



MEDINSLEGAL

SEPTEMBER
2024

NEWSLETTER

MEDINS LEGAL TIMES



 www.medinslegal.com

 medinslegal@gmail.com

 +91-6262262691 | +91-8595760424

LEGAL AID FOR MEDICAL PROFESSIONALS



MEDINSLEGAL

PAGE - 3

[Woman Doctor Allegedly Assaulted By Patient's Relatives In Delhi Hospital](#)

PAGE - 5

[Surrogate Mothers Likely To Be Paid Anyway, Better To Have A System To Regulate : Supreme Court In Challenge To Ban On Commercial Surrogacy](#)

PAGE - 7

[Eye Injury Due To Dengue Fever, Not Delay By Ophthalmologist: NCDRC Relief To Delhi Hospital In Medical Negligence Case](#)

PAGE - 11

[DGHS Delhi issues urgent advisory on safety of doctors, mentions 'Code Violet'](#)

PAGE - 13

[Implement Healthcare Central Protection Act, demands protesting doctors](#)

PAGE - 15

[When DCDRC took to task a surgeon for conducting delayed Laparotomy based on a 2-day old CT Scan report](#)



Woman Doctor Allegedly Assaulted By Patient's Relatives In Delhi Hospital

A female doctor was allegedly assaulted verbally as well as physically by a patient's relatives at the Delhi government-run Hedgewar hospital on 19.09.2024. The incident allegedly occurred at the hospital in Karkardooma in the morning.

The doctor who was "assaulted" was unreachable as her mobile phone was switched off. One of her colleagues said she is traumatised due to the incident.

A resident doctor told PTI that a 70-year-old man was brought to the hospital in a critical condition. He was suffering from high blood pressure, paralysis on one side of his body, breathing difficulties and chest pain that had persisted for three days.

The patient was attended by the female doctor, who promptly suggested an ECG for further evaluation.

However, the patient was allegedly not cooperative during the procedure and insisted on consulting a heart specialist, leading to his referral to the Guru Teg Bahadur (GTB) Hospital, the resident doctor said.

He added that an ambulance was dispatched to take the patient to the GTB Hospital, along with a member of the hospital's staff due to the man's critical condition.

"Unfortunately, during the journey, the patient's condition worsened and he died. The ECG conducted at the GTB hospital showed no sign of life," the doctor said.

When the body was returned to the Hedgewar Hospital, the patient's relatives allegedly subjected the on-duty female doctor to verbal abuse as well as physical assault, leaving her traumatised, the resident doctor said. The relatives of the patient allegedly beat up the female doctor with footwear and manhandled her, he added.

According to the resident doctor, no action has so far been taken by the hospital management in this regard.





Surrogate Mothers Likely To Be Paid Anyway, Better To Have A System To Regulate : Supreme Court In Challenge To Ban On Commercial Surrogacy

While hearing the pleas challenging certain surrogacy laws, the Supreme Court today emphasized the need to safeguard the interests of surrogate mothers, even though commercial surrogacy is prohibited in India.

A bench comprising Justices BV Nagarathna and N Kotiswar Singh was hearing a batch of petitions pertaining to the Surrogacy Regulation Act and the Assisted Reproductive Technology (Regulation) Act, 2021, when it observed that there is a need for a "system", so that no woman is exploited.

"There can be a database, so that the same lady is not exploited. A system must be there. Nobody is saying it's a bad idea, but at the same time, it can be badly used", orally said Justice Nagarathna.

On the aspect of compensation, the judge added that the Court will consider the aspect of a designated authority disbursing funds to surrogate mothers, instead of the intending couple paying them directly: "You don't have to pay directly to the lady, the Department pays. You will have to deposit".

Additional Solicitor General, on behalf of the Union, informed the Court that at present, the laws bar commercial surrogacy and only altruistic surrogacy is allowed. However, she sought time to come up with instructions, adding, "If there are any suggestions, we are willing to take. This is an Act which has specifically come and banning of commercial surrogacy was one of the prime objectives we wanted to have. Otherwise, the prism with which the experts have looked at it is the welfare of the child. It's not the rights of intending couples or individuals. It is the rights of the child ultimately who is brought into the world".

Senior Advocate, appearing for the petitioners, argued that while keeping the spirit of "altruism" intact, some sort of compensation needs to be provided to surrogate mothers, as the Act and Rules only cover medical expenses and insurance. In response to a court query, he informed that a woman can only be a surrogate mother once.

The senior counsel further stated that putting a mechanism in place would also assist intending couples who are unable to find a surrogate. "Instead of having things which go underground, if a mechanism is set out, then certainly I think we can regulate it better. Perhaps in cases where [people] are unable to find a surrogate, they may be able to find a surrogate...", he said.

Acknowledging submission, Justice Nagarathna said that there can be something like a "surrogate bank". "The plan will not really work in the sense they are still going to be paid. Atleast we can regulate it", the judge added.

At one point, it was also noted that the effect of the existing Act(s) on intending couples who have already started the process will have to be considered.

The Court will hear the matter on November 5 and the parties have been asked to file their submissions in the meanwhile.

Case Name - Arun Muthuvel v. Union of India | W.P. (Civil) No. 756 of 2022





NCDRC

NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION

Eye Injury Due To Dengue Fever, Not Delay By Ophthalmologist: NCDRC Relief To Delhi Hospital In Medical Negligence Case

Reiterating the observations made by Supreme Court, NCDRC recently clarified that a simple lack of care, an error of judgment or an accident, is not proof of negligence by a medical professional.

As per the Apex Consumer Court presided by Justice Ram Surat Maurya and Mr. Bharatkumar Pandya negligence in the medical field is judged if an injury results from an act or omission. It further held that there are three essential components of negligence- duty, breach, and resulting damage and in the medical profession, negligence necessarily calls for a treatment with a different.

These observations were made by the NCDRC bench while considering a complaint of medical negligence against Shri Balaji Action Medical Institute. As per the complainant, back in 2008, he was suffering from high-grade fever and was diagnosed with Dengue by the treating doctor at Shri Balaji hospital. He was admitted to the Intensive Care Unit, where various tests were conducted.

The test report showed "Dengue NS-1 Antigen" as negative. As per the complainant, due to negligent treatment in ICU, his 'Platelet Count' started falling and his visibility of the eyesight of both eyes became very low. Allegedly, even though he informed the attending doctors and nurses about his low visibility on 05.10.2008 they ignored it. His condition became critical and the next morning the senior doctor advised for MRI. The report showed "Subcutaneous edema in the bilateral eyelids with pathological of wall of optic globes"

The complainant submitted that the doctors failed to control the infection in his eyes and the complainant lost visibility. Thereafter he was referred to AIIMS, New Delhi and the doctors informed the complainant's father that they were unable to diagnose the reason for loss of visibility. Consequently, he was admitted to 'Dr. Rajendra Prasad Centre for Ophthalmic' of AIIMS, where he remained admitted for weeks but still did not get effective results. After getting discharged from AIIMS, the complainant took treatment at several other facilities but could not regain his visibility in any of the eyes.

Therefore, the complainant alleged that due to gross negligence by the doctors of the treating hospital, the complainant became permanently blind. He further claimed that if the hospital was not competent to handle the complainant's patient, they should not have admitted him.

Filing the consumer complaint, he prayed for a compensation of Rs 50 lacs for loss of eyesight, Rs 25 lacs for compensation for physical pain and mental agony and Rs 5 lacs as the medical expenses with interest @18% per annum from the date of loss of eyesight till the date of payment.

On the other hand, the hospital submitted that the patient was diagnosed with acute febrile illness with severe thrombocytopenia with bleeding diathesis, and bleeding gums. He also had purpuric spots on his legs. report showed a platelet count nil.

Considering the symptomatology and the reports of a dengue fever outbreak, 4 platelet concentrate and one unit of platelet apheresis were transfused to the patient. As there was bleeding from multiple sites, two units of FFP were also given along with IV fluids and other supportive therapy. His reports revealed severe lifethreatening thrombocytopenia, haemoconcentration, mildly deranged prothrombin time, positive dengue serology suggestive of secondary or tertiary dengue infection. He had polyserositis (right pleural effusion), moderate ascites and gall bladder was edema. His clinical symptomatology and investigations were suggestive of dengue haemorrhage fever.

As per the hospital, the patient was looked after by a qualified ICU Resident Doctor and was constantly monitored and supervised by the treating consultants.



Regarding the complaint of blurred vision, the hospital submitted that the patient was referred to a Senior Consultant Ophthalmologist, whose impression was intraorbital/cerebral haemorrhage and the patient was advised CT Scan of Head & Orbit axial + coronal cuts thin sections. CT scan report revealed focal hypo-densities left parietal region near the convexity and no evidence of intracranial haemorrhage. A neurologist was consulted and the case was reviewed by Senior Consultant Ophthalmologist also, who suspected impression of acute optic neuritis, vitereous haemorrhage due to haze, no view was possible in the fundus examination. He advised for MRI orbit, which revealed multiple micro-bleeds in the bilateral fronto parietal subcortical and periventricular white matter and basal ganglia.

There was a subcutaneous edema in the bilateral eyelids with pathological thickening of wall of optic globes. The patient was bleeding in vital organs like eyes. His platelets were maintained at more than 50000/min by platelet transfusion and his prothrombin time was maintained by giving this Fresh Frozen Plasma. The ophthalmologist team reviewed the patient and observed that the patient had epithelial edema+epithelial deficit over the cornea in both eyes. The eyes also had chemosis. As there was no improvement in the patient's vision, he was referred to AIIMS for further management.

The hospital contended that the patient was treated according with a standard protocol with compassion, a humane touch and was given the best care. He was timely investigated and timely referred. Therefore, there was no medical negligence or deficiency in service on the hospital's part. While considering the complaint, the State Commission sought an expert opinion from Maulana Azad Medical College, New Delhi, which formed a Medical Board. The Medical Board examined the papers and submitted its report dated 03.01.2014 stating that no medical negligence was committed at the hospital during the patient's treatment.

Meanwhile, the patient had also made a complaint against the hospital and the treating doctors before the Delhi Medical Council, who had conducted an inquiry after hearing the parties, the Council found that the treatment given to the patient in the hospital was per Standard Protocol and no negligence was committed. However, the State Commission held that the patient had reported blurring vision while the Ophthalmologist attended to the patient. Therefore, there was no reason for not attending the patient by the ophthalmologist and starting treatment of the eyes. Even after examination by the Ophthalmologist, unreasonable delay was caused in obtaining the CT Scan report and MRI report and this was a crucial period for the patient. Therefore, holding that the hospital had committed negligence in taking care of the patient's eyes, resulting in permanent damage, the Commission had directed the hospital to pay Rs 35 lakh compensation for loss of eyesight and medical expenses to the complainant.



Challenging this order, the hospital approached the NCDRC bench. While considering the matter, the State Commission relied on the Supreme Court order in the case of *Jacob Mathew v. State of Punjab*, in which the Apex Court held that Negligence in the context of the medical profession necessarily calls for a treatment with a difference. To infer rashness or negligence on the part of a professional, in particular a doctor, additional considerations apply. A case of occupational negligence is different from one of professional negligence. A simple lack of care, an error of judgment or an accident, is not proof of negligence on the part of a medical professional. So long as a doctor follows a practice acceptable to the medical profession of that day, he cannot be held liable for negligence merely because a better alternative course or method of treatment was also available or simply because a more skilled doctor would not have chosen to follow or resort to that practice or procedure which the accused followed.

The NCDRC bench took note of the expert report by the Medical Board of Maulana Azad Medical College, New Delhi, which mentioned in its report that ophthalmologic complications like optic neuritis, which can lead to blindness are known to occur in dengue fever. Delhi Medical Council also in its order dated 27.04.2012 held that dengue along with superinfection subsequently leading to phthisis neuritis is a known complication of dengue.

Therefore, holding that there was no medical negligence by the treating doctor, the NCDRC bench set aside the State Commission's order.

**Case Name - SRI BALAJI ACTION MEDICAL
INSTITUTE V. TILAK @ TILAK RAJ SIKRI
FA. NO. 1938/2018**





DGHS Delhi issues urgent advisory on safety of doctors, mentions 'Code Violet'

The Directorate General of Health Services under the Government of NCT (National Capital Territory) of Delhi issued an urgent notice in light of "recent shameful events which has shook the nation", implying the murder-rape of a female doctor at RG Kar Medical College and Hospital, Kolkata. The notice issued an advisory for all the medical directors/medical superintendents.

The notice directs that a committee under the chairmanship of the Medical Directors should be formed, with senior doctors and representatives of doctors and nurses, to prepare a security plan for the hospital.

This will include special provisions for the safety of doctors at the casualty and emergency services from attendants or families of the patients.

Emphasising the Code Violet, which refers to an emergency situation where there is an immediate threat or act of violence within the healthcare facility, the notice read, "The security plan must include "Code Violet" and potential preparation and training for all the doctors and peripheral staff."

Furthermore, the notice mentioned that the security plan of the hospital must be shared with the Deputy Commissioner of the police of the concerned district.

In conclusion, the urgent notice release read, "Any Medical Directors / Medical Superintendents and Head of Office of the Hospitals who do not make Police Complaint under aegis of Section 6 of the Delhi Medicare Service Personnel and Medicare Service Institutions. (Prevention of Violence and Damage to Property) Act, 2008 within 6 Hours of receiving complaints from the Doctors must provide justification for their inaction to the Director General Health Services, Government of NCT of Delhi."

F.PS/DGHS/MISC/2024/ 1056-1109

Date: 20-08-2024

URGENT RELEASE

Director General Health Services, Government of NCT of Delhi has taken *Sou Moto* cognizance of the apathy and dilapidated plight of the Doctors in the light of the recent shameful events which has shook the nation. Hence, the Director General Health Services, Government of NCT of Delhi hereby issues following advisory to all the Medical Directors / Medical Superintendents:-

1. Kindly make a committee under the chairmanship of the Medical Directors / Medical Superintendents and Head of Office as Member Secretary. The Committee must consist of the Senior Doctors (preferably HODs) of the Hospital and representative of the Residents Doctors and Nurses for preparation of the security plan of the Hospital. The security plan must include "Code Violet" and potential preparation and training for all the doctors and peripheral staff.
2. The security plan of the Hospital must be shared with Deputy Commissioner of the Police of the concerned district and Station House Office of the Police Station with a copy to the Director General Health Services, Government of NCT of Delhi.
3. Special Provision for safety of the Doctors at the Casualty and Emergency Services from the attendants and family of the patients. It is one of the key vulnerable area of the hospitals where the security of the Doctors can be easily compromised. The security plan must make provision of the security arrangements and protocols for the Access Control to the Doctors by the attendants and family of the patients.
4. Medical Directors / Medical Superintendents and Head of Office of the Hospitals must make Police Complaint under aegis of Section 6 of the Delhi Medicare Service Personnel and Medicare Service Institutions. (Prevention of Violence and Damage to Property) Act, 2008 within 6 Hours of receiving complaints from the Doctors. A copy of the complaint must be sent to Deputy Commissioner of Police of the district concerned along with a copy to the Director General Health Services, Government of NCT of Delhi.
5. Any Medical Directors / Medical Superintendents and Head of Office of the Hospitals who do not make Police Complaint under aegis of Section 6 of the Delhi Medicare Service Personnel and Medicare Service Institutions. (Prevention of Violence and Damage to Property) Act, 2008 within 6 Hours of receiving complaints from the Doctors must provide justification for their inaction to the Director General Health Services, Government of NCT of Delhi.

By Prior Approval of the Worthy, Director General Health Services

Nalini
20/8/24 HOO
DGHS

HEAD OF OFFICE
Office of Health Services
Govt. of NCT of Delhi





Implement Healthcare Central Protection Act, demands protesting doctors

The Federation of All India Medical Association (FAIMA) on Saturday asked the Union government to implement the Healthcare Central Protection Act in the wake of 'repeated' physical and sexual assaults on medical professionals, particularly female doctors while on duty.

“Violence against healthcare workers is increasing day by day. The Union government must implement the Healthcare Central Protection Act to protect healthcare workers,” said FAIMA President Dr Rohan Krishna during the protest at Delhi's Jantar Mantar.

He said that although the act was in force during the COVID-19 crisis, however, it was not tabled in the Parliament and could not be implemented.

“Our colleague was brutally raped and murdered in RG Kar Medical College in West Bengal. We demand a speedy inquiry into the case. The culprits must be hanged,” Dr Rohan said.

He said that the violence against doctors is on the rise across the country and doctors are not safe, adding that the doctors are at Jantar Mantar to press for the demands.

“Our basic demand is for the implementation of the Central Healthcare Protection Act. Doctors are always there to save patients but sometimes even we are unable to save a patient. In such scenarios, the relatives often become violent and attack us. Doctors too need protection,” said one of the doctor, who was also part of the protest.

Doctors across the country went on nationwide strikes and protests after a female doctor was raped and murdered in West Bengal earlier this month, severely hitting the medical services.





When DCDRC took to task a surgeon for conducting delayed Laparotomy based on a 2-day old CT Scan report

District Consumer Disputes Redressal Commission (DCDRC), Jhargram: While considering a complaint alleging commission of medical negligence and deficiency in service while conducting Laparotomy on the complainant's son; the Bench of Shyam Sundar Chattopadhyay (President) and Anjali Chaturvedi (Member) held the surgeon (1 st OP) liable for medical negligence and deficiency in service pointing out that, the doctor did not obtain a valid consent for the surgery and there was an inadvertent and unjustified delay in operating the patient, due to which the liver abscess ruptured which was only revealed when the Laparotomy was conducted at the eleventh hour. The DCDRC stated that had Laparotomy been conducted faster, then the situation might have been better.

Furthermore, the Commission strictly noted that 1 st OP conducted the Laparotomy relying on a 2-day old CT scan, whereas in these cases reports must be fresh and close in point of time to the operation. Furthermore, 1 st OP also failed to provide an OT note to the complainant while his son was being taken to the referred hospital, which also constitutes deficiency in services.

Background:

In 15-7-2020, the complainant's son (patient) developed fever from abdominal pain. After undergoing several tests including ultrasound and CT-Scan which was conducted on 4-8-2020, which revealed the probability of a Hepatic Abscess. After perusal of the reports, the patient was referred to the 1 st OP for operation. On 5-8-2020, a High-Risk consent for 'drainage of liver abscess' was obtained from the patient's sister and the Emergency Laparotomy was planned for 6-8-2020, after a gap of almost 27-hrs from the date of the CT-scan report. On 7-8-2020, the patient developed certain complications and was later referred to Indian Institute of Liver and Digestive Sciences (IILDS) from where he was discharged on 18-8-2020.

The patient's discharge report by IILDS stated that Laparotomy for liver abscess was attempted and abandoned after opening the peritoneal cavity and there was no proper OT note available when he was referred to IILDS. In May 2023, an Investigation Committee was constituted by the Jhargram Medical College and Hospital in pursuance of the directions by the DCDRC.

Contentions:

The complainant contended that 1 st OP negligently conducted the operation at a late hour of night, abandoned the patient and referred him to IILDS in a very unsafe condition. It was further argued that the surgery was beyond the infrastructural capacity of the hospital and skill set of the 1 st OP and despite having knowledge of the same, the 1 st OP exposed the patient to risk and gave referral without a proper operation. Per contra, 1 st OP contended that the patient was operated after obtaining of High-Risk consent and rupturing of the abscess was discovered after the abdomen was opened for surgery, hence it was not a simple case of liver abscess as was shown in the CT scan. It was also contended that had the CT scan shown the rupture, the 1 st OP would not have performed the surgery.

Furthermore, it was also questioned the non-inclusion of Jhargram Nursing Home as necessary party in the complaint.



Commission's Assessment:

Vis-a-vis DCDRC's jurisdiction over the instant case, the Commission held that the complaint is well within the pecuniary and territorial jurisdiction of the Commission. Regarding complainant's locus standi, the Commission rejected 1st OP's argument that the surgery was done free of charge as the bill issued by Jhargram Nursing Home was clear evidence that the whole procedure was paid for as approximately Rs 35,000 was paid towards charges for bed, OT and other charges. Even though the charges were not paid directly to 1st OP, they were still paid through a medium, i.e., the nursing home. Although the Commission expressed doubts as to how the complainant's locus was established as the complainant did not show his locus to file the complaint before the Commission and same was not questioned by the Opposite Parties. Therefore, in absence of any contrary evidence and objection, the Commission made a positive assumption that the complainant has a locus. Vis-a-vis non-inclusion of Jhargram Nursing Home as necessary party and whether this exclusion defeats the complaint, the DCDRC referred to Order 1 Rule 3 and Rule 9 of CPC and relevant precedents of the Supreme Court on necessary parties and relevant NCDRC decisions related to the extent of liability of a hospital/nursing home. The DCDRC pointed out nursing homes are vicariously liable for the wrongs committed by their doctors.

It was further noted that the instant complaint presented an opposite scenario wherein the doctor was impleaded, but the hospital was not. The Commission concluded that the instant complaint did not fail due to non-inclusion of Jhargram Nursing Home as necessary party, as vicarious liability means joint-liability along with the actual wrong-doer. Furthermore, the Commission stated that it is nowhere mentioned that a vicariously liable person needs to be impleaded for the case to succeed. The Commission, in the light of the statutory position and judicial precedents, held that Jhargram Nursing Home was not a necessary party to the complaint. "Compensation can always be granted against the doctor if he has been impleaded, because his liability is direct, constituting the tort of professional negligence".

Vis-a-vis deficiency of service and medical negligence committed by 1st OP; the Commission delved deep into the jurisprudence of medical negligence highlighted by various judicial precedents and medical literature on the issue.



The Commission also perused the evidence produced before it. Considering the CT scan report dt. 4-8-2020, the DCDRC stated that it was not prudent on part of 1 st OP to rely on a 2-day old CT scan report before performing the surgery on the patient and should have displayed some alacrity. Vis-a-vis obtaining High-Risk consent from the patient sister, the Commission stated that consent of patient to undertake the risk of surgery is not a valid defense in cases of medical negligence. Furthermore, the Commission pointed out that the sister's consent was a proxy/ substituted consent, furthermore the record did not show any emergency which may have required such proxy consent. Therefore, the Commission held that there was no valid informed consent to perform Laparotomy on the patient. The Commission took note of the long delay, from obtaining the CT scan report to obtaining the proxy consent to performing the Laparotomy. Considering the available medical literature on liver abscess and the importance of timely surgery for the same, the DCDRC pointed out that the patient was indeed suffering from liver abscess, but something happened between obtaining the CT scan report and final operation, which changed the nature of the ailment as the abscess ruptured. Considering the report by Investigation Committee, the DCDRC noted that the report absolved the 1 st OP from any intentional negligence during the procedure for exploratory Laparotomy, although it may not have been the best procedure liver abscess management; however, the same was considered to be essential as per clinical knowledge and medical judgment of 1 st OP. However, the Commission pondered over "unintentional negligence" on part of 1 st OP, or rather "What exactly has been the negligence on part of the OP No. 1?".

The Commission, taking note of the relevant medical terms and procedures related to liver abscess and Laparotomy, as defined in the related medical literature, stated that the CT-scan report identifying the abscess was correct. The Commission pointed out that a liver abscess needs timely intervention and if it remains untreated, then the abscess can rupture and cause peritonitis and shock.

The Commission further pointed out that delay in surgery of medical abscess has been identified as a form of medical negligence and in the instant case, there was a considerable 27- hour time gap between the CT-scan report and Laparotomy, and it was during this within this time that the patient's liver abscess ruptured. The Commission found that there was delay in starting the necessary procedures after receipt of the scans; the Laparotomy was done at the last hour of the day and that the Laparotomy was conducted after relying on a 2-day old scanreport. The Commission noted that fortunately, the patient reached IILDS, so his life was saved and that it cannot overlook that he could have died.

The Commission found that the causation between the mental agony and risk that the patient was exposed to, and inadvertence of the doctor, was sufficiently established. Thus, the DCDRC found 1 st OP negligent. The DCDRC also held that there was deficiency in services as the 1 st OP did not provide any OT note to the patient while referring him to IILDS. The Commission awarded compensation of Rs. 4 Lakhs to be paid to the complainant. However, the Commission also imposed exemplary costs of Rs. 5000 on the complainant for unnecessarily impleading 2nd OP, who acted as the anesthetist and was "merely caught in the crossfire between the parties". The Commission thus observed that, "Law cannot be taken for a ride (...) Litigation is indeed a modern-day warfare, and a war is never a pleasant thing. The harassment, agony and tension that it causes, particularly when we are dealing with doctors who play a vital role in society, is unfathomable".





MEDINSLEGAL



CALL US NOW!

+91-62622-62691

Provide your medical profession with comprehensive protection.



WHY MEDINS?

INDIA'S PROFESSIONAL RISK MANAGEMENT ORGANISATION ONLY FOR HEALTHCARE PROFESSIONALS AND MEDICAL INSTITUTIONS

DEALING IN ALL
MEDICO LEGAL
CASE

COVERING PERSONAL
LEGAL MATERS

PRESENCE ACROSS
NATION

PROMPT RESPONSE BY
LEGAL TEAM

REASONABLE AND
COMPETITIVE
PRICING