



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

In the matter of

Complaint No. PF.8-2178/2022-DC/PMC

Mr. Irfan Wali against Dr. Noureen Abbasi (63123-S), Dr. Maria Khalid (64410-P), Dr. Almas  
Khan (3454-AJK)

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

*Present:*

Dr. Noureen Abbasi (63123-S)	Respondent No. 1
Dr. Maria Khalid (64410-P)	Respondent No. 2
Hearing dated	12.12.2024

**I. FACTUAL BACKGROUND**

1. The instant complaint was lodged by Mr. Irfan Wali (the “Complainant”) against Dr. Noureen Abbasi (the “Respondent No. 1”), Dr. Maria Khalid (the “Respondent No. 2”) and Dr. Almas Khan (the “Respondent No. 3”) working at Agha Khan Medical Centre, Gilgit Baltistan (the “Hospital”). The Complainant alleged negligence and mistreatment on the part of Respondents while treating her wife, Mrs. Tayyiba (the “Patient”) for contraceptive treatment. Brief facts per complaint, are as under:

*The Complainant alleges that his wife Ms. Tayyiba (the “Patient”) visited the Hospital for treatment of installation of Intra Uterine Contraceptive Device (the “IUCD”). Patient was admitted at*



Hospital and referred to Respondent No. 1. The procedure was carried out and patient was informed that procedure is successful.

Post-procedure, patient complained of severe pain and upon consultation with another doctor, wrong insertion of IUCD was revealed causing pain and blockage of urinary system of patient. Later, patient was again operated by Respondents No. 2 and Respondent No. 3, being a case of malpractice.

Complainant alleged that the Respondents were neither trained nor eligible to conduct the procedure.

## II. SHOW CAUSE NOTICE ISSUED TO RESPONDENT NO. 1

2. In view of the allegations leveled in the complaint; a Show Cause Notice dated 15.11.2022 was issued to the Respondent No. 1, in the following terms:

*"...3. WHEREAS, Complaint has been filed by Mr. Irfan Wali (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 alleged that you negligently conducted IUCD (Intra Uterine Contraceptive Device) insertion on Ms. Tayyiba (the "Patient"). Consequent thereto, the patient suffered severe pain and underwent a second surgery owed to the inaccurate/mis-located IUCD insertion which had caused blockage of urinary system. As per your gross negligence, the patient suffers from psychological trauma and panic attacks. ..."*

## III. REPLY OF RESPONDENT NO. 1

3. The Respondent submitted her response on 22.12.2022, wherein she stated, in terms that:

*"...1. The wife of complainant namely Touiba Irfan OPD MR # 243341 and In patient MR # 131-17-39-68 appeared before me as an outpatient on dated 29th of September 2022, for insertion of IUCD after completing 6 weeks of delivery period. Moreover, she was a breastfeeding mother. I had discussed with her all- other options of contraception and discussed with her pros and cons of all methods; however, patient strongly refused for other option like implants and requested to insert IUCD which suits her, and she has had used IUCD many times earlier also by other midwives locally. Patient further requested that her husband is non cooperative to other methods of contraception except IUCD. She was very anxious and seemed scared from her husband.*



2. After taking informed verbal consent from my respected patient Touiba Irfan, I performed bi-manual examination, I assessed size, shape, mobility and position of the uterus. There was complete involution of the uterus and it was anteverted 8cm size, no active discharge or foul smelling at the time of examination. I placed the IUCD successfully in her OPD, after placing inside threads were visible and hanging long out the vaginal orifice (introitus) and I cut the threads in mid vagina. There was no immediate bleeding, nor any pain experienced by the patient. The patient was in little discomfort which while insertion of IUCD procedure and speculum insertion or holding cervix is adopted as normal. Ultrasound pre procedure, intra or post procedure is not usually required as per FSRH guideline 2022.

3. After the procedure patient stood up from the examination couch, with that I had advised her for checking her threads after every menstruation, any new onset of pain, bleeding, vaginal discharge, expulsion, missed periods come back to hospital immediately and suggested follow up. I also shared my personal contact number with the patient that she should contact me, which I always share with every patient. Patient left from my OPD clinic satisfactorily.

4. If perforation had occurred during procedure and the IUCD was taken up in the abdomen and it moved far away in cul de sac, at the time procedure then threads of the IUCD would have taken up immediately with bleeding

5. After completing 24 hours at home and not contacting with me again, patient Tayyaba had approached hospital in afternoon on 30/9/2022 as informed to me by hospital authorities.

6. I tendered my resignation on 29/9/2022 and it was accepted on the same day. therefore, I was withheld to perform on call duties, in patient rounds, surgeries or even OPD clinic. As per policy I could not register patients under my care further.

7. In my view, it is common in multiparous women due to natural patency of cervical os IUCD fallen out as threads were hanging outside the introitus rather than doing perforation. THE EVIDENCE: The overall risk of IUC expulsion is approximately 1 in 20 and expulsion appears to be most common in the first year of use; particularly within 3 months after insertion. (FSRH Pg 90 2022) guideline. The rate of uterine perforation associated with IUC use is very low, with an overall risk of perforation in the general population of 1-2 in 1000. (FSRH pg 91 2022) guideline.

8. As per ward record IUCD insertion caused perforation and was recovered from pouch of Douglas; however, as per Ultrasound report received by me directly from ward showed IUCD was inside the rectum. The photocopy of X-ray AP view has been sent to me without reporting which is not readable.

9. In my view, her IUCD has fallen out in 24 hours after insertion and she has approached some local doctor or midwife outside hospital for re insertion of IUCD which caused perforation and the



*IUCD device was inserted in wrong place that is rectum as per ultrasound report (copy attached). When she developed pain, she has rushed to hospital where her X-ray and Ultrasound was done, and further care was given.*

*I am a licensed practitioner under PMC with approved post graduate qualification. Insertion of IUCD at least in rectum cannot be done by me because I placed IUCD in uterus not in rectum. ...”*

#### IV. SHOW CAUSE NOTICE ISSUED TO RESPONDENT NO. 2

4. In view of the allegations leveled in the complaint; a Show Cause Notice dated 15.11.2022 was issued to the Respondent No. 2, in the following terms:

*“...3. WHEREAS, Complaint has been filed by Mr. Irfan Wali (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 alleged that you negligently treated Ms. Tayyiba (the "Patient") a patient of IUCD (Intra Uterine Contraceptive Device). Consequent thereto, the patient suffered severe pain and faced blockage of urinary system. As per your gross negligence, the patient suffers from psychological trauma and panic attacks. ...”*

#### V. REPLY OF RESPONDENT NO. 2

5. The Respondent No. 2 submitted her response on 07.12.2022, wherein she stated, in terms that:

*“...1. Dr. Maria Khalid fellow CPSP, am working as Consultant Obstetrics and Gynecology in Agha Khan Medical centre since August 2020 under PMC reg. No 64410-P.*

*I received the Patient Mrs Touiba Irfan MR no 131-17-39-68 on 30-09-22 in Emergency at 3 pm as I was duty Doctor on call. Patient came with complaint of severe lower abdominal pain more on right side and unable to pass stool since yesterday. Her IUCD (intrauterine contraceptive device) was placed in OPD on 29-09-22 by Dr Noureen Abbasi. On pelvic scan and X ray erect abdomen it was diagnosed that IUCD was present outside the uterus near right side of colon (intestine) Dr Noureen Abbasi was informed through phone call at 3:15 pm about her patient and as I was doctor on duty after preparation and anesthesia evaluation and surgical evaluation by Dr Almas patient and his husband informed in detail and after informed signed consent I did emergency laparotomy at 5pm without any delay In surgery there was 1cm tear on anterior lower uterine segment and IUCD was found near the right side of Colon then On call surgeon Dr Almas who was previously taken on board*



*examined all the Intestines to rule out any tear in that but found to be normal, after the procedure IUCD was handed over to patient husband Mr Irfan Wali by myself and picture of Tear which was taken during surgery shown to him. After surgery patient vitally remain stable and able to pass flatus and stool, able to eat nemobilize and discharged after 48 hours of surgery with discharge medication follow up date for stich removal.*

*Response to point no 6:*

*Detailed counselling and informed signed consent of procedure taken before surgery document attached.*

*Response to point no 9:*

*After surgery the details of procedure all explained to Husband and even the picture of Tear was shown to patient and husband. Response to point no 10: After surgery patient was kept under observation for 48 hours vitally stable and was oral free. And able to pass urine, flatus and stool no infection as TLC was 9.4 and was discharged with follow up date given for stich removal. Documents attached.*

*Response to point no 13:*

*I didn't commit any illegalities and nor the negligence as was doctor on duty dealt with the complaint and complication in time to decrease patient morbidity and agony.*

*I did my FCPS in first attempt in 2019 in OBGYN and did my training from Services hospital Lahore under supervision of professor Rubina Sohail.*

*Response to point no 16: Even on follow up patient was examined properly and counselled n explained that there will no fertility issues in future and even She can delivered through Normal vaginal delivery. And on follow up they were very much satisfied and thankful to me and they didn't complaint for my procedure and were obliged.*

## **VI. SHOW CAUSE NOTICE ISSUED TO RESPONDENT NO. 3**

6. In view of the allegations leveled in the complaint; a Show Cause Notice dated 15.11.2022 was issued to the Respondent No. 3, in the following terms:

*“...3. WHEREAS, Complaint has been filed by Mr. Irfan Wali (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 alleged that you negligently treated Ms. Tayyiba (the "Patient") a patient of IUCD (Intra Uterine Contraceptive Device). Consequent thereto,*



*the patient suffered severe pain and faced blockage of urinary system. As per your gross negligence, the patient suffers from psychological trauma and panic attacks. ...”*

## VII. REPLY OF RESPONDENT NO. 3

7. The Respondent No. 3 submitted her response on 14.12.2022, wherein she stated, in terms that:

*“...I, Dr Almas Kiran fellow CPSP, am working as a Consultant General Surgeon at Aga Khan Medical Center Gilgit since November 2021 under PMC Reg No 3454-AJK.*

*On 30-09-22 at around 3:30pm, as on-call general surgeon, I was consulted by Dr Maria Khalid, on call Gynecologist, regarding patient Mrs Touiba Irfan MR no 131-17-39-68*

*As per Dr. Marra, patient had history of IUCD insertion by Dr Noreen Abbasi on 29-09-2022 and he had presented a day later with post procedure abdominal pain. Relevant investigations pelvic scan and x ray abdomen erect) showed displaced IUCD and a plan for laparotomy was made the on call gynecologist after counselling the patient and her husband. I was requested to be on board during surgery to assess the viability of gut. I discussed the case with my senior consultant and requested him to be on board as well in case the need arises:*

*After written informed consent, Dr. Maria proceeded with laparotomy as planned. IUCD was retrieved and handed over to attendant Mr Irfan, As per Dr. Maria, the gut was grossly viable, however, she called me for second opinion in order to ensure the safety of the patient. Therefore, as per her request, I visited the patient and assessed the viability of the whole gut. It was fortunately found to be healthy. documented my findings in the file under my name and, since no intervention was required from my side. I handed over the patient to Dr. Maria for further management. Procedure was completed by Dr. Maria and Patient was shifted to Obs/Gynae ward under her care. Her post-operative recovery remained uneventful. It is also of note that I did not charge the patient for my intra operative assessment as well since no intervention was done by me. Accordingly, I informed my senior consultant about the surgical findings.*

*Response to point no:6*

*Patient had presented to ER with a serious complication that required a lifesaving procedure. Dr. Noreen was not available at that time and any delay could have been detrimental to the patient. Therefore, in best interest of the patient, Dr. Maria being on call gynecologist, proceeded with laparotomy after detailed counselling and informed written consent of procedure (document attached below), I was called only for a second opinion during surgery to ascertain the viability of gut*

*Response to point no 9:*



*Detailed counselling was done as well as informed written consent was taken from Husband Mr. Irfan by Dr. Maria Khalid before the laparotomy regarding the procedure and anticipated complications. Post operatively, the details of procedure were explained to husband. The picture of uterine tear was also shown to him. IUCD was handed over to the husband. I personally informed him regarding the viability of gut as well.*

*Response to point no 10 & 11:*

*Patient was handed over to Dr. Maria after the laparotomy as no general surgical intervention was done by me.*

*Response to point no 12:*

*I did not charge the patient for my intra operative assessment as no intervention was done by me.*

*Response to point no 13, 18 & 22*

*As mentioned before, I was not the primary treating surgeon and was called only to ensure the viability of gut during surgery. As per section 22 of PMC Act and PMC policy of the Council on definitions and scope of qualifications (Dated 24<sup>th</sup> October 2022), I have Level 3 post graduate qualification with 4 year residency from CPSP. And I am a licensed professional entitled to the status of specialist in PMC specialist register on the basis of my CPSP fellowship. Moreover, I am working with a surgical team having 2 more consultant surgeons with experience of more than 12 years*

*In light of above facts, I want to state that I treated Mrs. Touiba to the best of my knowledge. training, skills and empathy which reflected the standards of ethics and clinical competence in our esteemed profession. Alongside Dr. Maria Khalid, I was part of a lifesaving procedure that averted significant morbidity for patient due to timely intervention. Moreover, I did not charge the patient anything in order to reduce her financial burden. Despite of all sincere and fruitful efforts from my end, to my utter surprise. I am being falsely accused of malpractice, negligence and other illegalities. This has caused me immense psychological & emotional trauma and I am afraid that it might affect my decision making in future while dealing with such cases.*

## **VIII. REJOINDER OF COMPLAINANT**

8. A letter for rejoinder was sent to the Complainant on 23.12.2022 enclosing the comments received from the Respondent doctors, directing him to submit his response. Nonetheless, the Complainant conveyed in response on 18.01.2023 that the complaint maybe fixed at an early date and the stance is already before the Disciplinary Committee.

## **IX. IMMEDIATE PAST HEARING**



9. The matter was fixed for hearing before the Disciplinary Committee for 03.05.2024. But the Complainant, Mr. Irfan Wali did not appear before the Disciplinary Committee, despite service of notice of hearing and intimation through telephone. The Disciplinary Committee, therefore, adjourned the matter providing an opportunity to the Complainant, in the interest of justice. The relevant part of the decision dated 13.06.2024, is reproduced as under:

*“... In the interest of justice, the Disciplinary Committee decides to grant one opportunity to the Complainant, Mr. Irfan Wali, to appear for personal hearing at the next meeting of the Disciplinary Committee. In case of failure by the Complainant to appear before the next meeting / hearing, the matter shall be decided ex-parte on the basis of available record. ...”*

#### **X. HEARING**

10. 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 doctors directing them to appear before the Disciplinary Committee on 12.12.2024.
10. On the date of hearing, the Respondents were present, however, the Complainant did not appear before the Disciplinary Committee, despite service of notice.

#### **XI. FINDINGS AND CONCLUSION**

11. The Disciplinary Committee has gone through the entire record of the instant complaint. It is noted with concern that the Complainant, Mr. Irfan Wali has, yet again, not appeared before this Committee, despite the service of written notice of hearing and telephonic intimation.
12. The 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.
13. In the instant complaint, the Complainant has repeatedly failed to avail opportunities to represent his case, and has remained absent during scheduled hearings and not provided 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.

14. It is pertinent to mention here 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 of PM&DC, due to its statutory jurisdiction, before any other forum. Further, it is important to observe here that non-prosecution by the Complainant causes procedural inefficiency and adds delays in addressing other cases that require adjudication.

15. 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 previous hearing of his complaint. Further, he was informed about the possibility of ex-parte decision in case he continues to remain absent from pursuing his complaint, which is pending since 2022.

16. 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. Noureen Abbasi (63123-S), Dr. Maria Khalid (64410-P) and Dr. Almas Khan (3454-AJK) are closed.

17. The instant complaint is therefore, disposed of.

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

\_\_\_\_ January, 2025