Date of Filing: 18.08.2022
Date of Order: 25.08.2026

BEFORE THE DISTRICT CONSUMER DISPUTES REDRESSAL COMMISSION – I, HYDERABAD

P r e s e n t
HON'BLE MRS. B. UMA VENKATA SUBBA LAKSHMI, PRESIDENT
HON'BLE MRS. C. LAKSHMI PRASANNA, MEMBER
HON'BLE MR. B. RAJI REDDY, MEMBER

On this the Tuesday, the 25th day of August, 2026

C.C.No. 567/2022

Between:-

1. Ramavadh, S/o. Panchoo Ram,
   Age: 58 years, Occ: Daily Wage Laborer,

2. Bindu, W/o. Ramavadh,
   Age: 55 years, Occ: Daily Wage Laborer,

   Both are R/o. 45, Makari, Devalas, Deokli Deolas Village,
   Walid Pur, Mau District, Uttar Pradesh-276405

   Both are rep by GPA holder, Pinnamshetty Indraneel, S/o. PS Kishan,
   Aged: 26 years, Occ: Unemployed Student,
   R/o. H.No.1-7-131/31, Anitha Apartments,
   Risalagadda, Hyderabad, 9700434334.

....Complainants

AND

1. Citizens Speciality Hospital,
   1-100/1/CCH Aparna Cyber Life Road, Nalagandla,
   Gachibowli, Hyderabad District, Telangana 500019,
   R/by its Chief Executive Officer and Managing Director,
   Contact us: citizenshospitals.com, 040-67191919.

2. Dr. Aparna Vijay Kumar, Consultant Neurologist,
   Citizens Hospital, Gachibowli,
   Hyderabad District, Telangana - 500019.

3. Medcis Pathlabs India Pvt Ltd.,
   Plot No. 16 & 17, Swathi Plaza, Bhavani Enclave,
   Anand Nagar, New Bowenpally, Secunderabad-500011,
   Rep by its CEO Sri Bharat Kumar Anagani ,
   query@medicislabs.com, Ph: 7702292929.

4. Continental Hospital,
Plot No.3, Road No.2, IT & Financial Dist, Nanakramguda,
Gachibowli, Hyderabad, Telangana-500032,
R/by its Chairman and Managing Director,
Contact us @ continentalhospital.com.

5. Dr. Kailas Mirche,
Consultant Neurologist, Continental Hospital,
Gachibowli, Hyderabad-32.

....Opposite Parties

Counsel for the Complainants	: M/s. Rajasri Manche
Counsel for the Opposite Parties No.1 & 2	: Ch. Lakshminarayana & Lalith Jogi
Counsel for the Opposite Party No.3	: Party in person
Counsel for the Opposite Party No.4	: Sri. P. Vikram
Counsel for the Opposite Party No.5	: Suchitra

O R D E R

(By HON'BLE MRS. C. LAKSHMI PRASANNA, MEMBER
on behalf of the bench)

The present complaint is filed by the complainants U/Sec.35 of The Consumer Protection Act, 2019 alleging medical negligence/deficiency of service on the part of the Opposite Parties No.1 to 5 which allegedly resulted in their son's death on 21/8/2020 and seeking appropriate direction

i) To declare the action of the Opposite Parties as medical negligence and jointly and severally direct the Opposite Parties,

ii) to pay compensation of Rs.5,60,25,936/- (Rupees Five Crores Sixty Lakhs Twenty Five Thousand Nine Hundred and Thirty Six only) to the complainants for causing the death of the complainants' son Sri Surya Pratap Bharathi son, under the head, loss of benefit to the complainants' family, who are dependents on their deceased son,

iii) To pay Rs.5,00,000/- towards damages under loss of filial consortium, for mental agony and pain i.e for loss of company, care, help, solace and affection of the deceased son,

iv) To pay Rs.2,97,594/- towards the refund of consideration paid,

v) To pay Rs.1,00,000/- towards costs of litigation,

vi) And grant any other relief/reliefs deemed and fit and proper in the interests of justice.

Brief facts of the case are:-

1. The present complaint is filed by one of the GPA Holders of the complainants named Sri Pinnamshetty Indraneel duly authorised vide GPA dt.11/8/2022 filed under Ex.A-1. The complainants are the parents of deceased-patient and it is the case of the complainants that their son suffered from brain strike on 17/8/2020 and expired on 21/8/2020 due to the negligence and deficiency of service on the part of the Opposite Parties and seeking compensation for the loss of their young son, who was pursuing PhD in English in Hyderabad Central University and as such was the only ray of hope in their lives and that if he had been alive, he would have been a big financial support to their family.

2. It is submitted that the patient-deceased, who was hale and healthy was found unconscious in the corridors of 'O' wing Students Hostel around 2 pm on 17/8/2020 and was immediately taken in the University ambulance to the University Health Centre with the help of the President of Students Union and on the reference from Dr.Rajashree at the Health Centre, the patient was referred to O.P.No.1 Hospital, where he got admitted around 4 pm on 17/8/2020. Being the peak pandemic period, the mandatory Rapid Antigen Test was conducted along with the preliminary diagnostic investigations and the Rapid Antigen report was negative and the HRCT Chest screening report also showed normal, while MRI report showed 'Massive Hyperacute Infarct in Right MCA territory, complete occlusion of right MCA and its branches,' and the doctors in O.P.No.1 Hospital told the friends/attendants who accompanied the patient that the patient has suffered a massive brain stroke and that the attendants/friends of the patient pleaded with the doctors to save the life of the patient by giving the best possible treatment without delay and without second thought gave all consents for whatever treatment is advised, and start the treatment immediately, assuring to arrange for the medical expenses through

Student Insurance Policy or crowd funding on Milaap and also sought the intervention of their University Chief Medical Officer. It is submitted that the doctors at O.P.No.1 Hospital informed that there are two options -viz- mechanical thrombectomy (minimally invasive, image guided procedure where an interventional radiologist removes the clot) and the second option of decompressive surgery (surgical procedure in which part of the skull is removed to allow the brain to swell without being squeezed). It is alleged that the doctors in O.P.No.1 delayed the necessary treatment/thrombolytic therapy which ought to have been done within four hours window period, and insisted for deposit of advance payment.

3. It is alleged that even though the patient was brought to O.P.No.1 Hospital within 2 hours of stroke symptoms, the crucial golden window period for thrombolysis was lost during the commotion by O.P.No.1 insisting for advance payment. It is also alleged that the patient had a massive brain stroke and that other than critical care doctor in the emergency, no neuro physician or neuro surgeon attended the patient on Day One. It is submitted that on the next day i.e on 18/8/2020, O.P.No.2 examined the patient and told the attendants/ friends of the patient that the surgery would be done that day but thereafter, the nurse came and collected samples for RT-PCR and informed that the surgery will be done only after the RT-PCR result, which takes 24 hours.

4. It is alleged by the attendants/friends of the patient that if the emergency surgery could not be done without RT-PCR report, the OP.NO.1 & O.P.No.2 ought to have advised to take the patient to Covid- Designated Hospital on 17/8/2020 itself and instead, O.P.No.2 said that the patient is young and his body can cope up with the delay in treatment and conveyed the same to Dr.Anupama, the Chief Medical Officer, Hyderabad Central University. The next day i.e on 18/8/2020 morning, another CT Scan was done (Ex.A-7) when the patient's condition worsened and he was not even opening his eyes and his head was going to one side. It is also submitted that the RT-PCR report (given by O.P.No.3 filed under Ex.A-8) came @ 7:30 am on

19/8/2020, which was found POSITIVE, and O.P.No.2 advised to shift the patient to Covid designated Hospital and discharged the patient around 2.30 pm when the patient was intubated and put on ventilator support and the patient was taken to O.P.No.4 Hospital around 7 pm -8 pm in the ambulance provided by O.P.No.4. It is submitted that the patient was not conscious and not responding during the period of shifting in the ambulance to O.P.No.4 Hospital. It is submitted that CT Scan and Covid RT-PCR Test were again conducted in O.P.No.4 Hospital on 19/8/2020 (Ex.A-11) and that the attendants/friends of the patient were informed that the covid report is negative and that the report given by O.P.No.3 is false. At the time of admission in O.P.No.4 Hospital, the patient's attendants were informed by O.P.No.5 Doctor that the patient is in brain death condition and the patient's condition deteriorated and was declared dead at 4pm on 21/8/2020.

5. It is the case of the complainants that the Opposite Parties No.1 & 2 delayed the treatment of the patient awaiting for RT-PCR report and also stating that there was delay by the attendants/friends of the patient in getting consent for the treatment/surgery and then discharged the patient in a critical condition for shifting him to a covid designated hospital. It is the allegation of the complainants that the patient died due to the negligence of all the Opposite Parties including O.P.No.3, who gave a Covid positive false report. Aggrieved by the same, the complainants, apparently lodged a complaint of criminal negligence against Opposite Parties at Chandanagar Police Station (Ex.A-16) and also filed Writ Petition No.28792/2020 and a PIL No.16/2021, which are pending. In pursuance of the same, the present complaint is filed alleging negligence and deficiency of service against all the Opposite Parties and seeking appropriate relief.

6. In the written version filed on behalf of the Opposite Parties No.1 & 2, while denying the allegations, it was contended that as per the version of the complainants the patient was brought to their Hospital after a delay of 2

hours after the onset of the brain stroke and that the patient was in a critical condition when he got admitted in the O.P.No.1 Hospital and that the patient was stabilized by way of sedation and the requisite investigations such as MRI and CT Scan were done along with Rapid Antigen Test (RAT) as O.P.No.1 Hospital was Non-Covid Hospital and it was mandatory to conduct Covid Test and refer all covid positive patients to Covid Designated Hospitals, as per the Government Instructions. It is submitted by O.P.No.1 & 2 that considering the critical condition of the patient with slurred speech, left side paralysis, they were of the opinion that waiting for RT-PCR report (i.e 24 hours) would be detrimental to the life of the patient and hence, based on the provisional diagnosis of acute stroke/probable right MCA territory, the patient was started with the medically necessary treatment and thereafter, O.P.No.2 suggested for either an injection named Recombinant Tissue Plasminogen Activator rt-PA within four hours of onset of stroke symptoms or conducting mechanical thrombectomy within 24 hours of the onset of the stroke symptoms, pursuant to receiving the consent of the immediate family member of the patient, which is mandatory, more so, because the patient possessed high risk of expiring on the operation table.

7. It is also contended that the MRI of the patient showed flair hypersensitivities in the Right MCA Territory and large vessel involvement which is indicative of the fact that the patient was brought after the critical window period of 4 hours for offering thrombolysis. It is submitted that the admission consent forms were signed by one of the patient's friends named Mr. Baidyanath Kumar and the disease manifestations, prognosis and treatment options of Medical management and mechanical thrombectomy were explained to the attendants/friends of the patient. It is submitted that based on the MRI Brain, the treating Neurosurgeon and Interventional Neurologist suggested Thrombectomy in the Emergency Department itself on 17/8/2020. While the attendants/friends of the patient wanted time to discuss with the patient's family for the purpose of obtaining consent for Thrombectomy, considering the MRI Scan showing acute ischemic stroke

involving large vessel of the brain, O.P.No.1 & 2 rendered all possible symptomatic conservative treatment to the patient as the neurological condition could worsen anytime.

8. It is also submitted that mechanical thrombectomy had to be performed within 6-24 hours of the onset of symptoms of stroke, and given the risk (the patient expiring on the operation table- the supporting medical literature is filed under Annexures II to VII) involved in the surgery, the consent of the family members of the patient was required.

9. It is further submitted that as per established medical procedure and practice, mechanical thrombectomy is not recommended in the best interests of the patient, if the time as to the onset of symptoms is not known and in the instant case, the attendants failed to clarify regarding the onset of the stroke or the time when he was last seen well, to ascertain the four hours window for the purpose of thrombolysis treatment and hence the standard medication as mentioned @ Page-10 of their written version and documented in the case sheet-medical notes filed under (Ex.B-46 to 76) was given to stabilise the patient's condition.

10. It is also submitted that on 18/8/2020, O.P.No.2 examined the patient @ 9:00 am and noted GCS-E3V3M6(E3- arousable to calls, V3-inappropriate words and M6- moving limbs), patient conscious, obeying commands, hiccups, power left upper and lower limb 0/5, BP-121/74, Heart rate-78, SpO2-97% at room air, respiratory rate-19/min, Temp-98.6F and accordingly the investigations of Serum Homocysteine, TSH, Sodium were advised after discussing with the Consultant and Head-Critical Care and the likely risk of increased edema in brain and probable need for decompressive craniotomy as a palliative measure was explained to the attendants/friends of the patient and the patient was shifted to Isolation Ward (for prohylaxis until Covid-19 RT-PCR report arrived). And thereafter, around 12:00 pm, CT Brain was done which showed Large acute infarct involving frontal, parietal, temporal lobes and basal ganglia in MCA Territory, effaced adjacent cortical sulci, right lateral ventricle, 5 mm

midline shift to left and on consulting the Neurosurgeon (Dr.Ajay Reddy) around 2:40 pm, he opined, on reviewing the CT Scan Report, that no surgical intervention by way of decompressed Craniotomy was required at that point of time. Again @ 4:00 pm, the patient was examined by O.P.No.2 and found him to be restless, obeying commands, pupils bilateral 2mm reacting and noted the clinical parameters and continued the treatment (as documented in the case sheet filed under Ex.B-46 to 76). Later @ 4:50 pm, the patient was examined by the critical care team and found the patient being drowsy, and noted the clinical parameters and the patient was kept on a head end elevation and continued the treatment with close observation. Thereafter, the medical notes show that @ 7:00 am on 19/8/2020, the critical care team and O.P.No.2 examined the patient and noted the clinical parameters and on receiving the RT-PCR test report as POSITIVE, the patient was required to be shifted to a Covid designated hospital and accordingly, the discharge was planned with necessary medical support. It is submitted that, while the discharge formalities were initiated, the patient had a sudden episode of seizures and dropping GCS and intubation was initiated and connected to a mechanical ventilator (with settings 50/6/15/450) and the attendants/friends of the patient were informed about the emergency intubation due to probable risk for aspiration and further deterioration. After arrangement of a bed in Covid Hospital, the patient was shifted on mechanical ventilator, sedated and paralysed, to an ambulance, accompanied by the nursing staff of O.P.No.1 Hospital and handing over to the technician in the ambulance to be taken to O.P.No.4 Hospital at 5:30 pm. It is also submitted that O.P.No.2 periodically communicated and updated Dr.Anupama, the Chief Medical Officer, of Hyderabad Central University and Dr.Anna Kurian, HOP, Department of English about the patient's condition. Regarding the allegations about the second discharge summary, it is submitted that the First Discharge Summary was prepared @ 2;33 pm prior to the sudden development of seizures suffered by the patient and hence the second Discharge Summary was issued documenting the presentation of seizures for the medical record of the patient. With the above contentions,

submitting that there is no negligence/deficiency of service on their part as evidenced from the documentation of medical records/ case sheets (Ex.B-46 to B-76) clearly noting the investigations, medication, progress notes by the attending doctors and treatment provided to the patient, O.P.No.1 & 2 sought to dismiss the complaint against them.

11. In the written version filed on behalf of O.P.No.3, while denying the allegations, it was submitted that, as a (National Accreditation Board for Testing & Calibration Laboratories) NABL accredited Diagnostic Laboratory, O.P.No.3 adhered and complied to defined standards of Covid-19 testing (IQC Quality Control Report Dt.23/9/2020 and achievement for concordance in WHO EQAS programme). It is submitted that the present complaint is hopelessly time barred as the alleged cause of action arose w.r.t the sample dt.18/8/2020 and the corresponding RT-PCR report dt.19/8/2020 delivered by O.P.No.3. Secondly, it was contended that as per the standard protocol, the role of O.P.No.3 is limited to processing the samples, collected and sent by O.P.No.1 Hospital. It is also contended that except the bald allegation that O.P.No.4 reportedly stated that the POSITIVE RT-PCR Report dt.19/8/2020 is false report, there is no evidence on record substantiating the same nor raising any objection to the veracity of the said report dt.19/8/2020 issued by O.P.No.3. It is further submitted that the Rapid Antigen Test found NEGATIVE ON 17/8/2020 is not conclusive and that RT-PCR with high specificity rate and better accuracy is reliable and conclusive for SARS CoV2. It is further submitted that the second RT-PCR Test dt.20/8/2020 conducted by O.P.No.4 Hospital shows sample collection @ 23:44 and report @ 23;50 inferring the test result in 6 minutes, which, cannot be relied as no process or technique can yield Covid test report in 6 minutes, implying that the said test report did not follow the ICMR prescribed format for COVID test reporting and as explained in the medical literature filed under Ex.B-3. With the above contentions, submitting that the RT-PCR report dt.19/8/2020 given by O.P.No.3 is authentic having followed the applicable protocols and that the allegation of false report is wholly

misconceived, baseless, O.P.No.3 sought to dismiss the complaint against them.

12. In the written version filed on behalf of O.P.No.4, while denying the allegations, it was contended that there is no cause of action against O.P.No.4 as all the allegations are against O.P.No.1 & 2 and that there is absolutely no allegation or averments in the complaint attributing negligence/deficiency of service against O.P.No.4 nor the complaint addressed to the Chandanagar Police on 21/8/2020 reveals any allegations against O.P.No.4. It is also submitted that the Writ Petition (PIL) No.16/2021 was withdrawn by the complainants and W.P.No.4619/2021 (the complainants have raised no allegations or reliefs against O.P.No.4 in the said writ petition) wherein the primary grievance apparently is against the State, University, O.P.No.1 Hospital and its Doctors, is pending before the Hon'ble High court of Telangana. So far as the averments and allegations in para 3 (ii) to 3 (vii), the same, do not pertain to O.P.No.4 and hence not commented. It is submitted that the patient was brought to O.P.No.4 Hospital on 19/8/2020 between 7-8 pm in the ambulance from O.P.No.1 Hospital and that the patient was admitted in Emergency room in a highly critical condition with dilated non-reactive pupils and was immediately shifted to ICU upon consulting with the Neurosurgeon. It is further submitted that a CT Scan of the Brain of the patient was undertaken (Ex.A-11 dt 19.08.2020) which revealed the following, indicating a poor prognosis- *"a large subacute infarct involving the entire right MCA territory and posterior water shed regions with significant mass effect described above. Consequent significant mass effect with medial uncial deviation-descending trans territorial herniation causing brain stem compression; significant shift of the midline to the left R1 2 mm; transfalcine herniation; effaced right lateral ventricle and third ventricle with mild dilated left lateral ventricle showing thin periventricular CSF seepage; and generalised effaces cisternal and sulcal spaces; diffuse hypodense areas in the pons, medulla and most of the inferior mild brain regions extending to the cerebellar peduncies-likely ischemic sequelae."*

13. It is submitted that that based on the above findings of the Brain CT Scan of the patient, the patient vitals indicated bradycardia and hypotension and the patient was started on inotropes for haemodynamic support as per the advice of the Neurosurgeon. It is submitted that the patient developed a cardiac attack during the late afternoon on 21/8/2020 and CPR was promptly started by the attending doctors of O.P.No.4 Hospital as per the Advanced Cardiovascular Life Support Protocol and consequent thereto, ROSC (return of spontaneous circulation0 was achieved and the patient was continued on inotropes. It is submitted that @ 4:00 pm, both the pupils of the patients were dilated and fixed bilaterally, and there was no response to any stimuli, including deep pain. And increasing doses of inotropes and vasopressors were given to support the patient but despite the best efforts of the doctors in O.P.No.4 Hospital, the patient succumbed to the critical state and cardiac arrest @ about 4;11 pm on 21/8/2020. With the above submissions, contending that there is not an iota of negligence or deficiency of service alleged against them, O.P.No.4 sought to dismiss the complaint against them.

14. O.P.No.5, while reiterating the contentions of O.P.No.4, submitted that he was working as a Consultant Neurologist in O.P.No.4 Hospital from October 2017 to February 2022. Further submitting that the death of the patient was unfortunate and commiserates with the complainants, it is contended that no negligence or deficiency of service is attributable to O.P.No.5, either jointly or severally, as O.P.No.5 has exercised all reasonable care and due diligence in treating the patient, and sought to dismiss the complaint against him.

15. During the course of enquiry, the Complainants filed their Evidence affidavit stating that they live in interior rural areas of Uttar Pradesh and can speak only Bhojpuri and hardly could understand Hindi and that he came to know about his son's hospitalization and the sad demise of his son on 21/8/2020 due to the negligence/deficiency of service by the Opposite Parties and that for the purpose of seeking justice for Surya (their

son), through the Courts of Justice, the complainants executed a General Power of Attorney to the friends of their son and filed the GPA dt.11/8/2022, the Death Certificate of their son, and their Ration Card as their ID Proof and income group. The GPA Holders (PW-3,4 & 5) of the complainants filed his evidence affidavit, reiterating the averments of the complaint and in support of their claim got marked Ex.A-1 to A-30 as described in the Annexure including the news paper reports relating to the subject matter filed under Ex.A-26: Copy of press report "Hyd scholar dies after 'false' positive Covid-19 test led to delay in treating stroke' - news minute dated 22.08.2020 and Ex.A-27: Copy of press report "University of Hyderabad student dies due to false Covid-19 positive test report' - Indian Express. The Authorised Representative of O.P.No.1 filed Evidence Affidavit on their behalf, & the Evidence Affidavit of O.P.No.2 is filed and Ex.B-46 to B-76 are marked on their behalf. The Evidence Affidavit of the General Manager of O.P.No.3 is filed the Quality Programme Certificates of ICMR and WHO along with the expert explanation of RT-PCR test reliability, all marked under Ex.B-1 to B-3 on their behalf. The Evidence Affidavit of the Director of O.P.No.4 Hospital is filed and got marked Ex.B-4 to B-44 (described in the annexure) on their behalf. O.P.No.5 filed his Evidence Affidavit and filed Professional Indemnity Insurance Policy marked as Ex.B-45 on his behalf.

16. During the course of proceedings, the parties filed the following Interim Applications-

- I.A.No.299/2022 is filed by O.P.No.4 & I.A.No.46/2023 is filed by O.P.No.5 and I.A.No.124/2023 is filed by O.P.No.3, to strike out/remove/discharge O.P.No.4 and O.P.No.5 & O.P.No.3 respectively from the array of parties in the complaint, stating that there is no specific allegation of negligence/deficiency of service on their part, and the same are dismissed separately vide Orders dt.3/5/2023 opining that since, the patient/deceased son of the complainants was admitted in O.P.No.4 Hospital, and treated by O.P.No.5 and the RT-PCR report is given by O.P.No.3, and hence,

considered relevant, proper and necessary parties for effective and proper adjudication of the dispute involved in the main case.

- I.A.No.82/2023 ifs filed by the GPA Holder of the Complainants seeking appropriate direction to O.P.No.1 to 4 to produce entire case records/hospital records pertaining to the patient-Late Sri Surya Pratap Bharathi and also directing O.P.Nos. 2 & 5 to file their Indemnity Polices along with a copy of notice to the insurers, and as O.P.No.1 & 4 have stated that they have already submitted the relevant medical records relied by them, the said I.A No.82/2023 was partly allowed vide Orders dt. 16/6/2023 directing O.P.Nos.2 & 5 to file their Indemnity Policies and if they do not have indemnity policy, declare the same on affidavit.
- I.A.No.345/2025 is filed by the GPA Holder of the complainants seeking an Independent Medical Expert or Board in the relevant speciality to examine the medical records and provide its opinion in sealed cover with the expert's identity not revealed to either party, and the same was disposed of vide Orders dt. 6/4/2026 with a direction that the parties can file expert opinion/expert evidence in support of their case/plea.
- I.A.No.385/2023 is filed by the GPA Holder of the complainants to reopen the evidence of the complainants to mark the Medical Opinion of Dr.Singdha Komakula, MD, DM from AIIMS, New Delhi, and the same was partly allowed vide Orders dt.9/1/2024, subject to proof and relevancy to be decided at the final adjudication. Subsequently, when O.P.No.1 & 2 sought for cross-examination of the Expert Doctor vide I.A No.66/2024 and the same was allowed vide Orders dt.1/7/2024, which was challenged by the complainants preferring R.P.No.50/2024 before the Hon'ble State Commission, and the same was dismissed and subsequently, the Counsel for the complainants filed Memo dt.20/12/2024 seeking permission to 'not press' the Evidence Affidavit, as they could not get the contact details of Dr.Snigdha (Expert), for cross-examination, even after deploying all possible means. And hence,

the Expert Opinion of Dr.Snigdha filed by and on behalf of the complainants, having been 'not pressed' by the complainants, cannot be considered.

- I.A.No.122/2025 is filed by the GPA Holder of the complainant to reopen their evidence for receiving PW-6 Evidence and recall RW-3 & RW-5 and Dr.Subash Kaul (Expert) for cross-examination, and the same was dismissed vide Orders dt. 11/9/2025.
- I.A.No.4/2024 is filed by O.P.No.1 & 2 for reopening their evidence and permit them to introduce Expert Evidence in support of their contentions, and the same is allowed in part vide Orders dt. 23/1/2024 and in pursuance of the same, the Expert Opinion of Dr. Subash Kaul is filed in the form of an affidavit on 19/2/2024.
- I.A.No.344/2025 is filed by the complainants to reopen the evidence of the Opposite Parties to recall RW-3, RW-5 & Dr.Subash Kaul (Expert), and the same is dismissed vide Orders dt.6/4/2026.

17. Based on the facts and material on record and the written submissions of both the parties, the following points have emerged for consideration:
    - Whether the complainant could make out a case of deficiency of service/negligence on the part of the Opposite Parties?
    - Whether the complainant is entitled for the claim/compensation made in the complaint? To what relief?

18. The undisputed facts of the case and the case history of the patient/son of the complainants can be summarised in the following three phases-
    a) the patient/deceased son of the complainants was admitted to O.P.No.1 Hospital on 17/8/2020 with symptoms Left side weakness, slurred speech, vomiting, neurological deficits suggestive of acute cerebrovascular event and necessary diagnostic investigations including Rapid Antigen Test (Covid-19 and MRI were done. As per the MRI report filed under Ex.A-5 dt.17/8/2020 the findings inter alia mention, *'Large area of diffusion restriction with faint flair hyperintensity involving right frontoparietaotemporal lobes, insula and*

capsuloganglionic region, with the impression- Massive hyperacute infarct in the right MCA territory with complete occlusion.

The Medical Terminology, word-to-word meaning of the above findings of the MRI are hereby explained in common parlance for better understanding-

- Infarct: Tissue death due to a sudden lack of blood flow (an ischemic stroke).
- Massive: A very large area of brain tissue has been affected, which typically correlates with severe physical, neurological, and functional deficits.
- Right MCA Territory: The Middle Cerebral Artery (MCA) supplies blood to large sections of the brain's cerebral cortex—primarily responsible for movement, sensation, and speech/language processing on the opposite side of the body.
- Complete Occlusion of Right MCA and Its Branches: A blood clot (thrombus or embolus) entirely blocking the main right middle cerebral artery and its downstream branches, cutting off critical blood supply to that entire brain region.
- Hyperacute: Indicates that the stroke happened recently (typically within hours of the scan being taken).
- Flair Hyperintensities: On an MRI, FLAIR (Fluid-Attenuated Inversion Recovery) sequences highlight damaged tissue or slow/stagnant blood flow (often seen as bright white spots, or "hyperintensities"). Flair changes can also help radiologists estimate the timing of the stroke (e.g., whether it fell within time windows for acute treatments like clot-busting medications or mechanical clot removal).

b) The Diagnosis and course of treatment in O.P.No.1 Hospital as provided in the Discharge Summary filed under Ex.A-9/Ex.B-6 shows that, '*the patient, a 30 year old male Mr. Surya Pratap Bhrathi presented with left sided weakness and drowsiness seen by attendants at 1:30 pm. MRI brain showed large right MCA territory infarct with complete right MCA occlusion with flair hypersensitivity S/o > 6 hours duration*

stroke. As exact time of onset not known and also MRI suggestive of 6 hours duration stroke and large vessel occlusion, thrombolysis was not done. The need for mechanical thrombolysis explained to the attendants who were only friends and could not take decision. At admission GCS-13/15, NIHSS-15-16/30, Left hemiplegia-power is 1/5/UL-0/5 LL, right gaze preference present. Attendants also explained about the likely risk of increase in edema and deterioration of GCS with need for decompressive craniotomy. Rapid Antigen showed Negative. CT Chest is Normal. His RT PCR is Positive and hence is being discharged advised admission in other Hospital. His GCS is 12/15 on Discharge. He requires repeat CT Scan brain and decompressive surgery if required.'

c) In the Death Summary & Discharge Summary dt.21/8/2020 filed by O.P.NO.4 under Ex.B-37, it is mentioned that the patient /son of the complainants was brought to ER in intubated state with hospitalization of left sided weakness -2 days back and evaluated and conservatively treated for Acute MCA territory infarct with complete occlusion of right MCA and not thrombolysed as out of window period and that the patient sensorium got worsened and had seizures in the hospital and hence intubated and shifted to O.P.No.4 Hospital for further management as the patient has been tested positive for Covid-19 RT-PCR outside. It is also mentioned that a CT Scan of the Brain of the patient was undertaken (Ex.A-11 dt.19/8/2020) which revealed the following, indicating a poor prognosis- *"a large geographic subacute infarct involving the entire right MCA territory and posterior water shed regions with significant mass effect described above. Consequent significant mass effect with medial uncial deviation-descending trans territorial herniation causing brain stem compression; significant shift of the midline to the left R1 2 mm; transfalcine herniation; effaced right lateral ventricle and third ventricle with mild dilated left lateral ventricle showing thin periventricular CSF seepage; and generalised effaces cisternal and sulcal spaces; diffuse hypodense areas in the pons, medulla and most of the inferior mild brain regions extending to the cerebellar peduncies-likely ischaemic sequelae."*

It is also mentioned by O.P.No.4 & 5 that based on the above findings of the Brain CT Scan of the patient, the patient vitals indicated bradycardia and hypotension and the patient was started on inotropes for haemodynamic support as per the advice of the Neurosurgeon. It is also mentioned that the patient developed a cardiac attack during the late afternoon on 21/8/2020 and CPR was promptly started by the attending doctors of O.P.No.4 Hospital as per the Advanced Cardiovascular Life Support Protocol and consequent thereto, ROSC (return of spontaneous circulation0 was achieved and the patient was continued on inotropes. It is submitted that @ 4:00 pm, both the pupils of the patients were dilated and fixed bilaterally, and there was no response to any stimuli, including deep pain. And increasing doses of inotropes and vasopressors were given to support the patient but despite the best efforts of the doctors in O.P.No.4 Hospital, the patient succumbed to the critical state and cardiac arrest @ about 4;11 pm on 21/8/2020.

19. <u>The allegations of the complainants are-</u>

a) Failure of O.P.No.1 to act within 24 hours window period, awaiting RTPCR report, in the guise of lack of consent from the family;
b) Failure of O.P.No.1 to act in Emergency due to alleged lack of consent;
c) Failure of O.P.No.1 to conduct timely CT Scan;
d) Preference of RT-PCR report over treatment by O.P.No.1;
e) Failure of O.P.No.1 to transfer the patient to a covid-designated hospital;
f) Failure of O.P.No.1 in monitoring and communication;
g) False RT-PCR Report and delayed response;
h) Manipulation of records by O.P.No.1
i) Negligent Discharge and transfer of the patient/complainant's son by O.P.No.1, when the patient was in a critical condition.

And the Learned Counsel on behalf of the complainants fortified their Written & Oral arguments with the following judgments establishing medical negligence against O.P.No.1 & 2-

1. PN Gupta Vs. Rajender Singh Dogra 2024 INSC 705, wherein Jacob Mathew v State of Punjab (2005) 6 SCC 1 was referred reiterating that that the doctor's actions fell below the standard of 'reasonable care,' confirming the negligence finding.
2. D. Laxman Balkrishna Joshi Vs. Dr. Trimbak Bapu Godbole and another, 1969 SCC 1 206/ A.S. Mittal Vs. State of U.P, AIR 1989 SC 1570, on the principle that medical practitioners must exercise a reasonable degree of skill, care, and knowledge in their treatment.
3. Savita Garg Vs. Director, National Heart Institute, 2004 8 SCC 56 / NIMS Vs. Prashanth Dhanaka 2009(4) ALD 42 (SC) / Dr. Janak Kantimathi Nathan Vs. Murlidhar Eknath Masane 2002 SCC ONLINE NCDRC 21, on the accountability and liability on multi-disciplinary medical consultation, institutional hospital accountability, patient consent etc.
4. Dr. TT Thomas Vs. Smt. Elisa and Ors case, AIr 1987 Ker 52, wherein the Kerala High Court ruled that a doctor's failure to perform an urgent, life-saving surgery amounts to actionable medical negligence.
5. Arvind Kumar Mishra Vs. New India Assurance 2010 on the the application of the multiplier-multiplicand method for assessing "just compensation"
6. Balaram Prasad Vs. Dr Kunal Saha (2013 (4) CPJ 2 SC) on enhancing compensation standards and reinforcing accountability in healthcare, establishing vicarious liability of hospitals and apportioned individual doctor liability based on the degree of negligence, sending a strong deterrent message to the medical fraternity.
7. A research study conducted by Harvard University showed that nearly 5 million (50 Lakh) deaths occur in India due to medical error/negligence.
8. Baby Akanksha Vs. Kukreja Nursing Home 2008, CTJ Delhi 293
9. Bolam Vs. Friern Hospital (1957), landmark judgment which formulated the rule that a professional is not guilty of negligence if they have acted in

accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art.

20. Contentions on behalf of O.P.No.1 & 2-

- There was no delay in diagnosis and treatment and all protocols were followed as per standard medical practice;
- The patient was brought beyond therapeutic window period, making thrombolysis contraindicated;
- Mechanical thrombectomy could not be performed due to lack of timely consent and unclear onset time;
- Covid-19 protocols were mandatory and complied with as per governmental guidelines;
- Continuous treatment and monitoring were provided and no negligence or deficiency can be attributed.

And the following Citations are referred by the Learned Counsel on behalf of the Opposite parties No.1 & 2-

1. Madaan Surgical and Maternity Hospital through its proprietor, Dr. T.R. Madaan and Dr. Sushma Madaan Vs. Smt. Santhosh and Madhumita Diagnostic Centre, II (2014) CPJ 368 (NC), reiterating the 4D framework in medical negligence cases, wherein it was held that the complainant must establish the following with cogent evidence-

   Duty: A professional duty of care owed by the medical practitioner to the patient.

   Deficiency/Breach: A failure or breach of that standard duty of care.
   Direct Causation: The injury or diagnostic error must be directly caused by the breach (Causa Causans).

   Resulting Damages: Actual harm, financial loss, or mental agony suffered by the patient.
2. Upendra Kumar Vs. Nayandeep Eye Research Centre and others 2022 SCC Online NCDRC 565 in support of their arguments that a) a medical practitioner is legally liable only if their technical conduct falls completely below the standard expected of a reasonably competent peer in that field, b) developing a post-operative infection or adverse complication does not

automatically prove a doctor's error or surgical negligence, provided standard sterilization and surgical protocols were followed, c) the complainant failed to present substantial scientific or expert medical board evidence to prove that the treating doctors deviated from established line of treatment or acted with a direct lack of due care.

3. Dr. (Mrs.) Chanda Rani Akhouri & Ors. Vs. Dr. M.A. Methusethupathi & Ors, 2022 SCC Online SC 481, and Dr. Laxman Balkrishna Joshi Vs. Dr. Trimbak Bapu Godbole and another, AIR 1969 SC 128, wherein the Hon'ble Apex Court inter alia held that hat a doctor cannot be held liable for medical negligence merely because they could not save a patient's life, provided they exercised reasonable competence and standard care..
4. Dr. Kunal Saha Vs. Dr. Sukumar Mukherjee and others IV (2011) CPJ 414 (NC) in support of their argument that their clinical deision and the line of treatment fell within acceptable standard medical practices at the time.
5. Muddasani Venkata Narasaiah Vs. Muddasani Sarojana (2016) 12 SCC 288.
6. Ashok Udaram Pathrabe Vs. Maharashtra Remote Sensing Centre (2006) SCC Online Bom 1180.
7. D. Venkat Reddy Vs. Y.D. Prasad (2024) SCC Online Kar 25611

21. So, the main allegations in the present complaint are against O.P.No.1 & 2 and the issues for consideration are-
    1) Whether there is deficiency of service/negligence on the part of O.P.No.1 & 2 in providing the standard care and management in the emergency stroke condition of the patient
    2) Whether RTPCR test and the Covid-19 protocols are mandatory even in emergency situations like that of the patient herein/son of the complainants
    3) Whether there is delay in diagnosis and providing the necessary treatment to the patient by O.P.No.1 & 2 and whether the alleged delay in performing mechanical thrombectomy to the patient resulted in deterioration of the patient's condition;

4) Whether the cause of death of the patient resulted due to negligence and deficiency of service on the part of the Opposite Parties No.1 & 2.

22. **Discussion and analysis based on the facts and evidence on record and the extensive arguments advanced by both the Learned Counsel and considering the applicability of the caselaw referred by both the parties-**

Allegations of the complainants inter alia include - Failure of O.P.No.1 to act within 24 hours window period, awaiting RTPCR report, in the guise of alleged lack of consent from the family and on the preference of RT-PCR report over the emergency treatment ought to have been provided to the patient-

From the Discharge Summary filed under Ex.A-9/Ex.B-6, it is evident that a) the first clinical observation was that thrombolysis could not be done as the exact time of onset of symptoms of stroke are not known and also the findings of the MRI of the patient was suggestive of 6 hours duration stroke and large vessel occlusion. b) The second clinical observation as per the notes/plan of care of O.P.No.2(filed by O.P.No.1 under Ex.B-55), was that there is need for mechanical thrombectomy which was explained to the attendants who were only friends and could not take decision and they wanted to discuss with patient's family and update. And c) the third clinical observation (Pagenated-49 and 4th page under Ex.B-61 case seen by O.P.No.2 dt.18/8/2020 @ 9:00 am) was that the attendants were also explained about the likely risk of increase in edema and deterioration of GCS with need for decompressive craniotomy.

23. Contention of O.P.No.1 & 2 : It is the contention of the Opposite Parties No.1 & 2 that there was no delay in diagnosis and treatment and all protocols were followed as per standard medical practice and that the patient was brought beyond therapeutic window period, making thrombolysis contraindicated; and that Mechanical thrombectomy could

not be performed due to lack of timely consent and unclear onset time. It is also submitted in the written arguments and oral arguments of O.P.No.1 & 2 that both thrombolysis and mechanical thrombectomy were not applicable to the patient in view of the large size of the infarct and the flair changes in MRI Brain indicating that the patient was outside the critical window of 4.5 hours and in support of the same, filed medical literature under Annexure-II to VII.

As per the medical literature filed by O.P.No.1 & 2 under Annexure-II to VII, Guidelines for management of Stroke – Directorate of General Health Sciences, Ministry of Health & Family Welfare, Government of India-2022, the standard procedure as per Clause-5.4 - Immediate specific management depends on the time of arrival of the patient after onset of symptoms and severity of stroke- eligibility for treatment with thrombolytic agent within 4.5 hours after onset of symptoms.

24. It is pertinent to mention that in the written arguments @ Page Nos.18-19, it is categorically stated that after MRI Brain was reviewed by the treating Neurophysician, Mechanical Thrombectomy was suggested on 17/8/2020 after discussing with the Interventional Neurologist and that the attendants/friends of the patient wanted to discuss with the patient's family for the purpose of obtaining consent, while O.P.No.1 Doctors rendered all possible medical treatment in the best interest of the patient. It is also stated @ Page No.19 that the MRI Scan taken @ 5;13 pm was not clear as the patient was irritable and the scan images were shaky and unclear and hence another MRI scan was done @ 7:10 pm which showed that the patient had acute ischemic stroke involving large vessel of brain and the neurological condition could have worsened anytime and that Mechanical Thrombectomy had to be performed within 6-24 hours of the onset of symptoms, if performed thereafter, the procedure would not yield the desired clinical outcome. **At Pages-20-21, it is categorically stated that in medical science, with every minute of delay wherein a large vessel ischemic stroke is untreated, a patient on an average loses 1.9**

million neurons, 13.8 billion synapses and 12km of axonal fibres. While emphasising the time sensitivity of the emergency and the time-window intervention and the risk in delaying thrombectomy, the question for consideration is- why did the treating doctors of the patient at O.P.No.1 including O.P.No.2 delay by waiting for consent of the patient's family who are physically absent and unreachable, especially, when the time-window-dependent intervention (like thrombectomy) are urgent to prevent permanent, severe neurological deficits.

25. In medical law, as per the Emergency Exception Doctrine, if a patient lacks decision-making capacity due to a sudden illness (e.g., severe stroke, altered consciousness, or aphasia) and requires immediate intervention to save their life or prevent severe, irreversible disability, and if the family or authorized surrogate is not physically present, or unreachable to give consent for any procedure/treatment to the patient in critical condition, the doctors are legally permitted to proceed with standard emergency treatment without prior explicit consent. Also if the family or authorized surrogate is not physically present, unreachable, or if attempting to contact/await them introduces delay that could lead to irreversible brain damage, the medical team is legally protected to proceed. In fact, it is the doctor's immediate fiduciary duty to preserve life and organ function.

26. In the instant case, O.P.No.2 and the other treating doctors of O.P.No.1 ought to have documented in the medical record that the thrombectomy procedure is an immediate necessity and that delaying it to obtain consent would harm the patient. Instead of delaying for obtaining consent of the patient's family, the medical team of O.P.No.1 ought to have proceeded with the treatment under implied/presumed emergency consent, to prevent catastrophic neurological impairment and irreversible harm to the patient. While, informed consent is an imperative rule, it is also true that there are some exceptions to the rule – like exceptional emergency cases wherein the patient is unconscious or otherwise incapacitated, and

wherein the emergency requires immediate medical intervention before consent can be obtained. And, in the instant case, admittedly, as per the neurologist's opinion, the patient's critical condition warranted an immediate necessary medical intervention of mechanical thrombectomy/decompressive craniotomy to prevent further deterioration in the patient's condition.

27. Secondly, regarding delay in conducting thrombectomy awaiting RT-PCR Report, it is pertinent to mention that under official health advisories from the Ministry of Health and Family Welfare and the Indian Council of Medical Research (ICMR), Hospitals and triage centers are instructed to provide immediate emergency care without demanding a prior positive or negative test report in cases of crucial medical interventions, emergency surgeries, and obstetric deliveries without delaying waiting for COVID-19 RT-PCR or rapid test results and provide necessary treatment to suspected or confirmed COVID-19 patients with standard-of-care protocols utilizing appropriate personal protective equipment (PPE) rather than postponing treatment. In the instant case, O.P.No.1 & 2 delayed the necessary treatment and discharged the patient in a haemodynamically unstable condition on 19/8/2020, and admittedly, the patient was shifted to an ambulance by the nursing staff of O.P.No.1 Hospital with mechanical ventilator, sedated and paralysed, and handed over to the technician in the ambulance to be taken to O.P.No.4 Hospital at 5:30 pm, implying that none of the medical staff of O.P.No.1 accompanied the patient in the ambulance to O.P.No.4 Hospital.

28. In view of the above findings, this Commission is of the considered opinion that O.P.No.2 and the Neurology/medical team of O.P.No.1 failed to proceed with Mechanical Thrombectomy which was medically opined as the immediate necessary treatment to prevent further deterioration of the patient's condition on the pretext of waiting for the consent of the patient's family. In this context, it is worth referring to the judgment of the Hon'ble Apex Court in Samira Kohli v. Dr. Prabha Manchanda),

wherein it is held that physicians are legally protected and ethically mandated to perform immediate life/organ-saving procedures without waiting for standard consent paperwork.

29. Having perused the medical record and the findings of the medical reports including the MRI and CT Scan reports filed by both the parties, and the observations of the medical teams of O.P.No.1 & O.P.No.2 reiterated in the Expert Opinion filed on their behalf, it leads to the irresistible conclusion that the patient suffered from hyperacute MCA stroke, where approximately 1.9 million neurons die every minute, and the standard of prudent medical care mandates immediate intervention to prevent a catastrophic, permanent brain damage or death to the patient. In this context, it is pertinent to mention that it is not the case of the complainant that the line of treatment decided by O.P.No.1 & 2 is inappropriate but it is the case of the complainants that thrombectomy, which was suggested as the appropriate line of treatment for the patient's condition, was delayed by O.P.No.1 & 2 on the pretext of delay/failure in obtaining consent for the said medical intervention. The statement that the patient's condition was not clinically suitable for Mechanical Thrombectomy as opined by their Expert Witness Doctor (@ Point No.36 of the Expert Opinion filed along with their Written Arguments), is neither mentioned in the Doctors notes/Case sheets filed under Ex.46-76 nor in the written version. In fact, it is categorically mentioned in the Discharge Summary filed under Ex.A-9/Ex.B-6 that "***The need for mechanical thrombolysis explained to the attendants who were only friends and could not take decision"*** and reiterated the same in their written version @ Pages Nos. 7 & 9 stating that " after reviewing the MRI Brain by the treating Neurophysician, Mechanical Thrombectomy was suggested on 17/8/2020 in the Emergency Department itself , after discussing with the Interventional Neurologist and the main contention of O.P.No.1 & 2 is that the attendants/friends of the patient failed to obtain timely consent for conducting Thrombectomy. It is also contended that while thrombolysis was ruled out as the patient was brought after the critical window of 4

hours, it is also submitted that as per the established medical procedure and practice, Mechanical Thrombectomy had to be performed within 6 to 24 hours of the onset of the symptoms of the stroke. Even assuming for a minute that the attendants/friends of the patient could not tell the exact time of onset of symptoms, the 6-24 hours window was available for Thrombectomy as the patient was brought around 4 pm on 17/8/2020 and the medical team of O.P.No.1 including O.P.No.2 were indecisive for reasons best known and failed to conduct Thrombectomy within 24 hours of the admission of the patient.

30. It is well settled that the fundamental ingredients in a doctor-patient relationship are a duty to exercise reasonable skill, care, and knowledge. In the instant case, the treating doctors of the patient in O.P.No.1 & O.P.No.2, who had the knowledge of the critical condition of the patient and the impending risk in delaying Thrombectomy treatment, had a duty of care and a professional obligation to render immediate emergency care without letting procedural, administrative, or consent-related hurdles delay life-saving treatment.

31. The allegation regarding negligent discharge and transfer of the patient/son of the complainant's by O.P.No.1, when the patient was in a critical condition, it is true that during the COVID-19 pandemic, healthcare administration bodies such as the Ministry of Health and Family Welfare, ICMR, and State Disaster Management Authorities under the Disaster Management Act, 2005 issued explicit mandates regarding non-COVID vs. COVID hospitals. Even if O.P.No.1 Hospital was not a covid designated hospital, O.P.No.2 & the other medical team of O.P.No.1 Hospital ought to have conducted Thrombectomy to the patient while awaiting RT-PCR report, to prevent further deterioration and to stabilize the patient before discharging the patient in a haemodynamically unstable condition on 19/8/2020. Hence, the contention of O.P.No.1 & 2 that the delay to perform an emergency procedure (such as mechanical thrombectomy) was due to delay in obtaining consent from the patient's

family and its decision to transfer/discharge the patient by claiming "it was not a COVID-designated hospital, is not only unjustified but considered as deficiency of service and negligence, especially, when it is known to them that acute Ischemic Stroke caused by a large-vessel occlusion (such as a massive Right MCA infarct) is an extreme medical emergency requiring immediate Thrombectomy to prevent irreversible brain damage of the patient.

32. In view of the above findings, this Commission is of the considered opinion that O.P.No.1 & O.P.No.2 are found negligent and deficient in providing necessary treatment to the patient/son of the complainants. And under medical negligence jurisprudence, if prompt interventional treatment within the narrow therapeutic window could have saved the patient's life or prevented fatal brain tissue death, the hospital is liable for the loss of that chance of life or survival/recovery, if they failed to provide the necessary treatment to the patient.

33. With respect to the allegation against O.P.No.3, except the bald allegation that the RT-PCR Report dt.19/8/2020 given by O.P.No.3 is a false report, there is no cogent evidence substantiating the same. On the other hand O.P.No.3 filed the IQC Quality Control Report Dt.23/9/2020 and achievement for concordance in WHO EQAS programme along with the explanation of Covid-19 protocol standards under Ex.B-1 to B-3, which remained and unchallenged and unrebutted by the complainant.

34. Also, there is neither any specific allegation nor evidence attributing negligence or deficiency of service on the part of O.P.No.4 & 5 in the complaint. Hence, the complaint is dismissed against O.P.No.3, 4 & 5.

35. It is evident from the academic record of the patient/son of the complainants that the deceased was a young, promising student pursuing his PH.D in Hyderabad Central University with potential employment opportunity to support his family. Undoubtedly, the untimely and preventable death of their young son has abruptly deprived the aged

Complainants of their primary source of future financial dependency, security, and care in the evening of their lives. Beyond the severe pecuniary loss calculated under the principles of lost dependency and future earning prospects, the catastrophic loss of a young child due negligence and deficiency of service on the part of O.P.No.1 & 2 has inflicted profound emotional trauma, grief, and severe mental agony upon the parents-a loss of filial consortium that no monetary measure can ever fully compensate. Considering the deceased's age, educational background, future career trajectory, and the immense non-pecuniary suffering endured by the Complainants, this Commission deems it just, fair, and equitable to award a sum of Rs.1,00,00,000/- (Rupees One Crore only) towards compensation for loss of dependency, future prospects, filial consortium, and mental agony.

36. In the result, the complaint is allowed in part, holding that the Opposite Parties No.1 & 2 are found negligent and deficient in providing necessary treatment to the patient/son of the complainants and hence, O.P.No.1 & 2 are jointly and severally held liable to compensate for the mental agony suffered by the complainants due to the loss of their young and potentially earning son who could have been of great financial and emotional support to the elderly or dependent parents-complainants herein. Accordingly, the complaint is allowed in part and the Opposite Parties No.1 & 2 are jointly and severally directed

i) To pay an amount of Rs.1,00,00,000/- (Rupees One Crore only) to the complainants towards compensation for the loss of dependency, income, and future prospects resulting from the premature death of their young son

ii) To pay Rs.50,000/- (Rupees Fifty Thousand Only) towards legal expenses.

iii) The complaint is dismissed against the Opposite Parties No.3, 4 & 5 with no costs.

This order shall be complied with by the Opposite Parties No.1 & 2 within 45 days from the date of receipt of the Order, failing which the

above-mentioned amount @ S.No. (i) shall carry interest @ 9% per annum from the date of receipt of the order till actual payment.

Dictated to steno and typed by her, pronounced by us on this the 25th day of August, 2026.

Sd/-	Sd/-	Sd/-
MEMBER	MEMBER	PRESIDENT

APPENDIX OF EVIDENCE

WITNESS EXAMINED FOR THE COMPLAINANT:
Ramavadh (PW 1)
Bindu (PW 2)
Vishal Kumar (PW 3)
Abhishek Nandan (PW 4)
Sonu Surendran (PW 5)

WITNESS EXAMINED FOR THE OPPOSITE PARTY NO.1:
Mr. Praveen Kumar Edla

WITNESS EXAMINED FOR THE OPPOSITE PARTY NO.2:
Dr. Aparna Vijay Kumar

EXPERT WITNESS EXAMINED FOR THE OPPOSITE PARTIES NO.1 & 2:
Dr. Subash Kaul

WITNESS EXAMINED FOR THE OPPOSITE PARTY NO.3:
BVN Phani Kumar

WITNESS EXAMINED FOR THE OPPOSITE PARTY NO.4:
T.Raghunath Reddy

WITNESS EXAMINED FOR THE OPPOSITE PARTY NO.5:
Dr. Kailas Mirche

EXHIBITS FILED ON BEHALF OF THE COMPLAINANTS:
Ex.A1: Copy of power of attorney dated 11.08.2022.
Ex.A2: Copy of death certificate dated 21.08.2020.
Ex.A3: Copy of ration card/house hold card No. 08772 under antyodaya of Uttar Pradesh Government of the complainant, showing they are below poverty line dated 19.04.2017.
Ex.A4: Copy of University of Hyderabad emergency referral form dated 17.08.2020.

Ex.A5: Copy of MRI brain @ citizens hospital dated 17.08.2020.
Ex.A6: Copy of HRCT test screen for Covid @ citizens hospital dated 17.08.2020.
Ex.A7: Copy of CT brain plain @ citizens hospital dated 18.08.2020.
Ex.A8: Copy of RT PCR positive test report by 5th OP, Medcis @ citizens hospital dated 19.08.2020.
Ex.A9: Copy of discharge summary by citizens dated 19.08.2020.
Ex.A10: Copy of detailed bill and receipt details @ citizens hospital for Rs.1,12,493/- dated 19.08.2020.
Ex.A11: Copy of CT brain plain @ continental hospital dated 19.08.2020.
Ex.A12: Copy of RT PCR negative test report -1 @ continental hospital dated 20.08.2020.
Ex.A13: Copy of RT PCR negative test report -2 @ continental hospital dated 20.08.2020.
Ex.A14: Copy of death summary by continental hospital dated 21.08.2020.
Ex.A15: Copy of in patient final bill @ continental for Rs.1,85,101/- dated 21.08.2020.
Ex.A16: Copy of complaint filed with Chandanagar police on criminal negligence of the opposite parties dated 21.08.2020.
Ex.A17: Copy of letter from CMO, HCU for case sheet dated 05.10.2020.
Ex.A18: Copy of email response from citizens hospital on CMO, HCU letter dated 05.10.2020 that hospital could not oblige the request for case sheet dated 17.10.2020.
Ex.A19: Copy of deceased Surya Pratap Bharati's University identity card validity till 31.12.2020.
Ex.A20: Copy of deceased Surya Pratap Bharati's Fellowship account retrieved from UGC bank portal. Showing credit of Rs.25000-35000/- per month by UGC since 2016 to 2019 dated 24.11.2020.
Ex.A21: Copy of salary details of Vishal Kumar, PHd batchmate of Surya Pratap Bharati, working as Asst Professor at Anjabit Singh College, Bikramgani, Rohtas Dist. Bihar dated 10.02.2022.
Ex.A22: Copy of university identity card of Vishal Kumar for 2015-2020.
Ex.A23: Copy of employment identity card of Vishal Kumar.
Ex.A24: Copy of proceeding of Ministry of Human Resource Development, Department of Higher Education, Government of India, revision of pay of teachers in colleges and universities, following the recommendations of 7th Central Pay Commission dated 02.11.2017.
Ex.A25: Copy of excel calculation sheet on hypothetical future earnings.
Ex.A26: Copy of press report "Hyd scholar dies after 'false' positive Coivd-19 test led to delay in treating stroke' - news minute dated 22.08.2020.
Ex.A27: Copy of press report "University of Hyderabad student dies due to false Covid-19 positive test report' - Indian Express.
Ex.A28: Copy of published write up on brain stroke by the 2nd opposite party Dr. Aparna Vijaya Kumar.
Ex.A29: Copy of Surya Pratap Bharati's phone call data dated 17.08.2020.
Ex.A30: Copy of alleged discharge summary of the 1st opposite party not issued to the complainant dated 27.08.2020.
Ex.A31: Copy of medical opinion.

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTY NO.3:

Ex.B1: Copy of inter lab quality control program under registration of ICMR.
Ex.B2: Copy of WHO program conducted by ICMR.
Ex.B3: Copy of internet copy of expert explanation dated 07.08.2026

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTY NO.4:

Ex.B4: Copy of unconfirmed ECG report.
Ex.B5: Copy of MIW notes of citizens speciality hospital dated 19.08.2020.
Ex.B6: Copy of discharge summary of citizens speciality hospital.
Ex.B7: Copy of pre admission form.
Ex.B8: Copy of admission consent form dated 19.08.2020.
Ex.B9: Copy of general consent form for authorisation for investigations and treatment dated 19.08.2020.
Ex.B10: Copy of addendum to general consent during covid-19 pandemic dated 19.08.2020.
Ex.B11: Copy of emergency room assessment form dated 19.08.2020.
Ex.B12: Copy of ER consult note dated 19.08.2020.
Ex.B13: Copy of ECG report at 7.19 am dated 19.08.2020.
Ex.B14: Copy of blood test report of patient - Mr. Surya Pratap Bharti dated 19.08.2020.
Ex.B15: Copy of ER handoff communication dated 20.08.2020.
Ex.B16: Copy of critical care chart dated 20.08.2020.
Ex.B17: Copy of admission note certificate care dated 20.08.2020.
Ex.B18: Copy of Covid-19 RT PCR test report dated 20.08.2020.
Ex.B19: Copy of sodium levels test report dated 20.08.2020.
Copy of culture and sensitivity aerobic, endotrach test report.
Copy of Haemogram CBC+ESR (Westergren) report.
Copy of CRP test report.
Copy of Chem 20 test report.
Copy of Ferritin levels test report.
Copy of LDH test report .
Ex.B20: Copy of blood measurement report of patient - Mr. Surya Pratap Bharti dated 20.08.2020.
Ex.B21: Copy of critical care chart dated 20.08.2020.
Ex.B22: Copy of doctor's progress note dated 20.08.2020.
Ex.B23: Copy of nursing special notes dated 20.08.2020.
Ex.B24: Copy of IP progress notes and IP follow up note dated 20.08.2020.
Ex.B25: Copy of amount deposit receipt.
Ex.B26: Copy of shift change handover form.
Ex.B27: Copy of blood glucose monitoring chart.
Ex.B28: Copy of blood measurement report of patient-Mr. Surya Pratap Bharti dated 21.08.2020.
Ex.B29: Copy of APTT test report dated 21.08.2020.
Ex.B30: Copy of critical care progress notes dated 21.08.2020.
Ex.B31: Copy of critical care consultant progress notes dated 21.08.2020.
Ex.B32: Copy of IP progress notes dated 21.08.2020.
Ex.B33: Copy of critical care chart dated 21.08.2020.
Ex.B34: Copy of doctor's progress note dated 21.08.2020.

Ex.B35: Copy of covid ICU data form dated 21.08.2020.
Ex.B36: Copy of ECG report confirmed by one Dr. Gopal at 04.11 pm dated 21.08.2020.
Ex.B37: Copy of death summary and discharge summary (colly) dated 21.08.2020.
Ex.B38: Copy of death certificate of Mr. Surya Pratap Bharti dated 21.08.2020.
Ex.B39: Copy of medical certificate of cause of death in form No.4 dated 21.08.2020.
Ex.B40: Copy of in patient final bill.
Ex.B41: Copy of PT with INR test report dated 21.08.2020.
Ex.B42: Copy of C19 IgG anti-body test report dated 21.08.2020.
Ex.B43: Copy of complete blood count report dated 21.08.2020.
Ex.B44: Copy of sodium and potassium levels test reports dated 21.08.2020.

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTY NO.5:
Ex.B45: Copy of insurance indemnity policy bearing policy number 556002492210000161, issued by the national insurance company limited.

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTIES NO.1 & 2:
Ex.B46: Copy of admission record dated 17.08.2020.
Ex.B47: Copy of patient consent dated 17.08.2020.
Ex.B48: Copy of general authorisation dated 17.08.2020.
Ex.B49: Copy of admission desk checklist dated 17.08.2020.
Ex.B50: Copy of admission record requisition form dated 17.08.2020.
Ex.B51: Copy of declaration dated 17.08.2020.
Ex.B52: Copy of IO monitoring chart dated 17.08.2020.
Ex.B53: Copy of citizen emergency triage dated 17.08.2020.
Ex.B54: Copy of ER initial assessment form dated 17.08.2020.
Ex.B55: Copy of plan of care dated 17.08.2020.
Ex.B56: Copy of admission checklist dated 18.08.2020.
Ex.B57: Copy of initial assessment form dated 17.08.2020.
Ex.B58: Copy of nursing initial assessment form dated 18.08.2020.
Ex.B59: Copy of general nutrition screening / assessment form dated 18.08.2026.
Ex.B60: Copy of modified morse fall risk assessment dated 17.08.2020.
Ex.B61: Copy of progress notes dated 17.08.2020 to 19.08.2020.
Ex.B62: Copy of drug prescription / medication chart dated 18.08.2020 to 19.08.2020.
Ex.B63:Copy of high alert infusion with dose titration chart dated 17.08.2020.
Ex.B64: Copy of MEWS chart dated 18.08.2020.
Ex.B65: Copy of monitoring chart dated 17.08.2020 to 18.08.2020.
Ex.B66: Copy of nurses progress notes dated 17.08.2020 to 19.08.2020.
Ex.B67: Copy of nursing hand over note dated 18.08.2020 to 19.08.2020.
Ex.B68: Copy of caution prevention bundle checklist dated 17.08.2020.
Ex.B69: Copy of clearance for surgery / procedures dated 18.08.2020.

Ex.B70: Copy of consent for examination / MRI CT scan image guided interventional dated 18.08.2020.
Ex.B71: Copy of consent form dated 19.08.2020.
Ex.B72: Copy of patient and family education / counselling form dated 17.08.2020 to 18.08.2020.
Ex.B73: Copy of nursing care plan and plan of care dated 17.08.2020 to 19.08.2020.
Ex.B74: Copy of family education form nurse dated 18.08.2020
Ex.B75: Copy of in house transfer form dated 18.08.2020.
Ex.B76: Copy of investigation reports dated 17.08.2020 to 18.08.2020.

Sd/-	Sd/-	Sd/-
MEMBER	MEMBER	PRESIDENT