospital. Respondent checked the patient and diagnosed appendicectomy, treatment started but the condition of the patient was deteriorating. Upon inquiry, respondent told that the patient is a case of liver issue and Hepatitis A. He narrated the allegations as per his earlier complaint and stated that the Respondent mis-diagnosed the patient and so patient was wrongly treated, which affected his liver as well.
9. The Respondent was asked to present his stance, where he submitted that the Complainant brought a sick looking child to his practice with severe dehydration and abdominal pain, brought from Patel Hospital. Complainant was told to get the patient admitted but he refused, however, later patient was admitted at the Hospital. Tests and treatment were started however in the early hours of the morning, he received a call from the Hospital that the patient was hysterical and uncontrollable. I remained in touch with the Hospital and advised sedatives to ease the patient and when I arrived early in the morning both the patient and his attendants were asleep peacefully. Upon check-up, patient was vitally stable and I told them to shift patient to better setup Hospital like Aga Khan Hospital for further management and remained with the patient, till his transfer, which was peaceful and uneventful. Later, he was roped in police proceedings and pressurized for a statement and faced proceedings at the Sindh Health Care Commission as well.

VI. EXPERT OPINION

10. An Expert of Surgery was appointed to assist the Disciplinary Committee in this matter. The Expert opined as under:



“There is no evidence of professional negligence. The illness and sufferings of patient is due to XDR-Typhoid and acute Hepatitis. Patient refer to Tertiary care Hospital is justified due to limited capacity of Hospital.”

VII. FINDINGS AND CONCLUSION

10. The Disciplinary Committee has perused the relevant record, heard the submissions of the parties at length and considered the expert opinion in the instant Complaint.
11. It is noted that the patient was admitted at the Hospital and his investigations were done and treatment was done by per applicable medical practices. The respondent doctor diagnosed liver abys and Hepatitis in the OPD and later referred the patient to a tertiary care Hospital for further necessary management, keeping in view the facilities at the Hospital. It is further noted that the Respondent doctor reached the diagnosis over-night during treatment of the patient and sensing the need for tertiary treatment, appropriately referred the patient.
12. Accordingly, in view of the contents of the complaint which was lodged in 2022, statements of the complainant and the doctor and the evidences available, the Disciplinary Committee finds no medical negligence on the part of Respondent Dr. Rahil Mehmood Rehman (20182-S) in the instant complaint and recommends that Dr. Rahil Mehmood Rehman (20182-S) be exonerated from the instant complaint.
13. This instant Complaint is disposed of in the above terms.

Prof. Dr. Muhammad Zubair Khan
Chairman



11 September, 2024