



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

In the matter of

Complaint No. PF.8-2166/2022-DC/PMC

Mr. Khurram Shehzad against Dr. Ayesha Arshad (61128-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:

Dr. Ayesha Arshad (61128-P)	Respondent
Hearing dated	12.12.2024

I. FACTUAL BACKGROUND

1. The instant complaint was lodged by Mr. Khurram Shehzad (the “Complainant”) against Dr. Ayesha Arshad (the “Respondent”), working at PAF Hospital, Islamabad (the “Hospital”). The Complainant alleged negligence and mistreatment on the part of Respondent while treating his sister, Ms. Fatima Andrabi (the “Patient”, since deceased) for dialysis. Brief facts per complaint, are as under:

The Complainant states that her sister, Ms. Fatima Andrabi (the “Patient”, since deceased) was consulting the Respondent for dialysis. After dialysis on 07.09.2022 the patient had blood vomits and was brought back to the Hospital and admitted in ICU per the Respondent.



Respondent prescribed medications which were administered to the patient, despite this, the patient felt severe anxiety and dizziness. The patient was ultimately pronounced dead on morning of 08.09.2022. Complainant alleges that the Respondent negligently treated the patient and never realized serious conditions of the patient including bleeding stool and not attending the patient even on request of the patient's attendants, due to serious carelessness.

II. SHOW CAUSE NOTICE ISSUED TO RESPONDENT

2. In view of the allegations leveled in the complaint; a Show Cause Notice dated 15.11.2022 was issued to the Respondent, in the following terms:

"...3. WHEREAS, Complaint has been filed, through Counsel, by Mr. Syed Sallah Uddin (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 Miss. Fatima Andarabi (the "Patient", since deceased) was your routine patient of dialysis and blood transfusion. It is alleged by the Complainant that you administered the dialysis of patient, after which the condition of the patient deteriorated and she had 3 blood vomits. Further, that you admitted the patient in ICU, however, you negligently treated the patient and due to your carelessness and mal-practice, the patient expired; and ..."

III. REPLY OF RESPONDENT

3. The Respondent submitted her response on 14.12.2022, wherein she stated, in terms that she was not the primary treating doctor of the patient and further that:

"...Miss Fatima Andarabi (deceased) was a Diabetic, chronic hypertensive patient for many years and chronic kidney disease Stage V since 2020. She visited the Nephrology OPD in the beginning of March 2022 with Uremic complaints but was not willing for dialysis despite the medical advice of the experts, and was kept on medical management. After intensive counselling, she finally agreed for hemodialysis and tunneled hemodialysis catheter was passed on 12 May 2022 and hemodialysis was initiated. She was advised hemodialysis sessions thrice a week but she never complied with the medical advice, had frequent unplanned/unscheduled visits to hemodialysis unit with volume overload.



1. That the patient was admitted on 21st June 2022 under services of Mr. Brig. Manzar Zakaria (Medical Specialist) with high blood pressure and volume overload and discharged next day after hemodialysis.

2. That the patient was again admitted on 29th June 2022 under the services of Mr. Brig. Manzar Zakaria (Medical Specialist) with volume overload in Medical ICU because she had missed her scheduled dialysis session which is why emergency hemodialysis for her was conducted. Later, she was again admitted on 21st July 2022 under the respondent (Dr. Ayesha Arshad) with severe shortness of breath, HB 5.2g/dl and hematemesis where 02 packed RCC were transfused during dialysis. She underwent UGI Endoscopy conducted by Mr. Dr. Arsalan Shahzad (Gastroenterologist) and was found to have multiple bleeding ulcers, largest of 2cm. She was advised monitoring in MICU-1, but against medical advice she insisted to be shifted to a private room, and then sought discharge against medical advice the very next day.

3. That she had also irregular heavy menstrual bleeding being managed by her close relative who was gynecologist Dr. Bushra Farooq as disclosed by the patient. She was counselled for AV Fistula as hemodialysis access, but was not willing despite repeated counselling. Her frequent non-compliance with scheduled dialysis sessions and other medical advices led to development of ascites. Mr. Dr. Arsalan was consulted therefore. Patient and her attendants (mostly her husband and daughter) were advised to follow up with gastroenterologist as her hemoglobin was not building up with erythropoietin (administered at home) and iron replacement, thus needed blood transfusions. She had enlarged liver and gross ascites and was advised Ascitic therapeutic tap by Mr. Dr. Arsalan. She was counseled that Ascitic tap should not be done on hemodialysis day because of hemodynamic instability risk, but, as usual, against the medical advice due to her persistent requests and her attendant's request Dr. Arsalan was allowed to do Ascitic tap in hemodialysis unit.

X 4. That on 7th Sep 2022, the patient came for her routine hemodialysis session. She underwent 4hr40min extended Hemodialysis session (for ultrafiltration) along with 02 packed RCC transfusion (Hb 7g/dl on 31.8.2022). Her hemodialysis went uneventful and she with her attendants were quite satisfied, leaving at 06:00 PM.

5. Although Nephrology consult was not advised by the primary physician but being respectful to the Dr. Brig. Farooq Dar (senior colleague) the Respondent gave her opinion when the resident consulted on phone for adjusting her blood pressure medications by the resident medicine. The Respondent advised strict hourly vital monitoring and to hold her antihypertensives for now and packed RCC to be transfused during hemodialysis only.



The Respondent was contacted again telephonically around 11:30 PM by Madam Dr. Afrab that the patient's Hemoglobin is 7.9 g/dl and Platelets 291k, Sodium 134mmol/L, Potassium 6.1mmol/L. She was advised follow up on rest of pending labs (coagulation studies). As the patient was already dialyzed few hours ago her potassium of 6.1 did not make sense and medical management for hyperkalemia, Injection Lasix 100mg IV stat, Injection Calcium Gluconate 10ml IV over 5 minutes and Insulin 10 units in 100ml of 25% Dextrose over half hour. Salbutamol nebulization held because of tachycardia. The Respondent advised to hold transfusion as HB was 7.9 g/dl, and patient was hemodynamically stable.

6. That the Labs were discussed with Mr. Dr. Arsalan Shahzad by resident medicine and he planned NPO at 04:00 AM for endoscopy and no need for blood transfusion. The patient was advised NG tube by Mr. Dr. Arsalan Shahzad. After admission she was counseled multiple times by the MICU team for NG Tube and Foleys. The patient categorically refused NGT despite repeated requests by MICU team even it was very eloquently explained to the patient that the refusal might entail hazardous risks and complications.

Around 12:30 AM, the patient's blood sugars were checked and found Hi (by Glucometer). The patient communicated apologetically that she is not taking insulin for many days. She was instantly administered insulin regular by Madam Dr. Afrab (25% dextrose as treatment of hyperkalemia was held).

Around 01:23 AM, the Respondent was again contacted by Madam Dr. Afrab and was informed that the patient's sugars are persistently Hi (by Glucometer). The Respondent instructed that the patient's case may better be discussed with her primary consultant Mr. Dr. Brig. Manzar Zakaria. The Respondent, to cope with emergency situation, further advised insulin infusion at 03 units/hr, which might be increased as per her primary consultant for it can be a hyperglycemic emergency.

7. That according to the hospital record, the patient remained vitally stable with no episode of Hematemesis/hematochezia during night and around 04:00 AM had one episode of melena only. Around 07:15 AM, the patient code blue was announced and Mr. Dr. Brig. Manzar Zakaria was duly informed. Around 08:45 AM, the Respondent removed the tunneled dialysis catheter of the patient despite one of the attendants (Mrs. Dr. Brig. Farooq Dar) undue displacement of emotions and rude behavior. ...”

IV. REJOINDER OF COMPLAINANT

4. A letter for rejoinder was sent to the Complainant on 29.12.2022 enclosing the comments received from the Respondent doctor, directing him to submit his response. The complainant



submitted his rejoinder on 12.01.2023, denying the response of the Respondent doctor and re-emphasizing the negligence of the patient while treating the patient, with complete disregard of the seriousness of the patient's condition, which led to the unfortunate death of the patient.

V. HEARING

5. 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 the Respondent doctor directing them to appear before the Disciplinary Committee on 12.12.2024.
6. On the date of hearing, the Respondent was present before the Disciplinary Committee, in person. However, the Complainant did not appear before this Committee.
7. The Disciplinary Committee notes that the Complainant has not appeared today, despite service of notice of hearing. However, in the interest of justice, the Disciplinary Committee recommends to provide another opportunity to the Complainant to appear and if he fails to show up in the next meeting, the instant complaint shall be decided ex-parte on the basis of available record. Fresh Notices of appearance shall be issued to the Complainant and the Respondent to appear before the Disciplinary Committee in its next meeting.
8. The case is adjourned in the above terms.

Professor Dr. Muhammad Zubair Khan
Chairman

_____ January, 2025