



**BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL & DENTAL
COUNCIL**

In the matter of

Complaint No. PF.8-1868/2019-Legal-DC

Mr. Anis R. Syed against Dr. Inayat Ullah Khan (2406-N)

Prof. Dr. Muhammad Zubair Khan	Chairman
Barrister Ch. Sultan Mansoor	Secretary
Dr. Mahmud Aurangzeb	Member (online)
Mr. Jawad Amin Khan	Member (online)
Specialty Expert	

Present:

Mr. Anis R. Syed	Complainant
Hearing dated	12.12.2024

I. FACTUAL BACKGROUND

1. Mr. Anis R. Syed (the "Complainant") filed a Complaint on 30.08.2019 against Dr. Inayat Ullah Khan (the "Respondent") working at Shifa International Hospital, Islamabad (the "Hospital"). Per received complaint, the Complainant's sister Ms. Ayesha Hafeez (the "Patient") was suffering from Hydrocephalus, due to which the patient consulted Respondent who slightly checked the patient on his way out of his office. The Complainant requested for advanced Shunt however, the Respondent advised an ordinary Shunt and Respondent was also informed about the Lumber Punctures exercised on 12.08.2017 & 17.12.2018.
2. The VP shunt procedure usually takes an hour; however, the patient was kept in the Operation Theatre the entire day, un-necessarily. Ventriculoperitoneal Shunting was done and patient couldn't recover, and ultimately expired.



3. The Complainant alleges that the Post-Shunt CT Scan showed a non-functioning Shunt, needing re-positioning/re-adjustment. The Head of Neurosurgery department at PIMS Hospital, Islamabad, declared it as an Infectious Shunt with extra ordinary strength of Red Blood Carpels (backed by a Lab report). Thus, the VP Shunting procedure was a failure with a non-functioning Shunt with excessive infection. Hence, the instant complaint was lodged praying for an impartial investigation and a re-fund to the Complainant.

II. NOTICE ISSUED TO RESPONDENT FOR COMMENTS

4. In view of the received complaint, a letter was sent to the Respondent doctor, Dr. Inayat Ullah, on 20.09.2019, directing him to submit his response to the attached complaint, along with a copy of his registration certificate and record of the patient.

III. REPLY OF RESPONDENT, DR. INAYAT ULLAH

5. The Respondent, Dr. Inayat Ullah submitted his comments on 09.10.2019, wherein he contended that:

a. 53 years old female with poorly controlled diabetes was registered in Shifa International Hospital on January 16, 2019 and was seen by neurosurgeon on the same day with the complaints of memory problem along with urine incontinence. She was well about 3 years back when she started developing weakness in all four limbs. Initially she used to walk slowly with support however her weakness progressively worsened and she became bed bound. For the past few months, patient stopped moving her limbs and developed urinary and fecal incontinence.

b. At the time of presentation, patient was vitally stable, was bed bound and had grade IV bed sore on the gluteal region. Her power in all four limbs was 0/5. She was diagnosed to have normal pressure hydrocephalus based on symptoms and the review of the scans brought by the patient and was advised ventriculo-peritoneal shunting for her problem. She was admitted on January 16, 2019 and was put on the OT list for VP shunting on January 17, 2019 after taking informed consent from patient and her family and benefits, possible risks and complications were discussed in detail. She was kept NPO over night and was called in OR at around 12:12 pm, surgery started after pre-op assessment at 2:45 pm that ended at 3:21 pm. VP shunting was done and CSF taken was sent to lab for routine examination and patient was transferred to floor almost at 4:30 pm and she was vitally stable at that time. On first post-op day patient remained vitally stable however general surgery consult was sought for grade IV bed sore. General surgeon advised



debridement and daily dressing for the bed sore. Patient needed neuro-observation and hospital care however the patient was discharged on request due to affordability issues.

c. Complainant previously submitted a complaint to Assistant Commissioner's Office/Magistrate Office and in that complaint, he throughout discussed about his financial constraints and still he has made it a point in the complaint that he asked the doctor to go for advanced shunt and he went for an ordinary one. It is to be clarified here that both shunts have the same purpose and it is a common observation that patients with ordinary shunts do very well and if complications are concerned then the patients with advanced shunts do develop procedure complications so the decision to use the ordinary shunt was made in the best interest of the patient and the family. The complainant then himself has clearly mentioned that her sister's case was a complicated one and that the two attempts made previously in some other health care facilities were unsuccessful or did not help much to the patients in terms of improvement in her condition (lumbar puncture is the treatment modality that is offered first to the patients with NPH). On the basis of the chronic disease of patient and with low conscious level patient didn't improve with Lumbar puncture that was done in another health care facility and decision in this case about VP shunting was based on imaging study that showed seepage of CSF from ventricles.

d. Illness that is progressively worsening over a period of time cannot be recovered immediately after a procedure that is basically done to relieve the pressure on the brain and things definitely need some time to settle along with post op care, observation and active physiotherapy. Patient on the next day of the surgery had GCS of 10/15 and was drowsy but arousable however she was taking orally. In fact, it is the protocol that the attending physician round on all admitted patients daily. The point that she was losing her senses day by day is quite disturbing as she came to us on 16 and how come on very next day the complainant has mentioned that she was losing her senses day by day. In fact, she was discharged on the request of the family on first post op day i.e. January 18, 2019.

e. Patient was discharged on request from Shifa International Hospital on January 18, 2019 and was never brought back to us even the follow up was given in the discharge summary to see the attending physician in OPD after 10 days. If she would have been brought back to us, follow up imaging must have been done and if the shunt needed repositioning or readjustment, then the concerned consultant would have definitely done that. I was very polite and never aggressive or frolicsome as complained by him. Rather I try to facilitate everyone and I have unblemished record throughout. Later on, he took the matter to Wafaqi Mohtasib (ombudsman) where his case and later review petition were rejected. Later on he submitted the appeal to President of Pakistan against the findings of Wafaqi Mohtasib which is still pending.



f. It is very difficult to comment on the perception of any other doctor who have seen the patient and there is no documentary proof that the neurosurgeon has commented that shunt is infected just by having a look at it. The point that he took the CSF sample and the verified report showed infected shunt because of excessive red blood cells in it. This is not the proof that the shunt was infected as blood in the CSF does not mean infection.

g. Based on the above-mentioned facts, there is no point of negligence in the care in fact patient was neglected at home and was brought to us with grade IV bed sore along with under lying illness. The complainant didn't give us enough time to give her the required care that she needed at that point in time and was never brought back to us and he is just twisting all the facts and blaming us for the loss of her sister's life but the truth is that we did our best to provide quality care to the patient in short span of time however we were not given the required time to execute our management plan and after just two days of care given in Shifa. There is nothing found in the case to refund the charges in fact filing of complaint is which soiled intent.

IV. REJOINDER OF THE COMPLAINANT

6. The reply received from the Respondent was forwarded to Complainant through a letter dated 18.06.2020 for his rejoinder.
7. Rejoinder dated 30.06.2020 from the Complainant was received, wherein he rejected the reply of the Respondent being false and reasserting the deliberate negligence of the Respondent in treating the patient. Whereas, the procedure was performed on the patient, the intention of the Respondent was only to gain financial benefit from the patient and the Complainant.

V. HEARING

8. The matter was fixed for hearing before the Disciplinary Committee for 12.12.2024. Notices dated 04.12.2024 were issued to the Complainant and Respondent, directing them to appear before the Disciplinary Committee on 12.12.2024.
9. On the date of hearing, the Complainant was present before the Disciplinary Committee, in person. However, the Respondent did not appear before this Committee, on the stipulated time.



10. The Disciplinary Committee notes that the Respondent, Dr. Inayat Ullah Khan has not appeared before this Committee, despite service of notice of hearing for today. It is concerning that the Respondent has not appeared before this forum and led to the long pendency of this matter.
11. In the interest of justice, the Disciplinary Committee decides to grant one opportunity to the Respondent, Dr. Inayat Ullah Khan to appear for personal hearing at the next meeting of the Disciplinary Committee. In case of failure by the Respondent or the Complainant to appear before the next meeting / hearing, the matter shall be decided ex-parte on the basis of available record. Notwithstanding, fresh notices of hearing shall be issued to the Complainant and the Respondent for hearing before the Disciplinary Committee in due course. Adjourned.

Zubair Khan

Professor Dr. Muhammad Zubair Khan
Chairman

_____ January, 2025