



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

In the matter of

Complaint No. PF.8-1942/2021-DC/PMC

Mr. Zahoor Iqbal against Dr. Ishfaq Ahmed (15822-P) and others

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

Present:

Dr. Ishfaq Ahmed (15822-P)	Respondent No. 1
Dr. Bushra Ahmad (61083-P)	Respondent No. 2 (online)
Dr. Aman ul Haq (3395-B)	Respondent No. 3
Dr. Nasrin Yousaf (11809-N)	Respondent No. 4
Dr. Abdul Ahad Farooq (52558-P)	Respondent No. 5
Dr. Syed Naseem Haider (27232-P)	Respondent No. 6
Maj. Gen (R) Dr. Asif Ali Khan (472-N)	Respondent No. 7
Prof. Dr. Sajid Nazir Bhatti (3575-N)	Respondent No. 8
Hearing dated	12.12.2024

(Signature)

I. FACTUAL BACKGROUND



1. Mr. Zahoor Iqbal (the “Complainant”) filed the instant complaint on 20.05.2021 against Dr. Ishfaq Ahmad, Dr. Bushra and Dr. Nauman (hereinafter referred to as Respondent No.1, Respondent No. 2 and Respondent No. 3, respectively) working at Quaid-e-Azam International Hospital, Islamabad (the “Hospital”). Brief facts of complaint are as under:

a. *The Complainant submitted that his son (the “Patient”) was facing pain in the backbone and went to the Hospital on 14.04.2021. After investigations Respondent Dr. Ishfaq advised surgery.*

b. *The surgery was performed on 23.04.2021 and the attendants were informed that it remained successful. The Complainant alleged that after the surgery the condition of the patient did not improve and attendants were asked to arrange blood which was arranged accordingly. Later, attendants were informed that patient had been shifted to ventilator.*

c. *The complainant alleged that Respondents performed surgery of the patient negligently. Later on, the patient was shifted to PIMS, Islamabad, however, he could not recover and succumbed to his condition on 29.04.2021 at 12:45 pm.*

II. SHOW CAUSE NOTICE ISSUED TO RESPONDENT NO. 1, 2 & 3

2. In view of the complaint, a Show Cause Notice was issued to Dr. Ishfaq Ahmad, Dr. Bushra and Dr. Nauman on 06.07.2021 mentioning allegations in the following terms:

“... ”

4. **WHEREAS**, in terms of the facts mentioned in the Complaint on 14.04.2021 the Complainant’s 21 years old son Awais Zahoor (now deceased) was brought to Quaid-e-Azam International Hospital with a history of pain in the vertebrae. The patient remained admitted in hospital for 5 days under supervision of Dr. Ishfaq Ahmed, undergoing several medical tests, who later convinced family members for a surgery, which the patient’s family members agreed and paid in advance for the prescribed surgery scheduled for 22.04.2021; and

5. **WHEREAS**, in terms of the facts mentioned in the Complaint the patient was brought to hospital on 22.04.2021 at 12 pm admitted and his surgery was scheduled for 9 am the next mornings. It is alleged in the Complaint that prior to surgery the patient was in complete senses and he talked to the Complainant over phone taking several pictures and himself went to operation theatre. Dr. Ishfaq along with Dr. Bushra and Dr. Nauman conducted surgery. As per schedule, the surgery started at 09:00 am on 23.04.2021 and after 3 hours Dr. Bushra and Dr. Nauman came out of the operation theater saying the surgery was a success. However, it is alleged that an hour later Dr. Bushra informed the patient’s family members to arrange 6 bottles of blood, mentioning that the patient lost severe blood during surgery; and



6. **WHEREAS**, in terms of the facts mentioned in the Complaint it is alleged that after repeated requests for update Dr. Bushra and Dr. Nauman informed in the evening of 23.04.2021 that the patient is shifted to ventilator in ICU and due to bad condition, he needs around 40 bottles of white and red blood. It is alleged in the Complaint that the family members of the patient were not briefed by Dr. Ishfaq Ahmed, Dr. Bushra and Dr. Nauman; and
7. **WHEREAS**, in terms of the facts mentioned in the Complaint it is alleged that on 24.04.2021 at 11 am the patient was announced dead. The family members finding the patient still breathing informed one Dr. Umer, who reasoned it due to the artificial oxygen injected in the body on the ventilator, which would be released in around two hours but the patient kept breathing even after two hours; and
8. **WHEREAS**, in terms of the facts mentioned in the Complaint it is alleged that the patient was shifted to Pakistan Institute of Medical Sciences Islamabad (PIMS) on 24.04.2021, initially kept in neuro-ward for two days and later shifted to surgical-ward. Where on 28.04.2021 one Dr. Sana informed that the GCS of the patient is low, when restored then only she can operate the patient; and
9. **WHEREAS**, in terms of the facts mentioned in the Complaint a CT Angiography of the patient was performed on 28.04.2021 which revealed that several ribs were fractured, kidney was damaged and it is alleged that during such condition the surgery was carried out at Quaid-e-Azam International Hospital. It is further alleged that during surgery Dr. Ishfaq Ahmed has cut the main artery of the patient which caused the blood loss and eventually the patient expired on 29.04.2021; and ...”

III. JOINT REPLY OF RESPONDENT NO. 1, 2 & 3

3. A joint reply to Show Cause Notice was submitted on 04.08.2021 by the Respondents No. 1, 2 and 3. The name of Respondent No. 3 was mentioned by Complainant as Nauman whereas the name has been conveyed in reply as Dr. Aman ul Haq by the Hospital. It has been contended therein that:
 - a. Patient was first admitted in (Quid-e-Azam International Hospital) QIH through emergency department on 14.04.2021 because of severe back pain which was radiating to ribs and abdomen along with inability to walk. He was being treated in CMH, Rawalpindi for tuberculosis of D12/L1 vertebrae for the last five months and had undergone CT guided biopsy of the lesion. CT scans, MRI and lab reports revealed extensive caries spine at lower dorsal and upper lumbar vertebrae, Pott's disease (caries), psoas abscess, mild anemia and signs of infection.



- b. Patient's disease was discussed in detail with his family & remained in hospital for 5 days, where his pain improved and was discharged on 19.04.2021 in stable condition. Patient's uncle was in touch with neurosurgical team and insisted for early surgical intervention and patient was admitted again on 22.04.2021 for surgery. Details of the surgical procedure were discussed at length & consent was taken for procedure.
- c. During the operation, unexpected high pressure torrential hemorrhage was encountered when left psoas muscle was incised. It was controlled immediately with packs and pressure. Cardiac & consultant vascular surgeons were called urgently, who took over the case. The team stitched the psoas incision and secured the bleeding. Patient went into hypovolemic shock and was revived by anesthesia team with fluids and blood transfusions.
- d. Respondent No. 2 informed patient's uncle about this unexpected event and involvement of vascular and cardiac surgeons. Patient was shifted to ICU where he developed coagulopathy due to massive blood transfused. Neurosurgical team made personal efforts to arrange blood, platelet concentrates and FFP and patient was looked after by necessary doctors and staff on round the clock basis for 2 days where he was stable but his EEG showed mild slowing of brain activity which was expected to improve in due course of time.
- e. On 24.04.2021, attendants requested the staff to shift the patient to ward due to financial constraints they also decided to shift him to public sector hospital. Family asked for withdrawal of all types of support and signed DNR. Later, the LAMA form was signed and patient shifted to PIMS.
- f. Patient had developed a very rare complication of caries spine associated with vertebral tuberculosis which is a rare disease with very high mortality. Utmost care was provided to the patient by the medical and nursing staff during his stay in QIH. Outcome of the case would have been totally different if they had opted to stay in QIH.

IV. SHOW CAUSE NOTICE ISSUED TO DR. NASRIN YOUSAF, RESPONDENT NO. 4

4. In view of the directions of the Disciplinary Committee dated 03.06.2022, a Show Cause Notice dated 02.12.2022 was issued to the Dr. Nasreen Yousaf, in the following terms:

“... ”

3. **WHEREAS**, a Complaint has been filed by Mr. Zahoor Iqbal (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 Mr. Awais Zahoor (the "Patient", since deceased) was operated at the Hospital for caries spine at lower dorsal and upper



lumbar vertebrae, Pott's disease and psoas abscess. Patient's MRI Scan was conducted at the Hospital and the report is signed by you. Per the primary Consultant, high pressure torrential haemorrhage was encountered during surgery, which was not shown in the MRI test report, issued by you, which caused severe complications and led to death of the patient; and ...”

V. REPLY OF RESPONDENT NO. 4

5. The Respondent submitted his response on 23.12.2022, wherein she stated as under:

a. *“... Patient Awaiz 21 years old presented to MRI department as diagnosed and treated case of tuberculous spondylitis. Plain MRI was suggested and was performed on 14-04-2021, On plain study with in limitation of the images there was partial destruction of T11. T12 and L1 with involvement of IV-disc spaces and bilateral paravertebral lesions, on left side extending upto L5 level. MRI signals were suggestive of desiccated phlegmonous psoas collections. Contrast study was not advised by the clinician. The same findings were also reported on CT scan performed same day.*

b. *Patient was discharged from hospital in stable state on 19-04-2021 but presented with severe pain on 22-04-2021 again and was operated on 23-04-2021. do not know about any repeat MRI scan and its findings at that time and any possible changes in disease process which is quite possible during this span of 9 days. Neither was called to any MDT.*

c. *In the scan at that time there was no such finding that may lead to torrential bleeding during surgery, though there may be a number of surgical complications leading to torrential bleeding. The same Patient had undergone drainage procedure for left psoas region collection a couple of days ago at Armed Forces Institute of Radiology and Intervention (AFIRI) and 250ml of fluid drained through pig tail catheter which was left in situ. Previous MRI reported by a well reputed senior professor and consultant radiologist (AFIRI) also had almost same findings of psoas abscess with some changes of dimensions.*

d. *For my own satisfaction and considering this as my professional and ethical responsibility I got this MRI reviewed and reported from the country's well reputed institute Shoukat Khanum Memorial Cancer hospital and research Centre and the findings are consistent with my report as well as previous reports. Copy attached as annex D. Office of the Disciplinary Committee.*

e. *MRI was also reviewed by another consultant radiologist, who also mentioned the same findings.*

f. *I express my deepest sympathy to the family of the patient for the unfortunate loss. feel confident that whatever limited clinical information and radiological evidence had at the time of reporting was to the best of my knowledge and intentions and was consistent with the reports of 3*



other senior Radiologists at 3 different hospitals. As far as treatment part of the patient is concerned, the details of the surgery performed, any unanticipated new findings and unintended complications encountered, the surgical team can better explain this. The exact cause of death can only be established on histopathology and autopsy.”

VI. SHOW CAUSE NOTICE ISSUED TO DR. ABDUL AHAD FAROOQ, RESPONDENT NO. 5

6. In view of the directions of the Disciplinary Committee dated 03.06.2022, a Show Cause Notice dated 02.12.2022 was issued to the Dr. Abdul Ahad Farooq, in the following terms:

“... ”

3. **WHEREAS**, a Complaint has been filed by Mr. Zahoor Iqbal (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 Mr. Awais Zahoor (the "Patient", since deceased) was operated at the Hospital for caries spine at lower dorsal and upper lumbar vertebrae, Pott's disease and psoas abscess. Patient's CT Scan was conducted at the Hospital and the report is signed by you. Per the primary Consultant, high pressure torrential haemorrhage was encountered during surgery, which was not shown in the CT scan test report, issued by you, which caused severe complications and led to death of the patient; and ...”

VII. REPLY OF RESPONDENT NO. 5

7. The Respondent submitted his response on 26.12.2022, wherein he stated as under: -

a. “I have been working as an assistant consultant radiologist on the evening shift at Quaid-e-Azam International Hospital (QIH) for over five years. I am also on the faculty at Rawalpindi Medical University, and involved in undergraduate and postgraduate radiology education. I express my deepest compassion for the patient's family members, realizing that nothing can bring their loved one back. I also value the QIH team's humane consideration for Mr. Awais Zahoor, who was a high-risk patient, which is why other hospitals were unwilling to accept his case. I am an advocate of professionalism and ethics-based medical practice. Therefore, I will restrict myself to the subject without assigning any blame.

b. I reported a non-contrast enhanced CT (NCE CT) of the lumbar spine of Mr. Awais Zahoor (QIH MR No. 320895). He had a known history of "spine osteomyelitis." I noticed 7.1 x 4.8 cm (tr x ap) pre- and paravertebral collection/ abscess. It was tracking inferiorly along bilateral



psoas muscles, more on the left side, measuring 19.4 cm in cranio-caudal dimension. There were erosions/destruction involving the anterior parts of the T11, T12 and L1 vertebral bodies. Sclerosis was present in the T12 and L1 vertebral bodies. There was loss of intervening disc space and anterior angulation at this level, giving the appearance of the Gibbus deformity. I communicated a "Stat Impression" that the CT features were suggestive of Pott's disease involving T11, T12, and L1 vertebral bodies with large pre/paravertebral and psoas abscesses. I declared that it was not a "Final Diagnosis". Because my opinion was solely based on the CT imaging findings and clinical information available at that time. However, I suggested optimizing the information and interpreting the CT findings with reference to other diagnostic procedures and the clinical findings. I also recommended that the referrer could discuss any feedback or questions about the correlation of findings for the purpose of any decision-making.

c. *At QIH, the patient received some conservative management and was discharged. He was re-admitted on 22.04.2021, after a gap of seven days after CT imaging (Ehibit#2). Retrospectively, it was found that the patient had been bedridden for quite some time due to tuberculous spondylodiscitis involving T11, T12, and L1 vertebral levels. He had undergone a number of diagnostic tests and medical and interventional treatments (Exhibits #3,4). His paravertebral psoas abscesses got complex and organized with time. However, no one declared any vascular involvement or haemorrhagic complication in the previous notes. Because no appropriate contrast-enhanced imaging study was performed, it remained uncertain whether the patient antecedently had an associated haemorrhagic complication, if any, or not.*

d. *Paravertebral psoas abscess is a complication of tuberculous spondylodiscitis (1). However, a haemorrhagic complication due to any adjacent vascular involvement from caries spine psoas abscess is extremely rare (2). The CT scan reported was a non-contrast-enhanced study, which cannot characterize any vascular lesions. Assume there was haemorrhagic complication, but discerning between a complex and partially organized abscess and a complex and partially thrombosed haemorrhagic collection is impossible because of near-isodense attenuation in a NCE CT. Therefore, evaluation of infective spondylodiscitis requires a contrast-enhanced imaging technique, and an MRI scan has priority over a CT scan (2,3). Evidence-based practice also suggests that a multidisciplinary meeting (MDM) would be helpful before making a decision for a critical surgical intervention in high-risk cases (4).*

e. *By the grace of Allah Almighty, throughout my career, I had never faced any medicolegal or professional negligence charges. I am confident that did everything possible that is tenable under the circumstances. I expect adept appreciation of all the aforementioned facts from the learned disciplinary committee."*



VIII. SHOW CAUSE NOTICE ISSUED TO DR. NASEEM HAIDER, RESPONDENT NO. 6

8. In view of the directions of the Disciplinary Committee dated 03.06.2022, a Show Cause Notice dated 02.12.2022 was issued to the Dr. Syed Naseem Haider, in the following terms:

“ ...

3. *WHEREAS, a Complaint has been filed by Mr. Zahoor Iqbal (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 Mr. Awais Zahoor (the "Patient", since deceased) was operated at the Hospital for caries spine at lower dorsal and upper lumbar vertebrae, Pott's disease and psoas abscess. During surgery of the patient, high pressure torrential haemorrhage was encountered and you along with other doctors got involved in the surgery of the patient. The findings of the Angiography, show serious damage to aorta and active bleed, and due to your alleged negligence, leading to the death of patient; and ...”*

IX. REPLY OF RESPONDENT NO. 6

9. The Respondent submitted his response on 29.12.2022, wherein he stated as under:

- a. *“... On 21st April at about 1100 hours I received emergency call from the operating theatre QIH. I reached in OT -5 urgently where my neurosurgical colleague Dr. Ishfaq was busy operating this case. Reportedly this was a case of caries spine D11, D12, L1, L2 with bilateral psoas abscesses. was informed that there was gush of blood on opening left psoas which was being controlled by packing.*
- b. *I scrubbed immediately and took over the case. The patient was in right lateral position with left side up. I tried to get the proximal control of aorta but it was very difficult to control so I packed the wound again. As it was involving the suprarenal part of the aorta, proximal aortic control in this position was not possible so I decided to call cardiothoracic surgeon Maj. Gen. Asif Ali Khan (R) in order to control the aorta in thoracic region. He responded quickly and made another incision through the 7th rib for better visualization and control of thoracic aorta. Haemorrhage was controlled effectively and psoas rent and tear in the aorta was repaired. The wound was closed and patient shifted to CT ICU for further management. We planned CT angiography once patient become hemodynamically stable and to perform required surgical procedure accordingly.”*



X. SHOW CAUSE NOTICE ISSUED TO DR. ASIF ALI KHAN, RESPONDENT NO. 7

10. In view of the directions of the Disciplinary Committee dated 03.06.2022, a Show Cause Notice dated 02.12.2022 was issued to the Maj. Gen(R) Dr. Asif Ali Khan, in the following terms:

“... ”

3. **WHEREAS**, a Complaint has been filed by Mr. Zaboor Iqbal (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 Mr. Awais Zaboor (the "Patient", since deceased) was operated at the Hospital for caries spine at lower dorsal and upper lumbar vertebrae, Pott's disease and psoas abscess. During surgery of the patient, high pressure torrential haemorrhage was encountered and you along with other doctors got involved in the surgery of the patient. The findings of the Angiography, show serious damage to aorta and active bleed, and due to your alleged negligence, leading to the death of patient; and ...”

XI. REPLY OF RESPONDENT NO. 7

11. The Respondent submitted his response on 14.12.2022, wherein he stated as under:

- a. “Prof. Brig. Ashfaq Ahmad Neurosurgeon was operating on Mr. Awais on 23-4-2022 in Q.I.H for Psoas abscess. During procedure there was sudden gush of blood from thoracic aorta. He put surgical pack in wound to stop bleeding. Meanwhile he asked for help from vascular surgeon Dr. Naseem Haider who put fresh packs at bleeding site and asked for my help.
- b. When I reached OT. Patient was in hypovolemic shock, BP was 40/50 mmHg, exposure and visibility was poor from old incision so I have to make another incision for proper exposure and visibility from 7th space resecting 7th Rib.
- c. After proper exposure, I found a big tear in thoracic aorta. After about one hour complete repair of tear aorta was done with pledgeted sutures. However, during this procedure the pressure was low.
- d. After satisfactory haemostasis, Patient was closed and he was shifted to CT-ICU with normal BP. We were expecting some brain damage due to hypovolemic shock. Later on patient shifted to PIMS.
- e. The cause of death perhaps was profound haemorrhage due to tear in thoracic aorta as abscess was communicating with aorta.”



XII. SHOW CAUSE NOTICE ISSUED TO DR. SAJID NAZIR BHATTI, RESPONDENT NO. 8

12. In view of the directions of the Disciplinary Committee dated 03.06.2022, a Show Cause Notice dated 02.12.2022 was issued to the Respondent No. 8, in the following terms:

“... ”

3. **WHEREAS**, a Complaint has been filed by Mr. Zahoor Iqbal (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 Mr. Awais Zahoor (the "Patient", since deceased) was admitted by you, in Neurosurgery Department of Pakistan Institute of Medical Sciences, Islamabad (the "Hospital") upon transfer from Quid-e-Azam International Hospital, Islamabad. It is alleged that you negligently kept the patient for two days in the Neurosurgery ward and then shifted him to Surgical ward. Further, that you received and admitted the patient, when there was no cardiovascular surgeon available, which led to the death of the patient; and
5. **Now therefore**, you are hereby served such Notice, explaining as to why the penalty shall not be imposed on you under the Pakistan Medical Commission Act, 2020. You are directed to submit your response along with complete medical record within the period of thirty (30) days. You are further directed to submit a copy of your registration. ...”

XIII. REPLY OF RESPONDENT NO. 8

13. The Respondent No. 8 submitted his response on 26.12.2022, wherein he stated as under:

- a. *“It is stated that the patient Mr. Awais Zahoor was shifted to Neurosurgical ICU on the request of Quaid e Azam Hospital’s Neurosurgeons and it was told that they can not afford private treatment anymore. To held the patient and to honor a colleague the patient was shifted on the presumption that he needs only intensive care.*
- b. *On arrival when patient was examined and detailed history was taken, it was decided since he has vascular problem therefore vascular surgeon should be consulted.*
- c. *It should be keep in mind that condition of patient was very critical and ICU was the best place for him. Call was written to concerned department and after proper arrangements for the patient he was shifted the next day to the vascular surgeon. It is therefore stated that no negligence on our part was committed and he was continuously under intensive care treatment, and he needed a vascular*



surgeon not a cardiovascular surgeon. It is also a known fact that PIMS has vascular surgeon and of course a complete cardiovascular department as well.

It is therefore requested that our stance should be analyzed on sympathetic and professional basis, we were there only to help and facilitate the patient...”

XIV. REJOINDER OF COMPLAINT

14. Joint reply of the Respondents was forwarded to the Complainant through a letter dated 27.08.2021 for his rejoinder. The Complainant did not submit his rejoinder.

XV. IMMEDIATE PAST HEARING

15. The matter was fixed for hearing before the Disciplinary Committee of erstwhile PMC on 03.06.2022, wherein following directions were issued: -

a. *“.....The Committee has noted that the surgery of patient was taken over by the Cardiac & Consultant Vascular Surgeons and the Findings of Angiography shows serious damage to aorta and active bleed among other findings, therefore, the matter needs to be assessed encompassing the treatment and management of patient by Cardiac & Consultant Vascular Surgeon, therefore, the Committee directs to issue show cause notices to Dr. Naseem Haider (the “Respondent No. 6”) and other relevant Cardiac & Consultant Vascular Surgeon involved in this surgery. Further, Quaid e Azam Hospital is directed to provide the complete medical record and notes of all the doctors involved in the treatment and surgery of the patient.*

b. *Further, the Disciplinary Committee discerns that the CT scan and MRI tests of the patient were conducted in the laboratory of the Quaid-e-Azam International Hospital, Islamabad. The Respondent No.1 made statement during the hearing that he was the primary Consultant for the patient and the discharged encountered during operation of the patient was not shown in the CT scan and MRI tests. Accordingly, the Disciplinary Committee directs that Show Cause Notices be issued to Dr. Abdul Abad (the “Respondent No. 5”), being signatory to the CT scan report and Dr. Nasreen Yousaf (the “Respondent No. 4”), being signatory to the MRI report at the Quaid-e-Azam International Hospital, Islamabad.*

c. *The Disciplinary Committee observes that the PIMS Hospital, Islamabad, after transfer from the Quaid e Azam International Hospital, Islamabad, initially kept the patient in Neuro Ward for two days and later shifted him to the surgical-ward. It is surprising to note that PIMS received a patient when there is no cardiovascular surgeon available at the hospital at that time. Further, a resident doctor admitted the patient and took the history from attendant to further treat a patient who is in critical*



condition. The Committee directs the Executive Director, PIMS Hospital, Islamabad to provide with the entire record and detail of doctors involved in the management of patient from the date of admission of the patient till his expiry at PIMS Hospital, Islamabad.

XVI. PRESENT HEARING

16. The matter was fixed for hearing before the Disciplinary Committee for 12.12.2024. Notices dated 04.12.2024 were issued to the Complainant, Mr. Zahoor Iqbal and all the Respondents, directing them to appear before the Disciplinary Committee on 12.12.2024.
17. On the date of hearing, all the Respondent doctors from Quaid-e-Azam International Hospital and from PIMS Hospital, Islamabad were present. However, the Complainant, Mr. Zahoor Iqbal did not appear.
18. The Disciplinary Committee notes that the Complainant did not present himself today before the Disciplinary Committee, despite service of notice of hearing.

XVII. FINDINGS AND CONCLUSION

19. The Disciplinary Committee has gone through the entire record of the instant complaint. It is concerning to note that the Complainant, Mr. Zahoor Iqbal has not appeared before this Committee, despite the service of written notice of hearing and telephonic intimation.
20. The Committee wishes to highlight here that pursuit of a complaint by a complainant at a national medical forum i.e. the Disciplinary Committee of the Pakistan Medical and Dental Council (PM&DC) is a critical step in ensuring accountability and justice in the healthcare system. By actively engaging with the forum, the complainant enables the transparent examination of alleged professional misconduct or malpractice.
21. In the instant complaint, the Complainant has failed to avail opportunity to represent his case, and has remained absent during a scheduled hearing, while not providing any information at all. Such absences hinder the progress of the inquiry and demonstrate a lack of interest or commitment to the resolution of the grievance. The forum, in exercising its mandate, must allocate its limited resources effectively, and complaints that are not actively pursued cannot justify continued attention. Hence, it will be relevant to observe here that non-prosecution



causes procedural inefficiency and adds delays in addressing other cases that require adjudication.

22. Be that as it may, the previous order of the Disciplinary Committee was also duly conveyed in writing to the present Complainant observing his absence at that hearing of his complaint. Further, he was informed at the hearing about the possibility of ex-parte decision in case he becomes absent from pursuing his complaint, at a later stage.
23. Notwithstanding, it is pertinent to rectify the incorrect notion put forward by the Respondents that the cognizance of the issue was taken up by the IHRA Islamabad, being the relevant forum. It has been clarified numerous times before by this Committee and yet again being done so, that section 44 of the Pakistan Medical and Dental Council Act 2023 mandates the statutory jurisdiction of this Committee, that:

“... 44(4) The claim of professional negligence shall initially be established before the disciplinary committee of the Council before any other proceedings. ...” (emphasis added)

Hence, the claim or allegation of medical negligence or misconduct has to be initially brought before this Disciplinary Committee, before any other forum, as per the above Act of Parliament.

24. In view of foregoing, the Disciplinary Committee is of the unanimous view that the instant complaint be dismissed for non-prosecution by the Complainant. Accordingly, the proceedings against Dr. Ishfaq Ahmed (15822-P), Dr. Bushra Ahmad (61083-P), Dr. Aman ul Haq (3395-B), Dr. Nasrin Yousaf (11809-N), Dr. Abdul Ahad Farooq (52558-P), Dr. Umar, Dr. Syed Naseem Haider (27232-P), Maj. Gen (R) Dr. Asif Ali Khan (472-N), Prof. Dr. Sajid Nazir Bhatti (3575-N), are closed.

25. The instant complaint is therefore, disposed of.



Prof. Dr. Muhammad Zubair Khan
Chairman

____ January, 2025