



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

In the matter of

Complaint No. PF.8-1923/2021-DC/PMC

Mr. Ali Zaib against Dr. Mehmood Jamal (337-P)

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

*Present:*

Mr. Ali Zaib	Complainant
Dr. Mehmood Jamal (337-P)	Respondent
Hearing dated	03.05.2024

**I. FACTUAL BACKGROUND**

1. The instant complaint was lodged by Mr. Ali Zaib (the "Complainant") against Dr. Mehmood Jamal (the "Respondent"), working at Maroof International Hospital, Islamabad (the "Hospital"). The Complainant alleged misconduct on the part of Respondent while treating his wife, Mrs. Neelum Ali (the "Patient") during her delivery at the Hospital. Brief facts per complaint, are as under:

*Mrs. Ali Zaib (the "Patient") visited the Hospital for her delivery which was done on same day (04.06.2020) through C-section and a baby boy was born. The newly born baby boy was shifted to NICU after 20 minutes of birth.*



*Complainant was informed that the baby will be handed over after six hours i.e. at 5 am in the morning but for unknown reasons the baby was kept under observation and mother was discharged on 06.06.2020.*

*There was deliberate keeping of baby by the staff at the Hospital and was not handed over on one pretext or the other. The attitude of the Respondent was absolutely harsh and that of non-cooperation, in addition to the attitude of the staff. The Respondent did not counsel the complainant or the patient and after decision to shift the baby to another hospital and some harsh talks with the administration, Complainant was asked to take the baby home. This is serious misconduct on the part of Respondent and he needs to face disciplinary action for such bad behavior.*

## II. SHOW CAUSE NOTICE ISSUED TO RESPONDENT

2. In view of the allegations leveled in the complaint; a Show Cause Notice dated 24.10.2021 was issued to the Respondent, in the following terms:

“... 3. **WHEREAS**, a Complaint has been filed by Mr. Ali Zaib (the "Complainant") before the Disciplinary Committee of the Commission (the "Complaint") which is enclosed along with its annexures and shall be read as an integral part of this Notice; and

4. **WHEREAS**, in terms of the Complaint, it has been stated that a male baby (the "patient") was successfully delivered by Complainant's wife at the Maroof International Hospital. It is alleged that you deliberately kept the new born baby for elongated stay in Neonatal Intensive Care Unit. Further, that you kept the patients uniformed of the baby's condition and misbehaved with the parents of the new-born child. ...”



## III. REPLY OF RESPONDENT

3. The Respondent submitted her response on 22.11.2022, wherein she stated, in terms that:

“... *Without prejudice to the foregoing objections regarding the legality of the SCN, para-wise reply to the contents of the SCN on merits is also furnished hereby as under in order to establish on record that no misconduct or negligence was ever intended or committed by the undersigned: -*

1. *The contents of paragraphs no.1 and 2 provide a factual background to the establishment of the Commission and the constitution of the Disciplinary Committee and their powers, which are not denied or controverted.*



2. The contents of paragraph no.3 are admitted to the extent of the filing of the Complaint, a copy whereof has been duly forwarded to the undersigned. However, for reasons enumerated herein, the contents of the Complaint are not correct insofar as they relate to the allegations against the undersigned.
3. The contents of paragraph no.4 are admitted to the extent of the delivery of the Complainant's baby at the Maroof International Hospital, F-10, Islamabad (hereinafter "the Hospital"). However, the contents relating to the Complainant's baby's elongated stay, failure to inform parents of his condition and misbehavior are also not correct for being misconceived and devoid of merit and substance. To this end, the following is submitted for the kind consideration of the Disciplinary Committee:
- a. Unfortunately, each of the Complainant's assertions are baseless and stems from an inability to comprehend the situation, as was prevalent at the time of the baby's birth. At the very outset, it is important to emphasize that the incident is from the time of the first wave of Covid-19, which was, to state the obvious, an alarming and challenging time for everyone especially hospitals and doctors. During those days, OPDS were either closed or operating on a very limited scale and contact between doctors and patients was restricted to a bare minimum to ensure everyone's safety. Needless to state, it was an emotionally drenching and taxing time for everyone, least of all doctors.
- b. Be that as it may, the Complainant has further alleged that his new-born baby was unnecessarily admitted in the Hospital's Neonatal Intensive Care Unit (hereinafter "NICU") and his stay there was elongated unnecessarily. It is important to highlight that the mother (i.e. the Complainant's wife) had a Prolonged Rupture of Membranes (PROM) for three (03) days which necessitated keeping the baby under observation in the Neonatal and sending relevant laboratory tests for the suspicion of possible infection. In the meantime, as per standard practice, the baby was given to the mother for a feeding trial, but he had low blood sugar level which required correction by intravenous glucose for correction and feeding was started under supervision. But the baby vomited thrice (at intervals) which warranted admission to the NICU for suspected/presumed sepsis which was a strong possibility where PROM exceeds sixteen (16) hours. As such, the Complainant was informed of the reasons for admission into NICU and upon his consent and payment of allied charges to the Hospital, the baby was admitted into NICU.
- c. Tied in with the preceding allegation is that the baby's stay in the NICU was elongated. This is the mere opinion/thought of the Complainant which is incorrect. While the reason for the admission into NICU has already been explained above, it is further added that the baby's stay was for the bare minimum time required to ensure his well-being and he was discharged when the mother was discharged on 6th June, 2020.



*Additionally, it is essential to state that had the baby not been admitted into NICU (which was, however, necessary), the undersigned charges would have been Rs. 5,000/- for two (02) visits to the room or Neonatal whereas his charges were Rs. 10,000/- for two (02) days cover in the NICU. This calculation in itself is sufficient to negate the allegation that a clinician of the undersigned's stature/ level would admit someone for the benefit of a mere Rs. 5,000/-.*

*d. The final allegation levelled against the undersigned is that of poor counselling and lack of communication. It has already been stated in the preceding lines that every decision related to the baby was taken in consultation and with prior information to the Complainant who, however, seemed skeptical about hospital charges etc. from the very outset. Given his anxiety, every possible assistance was rendered to the Complainant keeping in view standard protocols in general and Covid-19 guidelines enforced at the time. Best practices were adhered to by the undersigned and every reasonable effort was made to assuage the Complainant's anxieties and any fears. This was done in the best possible manner in the circumstances, without any humiliation or untoward incident as has been alleged.*

*Further, the Patient Coordination Department of the Hospital is tasked with coordination and communication of necessary facts, therefore, the role of the doctor is limited to administering the best medical care and professional communication whereas other matters are dealt with by the Hospital.*

*e. Notwithstanding the foregoing, the undersigned has always practiced medicine keeping medical care paramount. Medical care of the baby is fully recorded in the summary appended herewith which comprehensively chronologies events from the time of the baby's birth on 4th June, 2020 till his discharge on 6th June, 2020. Additionally, had the care administered to the baby been negligent / substandard (as has been erroneously alleged), the Complainant/family would not have visited the same hospital for a follow-up checkup of the baby on 13th June, 2020, when baby was doing fine.*

*4. That in response to the contents of paragraph no.5, it is submitted that for reasons explained hereinabove, the undersigned has not contravened any provisions of the law or the Code of Ethics and, therefore, no action is warranted. ...”*

#### **IV. REJOINDER OF COMPLAINANT**

4. A letter for rejoinder was sent to the Complainant on 24.11.2022 enclosing the comments received from the Respondent doctor, directing him to submit his response. The complainant, however, has not submitted any rejoinder, till date.

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#### **V. HEARING**



5. The matter was fixed again for hearing before the Disciplinary Committee on 12.12.2024. Notices dated 04.12.2024 were issued to the Complainant and Respondent doctors directing them to appear before the Disciplinary Committee on 12.12.2024.
6. On the date of hearing, the Complainant and the Respondent were present before the Disciplinary Committee, in person.
7. The Complainant was provided an opportunity to present his case, where he narrated the facts of his complaint. The complainant conveyed that he had visited the Hospital for the purpose of delivery of his pregnant wife, being the patient. His son was born at the Hospital, however, after the birth of his son, the baby boy was kept from the mother and himself i.e. both the parents of the new-born. The only reason being given was the outbreak of COVID-19 patient, but no reason was given to him about the condition of the baby boy and his wife, while the baby was kept at the Neonatal Intensive Care Unit of the Hospital. This was severely stressing to him and his wife, the mother, whereas after 2/3 days till the time my wife remained admitted at the Hospital, the baby was even not being handed over for the first-feed. After considerable delay, he tried to converse with the respondent where his attitude was extremely unethical, unprofessional and rude. Then, after such unprofessionalism, baby was handed over to him. Such behavior of the Respondent falls under the definition of misconduct and violation of medical ethics.
8. The Respondent was provided an opportunity to provide his version and he submitted before the Disciplinary Committee that the patient was a high-risk mother due to failed induced labour, PROM and umbilical cord complication. Still, after the successful birth of the baby boy, the baby was shifted to the Neonatal ICU of the Hospital. Due to the outbreak of COVID-19 and those days being the peak of the pandemic, strict policies were in place to ensure patient safety. The baby was kept at the NICU to avoid risking any infection. He met the complainant the next day, after unsuccessful attempt of latching and vomiting of the baby. Father was shown the baby through glass and situation was explained, however, the complainant was not convinced and used harsh language. He visited the patient, being the mother of the new born to explain the situation to her that baby is till vomiting and his condition is evolving so the duration of stay cannot be pre-determined. Later, patient was discharged on request and later on follow up visit, the baby was examined by the team at the Hospital and found to be fit.

## VI. FINDINGS AND CONCLUSION



9. The Disciplinary Committee has perused the relevant record, heard the submissions of the parties at length.
10. The Disciplinary Committee notes that in the instant complaint, no medical negligence regarding the delivery of the patient or the treatment of the baby born at the Hospital has been alleged or asserted by the Complainant. The instant complaint has been lodged regarding the alleged misconduct by a treating doctor who was involved in the birth and subsequent after-birth treatment of the baby at the NICU of the Hospital.
11. This Committee wishes to observe that the instant complaint revolves around the issue of miscommunication between the respondent doctor, the complainant and the patient. Regarding the baby being at the NICU, keeping a newborn in the NICU after birth is crucial when there is prolonged rupture of membranes (PROM) in the mother, as it significantly increases the risk of infection and neonatal sepsis. PROM, defined as the rupture of the amniotic sac more than 18-24 hours before delivery, can expose the baby to harmful pathogens from the birth canal. This exposure raises concerns for conditions such as neonatal sepsis, pneumonia, or meningitis, which can progress rapidly and become life-threatening if untreated. NICU care is critical in this context, providing a controlled and sterile environment that maximizes the baby's chances of recovery while minimizing potential complications.
12. During the COVID-19 pandemic, hospitals implemented strict visitation restrictions in Nursery ICUs (NICUs) to minimize the risk of infection to vulnerable newborns, parents, and healthcare staff. These restrictions were critical for maintaining a sterile and safe environment, as newborns, particularly those in the NICU, have underdeveloped immune systems and are highly susceptible to severe complications from viral infections. While limiting visitation was essential for infection control, it posed significant emotional and psychological challenges for parents. Being separated from their infants during such a critical period hindered bonding, increased parental stress, and potentially affected breastfeeding practices.
13. This Committee wishes to emphasize that effective communication by treating doctors is especially critical in the context of NICU care, particularly when addressing situations involving restricted visitation during a pandemic or the critical monitoring of a baby due to prolonged rupture of membranes. Parents are often overwhelmed with fear and anxiety and making compassionate and empathetic communication a cornerstone of their experience can



greatly reduce any confusions and bring clarity alongside mental satisfaction for the new parents. Doctors must clearly explain the medical reasons for restrictions or interventions, such as the heightened risk of infection or sepsis, while ensuring that parents understand the steps being taken to protect their baby's health. Empathy helps build trust, reassuring parents that their concerns are heard and validated, while compassion provides emotional support during an intensely vulnerable time. Better communication about the baby's condition, treatment plan, and progress should have fostered a collaborative relationship between the Complainant, the new mother and the Respondent, empowering parents to actively participate in their child's care. By balancing medical information with sensitivity and kindness, doctors can alleviate parental distress, improve satisfaction, and contribute to a positive overall experience, even in challenging circumstances.

14. Notwithstanding, in view of the statement of the parties and the available record, the Disciplinary Committee finds that the Respondent, Dr. Mehmood Jamal (337-P) was not negligent and complied with expected standards of ethics in the instant complaint. Accordingly, Dr. Mehmood Jamal (337-P) is recommended by the Disciplinary Committee to be exonerated in the instant complaint.
15. This instant Complaint is disposed of in the above terms.

**Prof. Dr. Muhammad Zubair Khan**  
**Chairman**

\_\_\_\_ January, 2025