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**REPORT  
OF  
JUSTICE THIRU A. ARUMUGHASWAMY  
COMMISSION OF INQUIRY**

CONSTITUTED TO INQUIRE INTO THE CIRCUMSTANCES AND  
SITUATION LEADING TO THE HOSPITALIZATION OF THE LATE  
HON'BLE CHIEF MINISTER OF TAMIL NADU SELVI J JAYALALITHAA  
ON 22.09.2016 AND SUBSEQUENT TREATMENT PROVIDED TILL HER  
UNFORTUNATE DEMISE ON 05.12.2016.

**JUSTICE THIRU A. ARUMUGHASWAMY**



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THIRU. JUSTICE A.ARUMUGHASWAMY  
COMMISSION OF INQUIRY**

1st FLOOR, KALAS MAHAL HERITAGE BUILDING,  
CHEPAUK, CHENNAI-5

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THE LATE HON'BLE CHIEF MINISTER OF TAMIL NADU  
*SELVI J JAYALALITHAA*  
ON 22<sup>ND</sup> SEPTEMBER 2016  
AND SUBSEQUENT TREATMENT PROVIDED  
TILL HER UNFORTUNATE DEMISE  
ON 5<sup>TH</sup> DECEMBER 2016**

Tuesday the 23rd day of August, 2022



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## **1. INTRODUCTION**

**1.1.** Selvi J. Jayalalithaa joined the AIADMK Party in 1982 and was elevated as Party's "Propaganda Secretary", when Dr. M.G. Ramachandran was the Chief Minister of Tamil Nadu. After his demise, there were two factions in the AIADMK and thereafter they merged into one. She was elected unanimously as the General Secretary and won in the Tamil Nadu Assembly Elections in the year 1991 and became Chief Minister of Tamil Nadu. She was one of the most popular and powerful Political leaders in South Indian Politics, holding the post of General Secretary of the AIADMK party for more than 25 years and was the Chief Minister of the State of Tamil Nadu for three terms. She was affectionately called as "Puratchi Thalaivi AMMA" (Revolutionary Leader and Mother) by her party cadres. A leading actor of the yesteryears in Cine-Industry in South India, she achieved lots of laurels as well as tribulations in her public life.

**1.2.** She lost the 1996 Elections and thereafter, Vigilance and Anti Corruption Department filed cases against her. During the pendency of trial, she came to power again in 2001. During the trial, the witnesses examined already were recalled and they turned hostile. Prof.K.Anbazhagan, Treasurer and former Minister of D.M.K., filed an application before the Hon'ble Supreme Court, mentioning the situation and the case was transferred to Bengaluru Special Court and it ended in conviction. Thereafter, an appeal was allowed by the Karnataka High Court, against which the matter was taken to the

Hon'ble Supreme Court and during the pendency, she passed away and the matter stood abated against her.

**1.3.** On 22.09.2016, she was hospitalized and, after a meek fight for more than 10 weeks, unfortunately, she breathed her last on 05.12.2016. The circumstances under which she was hospitalised and died in the hospital became a subject of public debate and doubts were raised in several quarters over her mysterious death. There was demand upon the Government to constitute a Commission of Inquiry to unearth the truth. The Government eventually decided to constitute a Commission of Inquiry under the Commissions of Inquiry Act, 1952 and that is how this Commission came into being.

## **2. GOVERNMENT ORDERS**

**2.1.** The Government of Tamil Nadu, vide Notification in G.O.Ms.No.817, Public (S.C) Department, dated 25.09.2017, appointed the Commission of Inquiry, headed by the Hon'ble Thiru Justice A.Arumughaswamy, Former Judge of the High Court of Madras, to inquire into the demise of the Late Hon'ble Chief Minister of Tamil Nadu, Selvi. J. Jayalithaa (hereinafter mentioned as "Late C.M."), on 05.12.2016.

**2.2.** The Government of Tamil Nadu issued another Notification in G.O.Ms.No.829, Public (S.C) Department, dated 27.09.2017, published in the Tamil Nadu Government Gazette Extraordinary No.311, (Notification No. II (2)/PUSC/822(a)/2017) in Part II-Section 2 dated 27.09.2017, making the following references:-

*"To Inquire into the circumstances and situation leading to the hospitalisation of the late Hon'ble Chief Minister on 22nd September 2016 and subsequent treatment provided till her unfortunate demise on 5th December 2016".*

The Notification dated 25.09.2017 also provided as under:

*"Having regard to the nature of the inquiry to be made by the Commission of Inquiry and other circumstances of the case, all the provisions of sub-sections (2), (3), (4) and (5) of Section 5 of the Commissions of Inquiry Act 1952 (Central Act LX of 1952) shall be made applicable to the Commission of Inquiry.*

*All the provisions of Sub-sections (2), (3), (4) and*

(5) of Section 5 of the said Act were made applicable to the Commission of Inquiry.

The Commission will complete its inquiry and submit its report (both English and Tamil) to the Government within a period of three months from the date of publication of this Notification in the Tamil Nadu Government Gazette.”

**2.3.** Pursuant to the above Government Orders, the Commission of Inquiry viz.,

*The Hon’ble Mr. Justice A.Arumughaswamy, former Judge, High Court of Madras; former Chairman, Debts Recovery Appellate Tribunal, Mumbai; and former Vice-Chairman, Central Administrative Tribunal, Chennai Bench, assumed official charge on 30.09.2017.*

**2.4.** The Government of Tamil Nadu issued G.O.Ms.No.847, Public (S.C.) Department dated 10.10.2017, sanctioning staff to the Commission of Inquiry, and the details are furnished below:-

Sl. No.	Name and designation of the staff and	No. of posts.	Status as on		
			31 <sup>st</sup> March 2020	31 <sup>st</sup> March 2021	31 <sup>st</sup> March 2022
1	Secretary to the Commission of Inquiry-Mr.Shasti Suban Babu-Deputy Secretary to Government (Law Department) Permanent Staff deputed from the Secretariat.	1	1	1	1 (From 28.3.22)
2	Personal Assistant to the Hon’ble Commission of Inquiry-G.Ramakrishnan,	1	1	1	1

	Retired from High Court, re-employed				
3	SC Section Officer-Tmt.S.Thangarathi Kumari, Permanent Staff deputed from the Secretariat	1	1	Vacant	1 (From 16.3.22)
4	Court Officer-Mr.R.Sivakumar, Retired and re-employed.	1	1	Vacant	1 (From 19.1.22)
5	Personal Clerk-Permanent Staff deputed from the Secretariat	1	Vacant	Vacant	Vacant
6	Assistant-Permanent Staff deputed from the Secretariat	1	Vacant	Vacant	Vacant
7	Typist-Mr.P.Raghu, Permanent Staff deputed from the Secretariat.	1	1	Vacant	1 (From 3.3.22)
8	Driver-Permanent Staff deputed from the Secretariat.	1	Vacant	Vacant	Vacant
9	Office Assistant	5	1	1	Vacant
10	Contract Wages Workers (1) Mr. T. Dhanaraj (2) Mr. Veeravel	0	1	1	3
11	Daily Wages Worker: G.Devi	0	1	1	1
12	Sanitary Worker (Daily Wage): C.Anandan	0	1	1	1
<b>TOTAL</b>		<b>13</b>	<b>9</b>	<b>6</b>	<b>10</b>

*The following officials also rendered service to the Commission.*

*1. Mr.V.Vijayan, Special Officer (Former Registrar-Admn. and Former Additional Master, High Court, Madras).*

*2. Mrs.J.Soundarya, Section Officer, Tamil Development and Information (Translation) Department, Secretariat (On Deputation for*

*translation work, occasionally)*

*3. Mrs. T.Vijayalakshmi, Assistant Section Officer, Tamil Development and Information (Translation) Department, Secretariat. (On Deputation for translation work, occasionally)*

*4. Mr.S.Padmanabhan, Sub-Inspector of Police 26<sup>th</sup> PLN 'E' Coy, Armed Reserve-I.*

*5. Mr.L. Murugesan, Grade I Police Constable-31613.*

**2.5.** The Commission appointed Mr.Niranjan Rajagopalan, Advocate, Chennai, to assist as Standing Counsel, with effect from 07.11.2017 and the same was ratified by the Government, vide G.O.Ms.No.333, Public (Law & Order-F) Department, dated 07.05.2018. The Commission also appointed Mr.S.Parthasarathy as Additional Standing Counsel, with effect from 06.03.2018 and the same was ratified by the Government, vide G.O.Ms.No.648 dated 29.08.2018. Mr.S.Parthasarathy, Additional Standing Counsel, was relieved from his service on 14.12.2018, as he had submitted his resignation on grounds of his health and personal reasons. The Commission then appointed Mr.M.Mohammed Jafarullah Khan, Former District Judge/Registrar (Vigilance), High Court of Madras, as Standing Counsel, with effect from 03.12.2018, and the same was ratified by the Government vide G.O.Ms.No.391, Public (Law & Order-F) Department, dated 25.06.2019.

### **3. ACTIVITIES OF THE COMMISSION**

**3.1.** The work of the Commission commenced by issue of Notifications in "The New Indian Express" and "The Deccan Chronicle" (in English), and in "Dinamani" and "Daily Thanthi" (in Tamil), published in the State of Tamil Nadu on 01.11.2017, notifying the following:-

*"The terms of reference of the Commission of Inquiry issued in G.O.Ms.No.829, Public (SC) Department, dated 27.09.2017 and published in the Tamil Nadu Government Gazette Extraordinary No.311, (Notification No.II(2)/PUSC/822(a)/2017) in Part II-Section 2 of 27.09.2017 are:*

*To inquire into the circumstances and situation leading to the hospitalisation of the late Hon'ble Chief Minister on 22.09.2016; and subsequent treatment provided till her unfortunate demise on 05.12.2016.*

*All those having personal knowledge and direct acquaintance on the above subject matter of the Inquiry are at liberty to furnish such knowledge and share information along with the relevant documents, if any, in the form of a sworn affidavit (3 copies) relating to the matter under reference on or before 22.11.2017, to the Commission, either in person or by post.*

**3.2.** The Commission framed its own Regulations for the smooth conduct of the Inquiry, following the Rules and guidelines framed by the Government of Tamil Nadu in this regard. The Rules of the Government of Tamil Nadu are extracted hereunder:

**PUBLIC DEPARTMENT**

**(General.)**

**The Commissions of Inquiry (Tamil Nadu) Rules, 1972.**

[G.O. Ms. No. 486, Public (General-A), 24th February 1972.]

**S.R.O. No. A-308 of 1972.**

In exercise of the powers conferred by section 12 of the Commissions of Inquiry Act, 1952 (Central Act LX of 1952), the Governor of Tamil Nadu hereby makes the following rules:—

1. *Short title, application and commencement.*—(i) These rules may be called the Commissions of Inquiry (Tamil Nadu) Rules, 1972.

(ii) They shall apply to the Commission of Inquiry appointed by the State Government.

(iii) They shall come into force at once.

(iv) *Sittings of the Commission.*—The Commission may sit in public or in private as it thinks fit:

Provided that the Commission shall sit in private, on a request made by the State Government in that behalf.

2. *Term of office and condition of service of members of commission.*—The State Government may, by notification, require the Commission to submit its report on the points of reference within a specified period.

3. *Definition.*—In these rules, “ assessor ” means an assessor appointed under these rules.

4. *Appointment of assessors.*—The State Government or, with the previous approval of the State Government a Commission, may, from time to time, appoint one or more assessors to assist and advise the Commission on any matter connected with its inquiry.

5. *Functions of assessors.*—It shall be the duty of the assessors to assist and advise the Commission on any matter on which the Commission may consult them in the course of its inquiry; provided that advice tendered by the assessors shall not be binding on the Commission.

6. *Manner of consultation with the assessors.*—The Commission shall have the power to regulate the manner in which it may consult the assessors.

7. *The manner of holding enquiry and the procedure to be followed.*—

(1) The Commission shall, as soon as may be after its appointment, *Notice.*—(a) issue a notice to every person, who in its opinion, should be given an opportunity of being heard in the inquiry, to furnish to the Commission a statement relating to such matters as may be specified in the notice;

(b) issue a notification to be published, in such manner as it may deem fit, inviting all persons acquainted with the subject-matter of the inquiry, to furnish to the Commission a statement relating to such matters as may be specified in such notification.

(2) Every statement furnished under sub-rule (1) shall be accompanied by an affidavit in support of the facts set out in the statement sworn or solemnly affirmed by the person furnishing the statement.

**3.3.** The Commission framed its own Regulations under Section 8 of the Commissions of Inquiry Act, 1952, as provided in Rule 5 of the Commission of Inquiry (Central) Rules, 1972 and as provided by the Tamil Nadu Rules, 1972, G.O.Ms.No.486, Public (General-A),



which was published in the Gazette on 24<sup>th</sup> February, 1972. The Commission decided to examine those persons who have responded to the above notification in **P.W.** series, the witnesses other than the above stated witnesses in **C.W.** series and the witnesses in defence as **D.W.** series.

**3.4.** Regulation 28 states that the Exhibits admitted in the Inquiry shall be:

(1) When marked by or at the instance of the Commission of Inquiry, the Exhibits shall bear the capital letter Ex."P" with Arabic numerals as Ex.P-1, Ex.P-2, Ex.P-3 and so on.

(2) When marked by the Police/Government officials they shall bear the Capital letter Ex."C" with Arabic numerals as Ex.C-1, Ex.C-2, Ex.C-3 and so on.

(3) When marked by the persons alleged to have been affected (defence), they shall bear the capital letter Ex."D" with Arabic numerals as Ex.D-1, Ex.D-2, Ex.D-3 and so on.

#### **4. SWORN AFFIDAVITS FILED BY THE PUBLIC**

**4.1.** In response to the above public notice, the Commission received 30 sworn Affidavits and representations sent by various persons, which were carefully perused. The Commission was satisfied that no further publication, calling for any information from the public, touching the subject matter of Reference, was required by it to proceed further. Out of 30 persons who had filed Sworn Affidavits, the Commission decided to examine only seven persons, as the affidavits filed by them alone were considered to be somewhat relevant for the purpose of the terms of reference and later they were examined as P.Ws. 1 to 7. One Mr.A.Muthu Manickam, who filed a sworn affidavit, sent a letter to the Commission to examine him as a witness and the Commission issued summon to him for his appearance to give evidence. He filed a memo on receipt of the summons and sought for time on 24.01.2018, but did not appear subsequently and so he could not be examined. At the same time, nothing substantial or material had been mentioned in his affidavit and hence the same was not taken into consideration.

**4.2.** Thereafter, very belatedly, one Mr.Va.Pugazhendi filed his affidavit on 16.04.2022 and he was examined as **P.W.8**. In so far as the affidavits of the other 21 persons are concerned, after careful examination, the Commission felt that the contents of those Affidavits would not come within the ambit of the terms of reference

as they did not have personal knowledge of the allegations levelled in the affidavits, and, hence, they were considered as not useful for drawing any inference or conclusion in this matter.

**4.3.** Apart from **P.W.1** to **P.W.8**, the Commission examined 151 persons, who had not filed any affidavit in connection with the Terms of Reference. **P.W.1** to **P.W.8** were examined on various dates and Exhibits **P.1** to **P.10** were marked through them.

**4.4. P.W.1**—Dr.P.Saravanan has also filed a copy of the Treatment Summary of the Apollo Hospital dated 07.12.2016 and Bulletins downloaded from the website of the Apollo Hospitals. The Apollo Hospitals have uploaded the abovesaid documents in their website, and anyone can access the same. The said document was produced by him and subsequently marked as Ex.P.1 series (9 documents). From these documents, the Commission came to know about the names of some of the doctors who treated the late C.M.

## **5. EXAMINATION OF P.W.2 TO P.W.8—RELEVANCE TO THE TERMS OF REFERENCE**

**5.1.** After **P.W.1's** examination, six other persons namely (1) Thiru. K. Madhavan; (2) Tmt. J. Deepa; (3) Thiru. P.A. Joseph; (4) Thiru. Madurai Balan; (5) Thiru. B.Balamurugan; and (6) Thiru.Anoor P.G.Jagadeesan have filed sworn affidavits before this Commission. They have been classified as Petitioners and summoned on various dates, as it was thought that there would be some substance in their affidavits, especially when some of them had filed Public Interest Litigations in the High Court of Madras during the hospitalisation of late C.M. The Commission thought fit to examine them as **P.W.2** to **P.W.7**, anticipating that their evidence would be useful for this reference. The documents filed by these witnesses comprised of bulletins and press releases, inconsistencies between the treatment summary and the bulletins, statement of Mr.Pratap C. Reddy, fingerprints of late C.M., counter affidavits in W.P. No. 44378 of 2016, Affidavit of **P.W.4** filed before this Commission, copy of proof of payment of Rs.6 crores by AIADMK towards hospital fees and copy of publication of "*The Hindu*" Newspaper dated 06.02.2017, and they have been marked as **Ex.P.1** to **Ex.P.10**.

**5.2.** **P.W.2**-K.Madhavan, and **P.W.3**-Deepa Jayakumar, daughter of the elder brother of late C.M. were examined. **P.W.2** stated about his Party's political differences with the Party of his wife-

**P.W.3**, and wanted rivalry to be avoided between the two factions. He questioned as to why the CCTV at **R.2** Hospital was removed at the time of late C.M.'s admission and wanted the CCTV Footage of Poes Garden from 20.09.2016 and also examination of the signatures of late C.M., obtained in the letters after her hospitalisation.

**5.3. P.W.4**-P.A.Joseph filed two Writ Petitions (PIL) before the Hon'ble High Court of Madras, and the same would be dealt with elaborately in the discussions and hence, they are not considered at this juncture.

**5.4. P.W.5**-R.Madurai Balan stated that he was not aware of anything directly and that whatever he had stated were told to him by his car driver. Therefore, it shows that his evidence is only hearsay evidence and cannot be considered.

**5.5. P.W.6**-B.Balamurugan, Central Government Servant (Customs Department), stated that, while the late C.M. was undergoing treatment, his wife filed a Writ Petition on 13.10.2016, which was dismissed on 06.10.2017. He filed a Public Interest Litigation (PIL) before the Division Bench of the High Court of Madras, seeking a Judicial Inquiry and that too was subsequently dismissed. He then filed this petition, making certain allegations in general, but they do not come under the purview of the Terms of Reference of this Commission and are hence not considered.

**5.6. P.W.7**-Anoor P.G.Jagadeesan, former Minister during the

period of Late C.M. Dr. M.G.R., was MLA during the years, 1977, 1980 and 1984. During cross-examination, he had not deposed anything which would come within the ambit of this Reference.

**5.7. P.W.8–Va.** Pugazhendi claims that his wife stood as surety for the late C.M., when she was enlarged on bail by the Special Court, Bengaluru, in the disproportionate assets case, but he did not file any document in that regard. Nothing has been elicited from his evidence which would come within the purview of the Terms of Reference of this Commission.

**5.8.** No pertinent information with regard to the Terms of Reference of this Commission is seen in these affidavits filed and no material worth the name is exhibited therein to attract the Terms of the Reference. Even during their examination, **P.W.2** to **P.W.8** have not come forward with any tangible material to substantiate their oral submissions. In the above circumstances, their evidence has been discussed here merely for completion sake.

## **6. EXAMINATION OF P.W.1-DR.P.SARAVANAN**

**6.1.** This Commission received the petition filed by Senior Counsel Mr.P.Wilson, on behalf of **P.W.1-Dr.P.Saravanan**, on 01.11.2017 and thereafter **P.W.1** was summoned to appear as a witness and he was examined on 22.11.2017. During his examination on 23.11.2017, he produced bulletin Ex.P.1, which was available in **R.2-Apollo Hospital website**, with details of ailments suffered by late C.M. and the names of the doctors and the staff who attended on her. From the above documents, the Commission came to know that, as per G.O.(D) No.1368, Health and Family Welfare Department, dated 30.09.2016, six Government doctors, later examined as **C.W.1 to C.W.6**, were deputed to **R.2-Apollo Hospital**, to assist their Doctors in the treatment of late C.M.

**6.2. P.W.1**, among other things, in his oral submissions before this Commission, stated that he contested the Tamil Nadu Assembly By-Election for Thiruparankundram Constituency, while the Late C.M was undergoing treatment in the hospital. One Mr.Bose contested on AIADMK symbol. P.W.1 alleged that, in the relevant forms submitted to the Returning Officer by the AIADMK candidate for allotment of symbol, the late C.M., as the General Secretary of the party, did not put her signature and instead her thumb impression was obtained. **P.W.1** disputed the authenticity of the thumb impression and stated that it has to be compared with her admitted thumb impression available at the Parapanna Agraharam Prison,

Bengaluru, which will reveal the truth that, at the time of affixing thumb impression in the hospital, she was not alive. Since these allegations at the relevant point of time may appear relevant, it will be dealt with at the appropriate stage. The said witness was recalled and cross-examined by the counsel for **R.1**.



## **7. EXAMINATION OF C.W.1 TO C.W.12**

**7.1.** The Commission then examined the six Government doctors, who were deputed to **R.2**-Apollo Hospital, to assist their Doctors in the treatment of late C.M., as per G.O. dated 30.09.2016, as C.Ws 1 to 6, viz.:

*C.W.1-Dr.R.Vimala, former Director of Medical Education,*

*C.W.2-Dr.R.Narayana Babu, former Dean at MMC, Chennai,*

*C.W.3-Dr.R.Muthuselvan, General Medicine, Stanley Hospital, who treated Late CM at her residence prior to hospitalisation*

*C.W.4-Dr.B.Kala, Anaesthetist, MMC, Chennai,*

*C.W.5-Dr.S.Titto, General Medicine, MMC, Chennai,*

*and*

*C.W.6 - Dr.P.Dharmarajan, Physician, MMC, Chennai,*

*and all these doctors, in obedience to the G.O. dated 30.09.2016, reported at **R.2** Hospitals.*

**7.2.** It is unfortunate that **C.Ws** 1 to 6, deputed by the aforesaid G.O., to assist the Doctors at the Apollo Hospitals who were actually treating the late C.M., have stated in their evidence that they were never consulted by the Apollo hospital Management or the doctors

for any assistance. They have further stated that they were made to wait only in the duty–resting-room on turn basis. Like others, they too heard her health condition in the Private Channel Television in their duty–resting-room. They claim that they had been on duty at the Apollo Hospital till late C.M.'s demise on 05.12.2016. ***They did not have any opportunity to see, examine, or assist the doctors or late C.M.*** Further, they informed that they were able to see higher officials of the Government and Ministers in the hospital, and they were all in attendance on all days by rotation; particularly, the Health Secretary and the Health Minister were present almost throughout the treatment.

**7.3. C.W.7**-Dr.P.Balaji, Government Doctor deputed in **R.2**-Hospital as a Liaison Officer, explained the circumstances under which the thumb impression of late C.M. was obtained. The allegation of **P.W.1**-Dr.P.Saravanan before the Hon'ble High Court of Madras in Election Petition No. 2 of 2017 was that when thumb impression was obtained from the late C.M., she was not alive. The Commission proceeded with the inquiry on the basis of the documents presented by **P.W.1**. The Commission had not probed into other aspects, except the thumb impression said to have been affixed, and the attestation by **C.W.7**. This matter has been dealt with elaborately at a later stage, when relevant discussion is made on this aspect.

**7.4. C.W.8**-Dr.M.N.Shankar, an acupuncturist, private Doctor, in

his Chief Examination, stated that he gave treatment for two months to late C.M. between April 2016 and May 2016, for nearly 30 minutes per day. During the cross examination, it was suggested that only once he gave treatment to her, which he denied. Later **C.W.18**-Poongunran, stated that he had seen **C.W.8** twice in the Poes Garden. **C.W.8** admitted that, at the time of acupuncture treatment, a drop of blood had oozed from the forehead of late C.M. Thereafter, **C.W.8**'s services had been dispensed with.

**7.5. C.W.9**-J.Deepak is the son of late C.M.'s brother, Jayakumar, i.e., he is her nephew, and he was also examined. He has stated he had frequently visited the hospital and had also enquired about her health condition from **R.1**. The details of his evidence will be dealt with at the relevant stage.

**7.6. C.W.10**-Dr.M.K.Muralitharan was former Dean of Madras Medical College. During his tenure, he deputed **C.W.7**-Dr.P.Balaji, as a Liaison Officer. However, he was not aware of anything regarding the treatment of late C.M.

**7.7.** At this stage, the Commission decided to examine the officials concerned. **C.W.11**-Smt. Sheela Balakrishnan, Officer on Special Duty and **C.W.12**-Mr.Rama Mohana Rao-the then Chief Secretary, were examined on 21.12.2017, 07.04.2018, and 24.10.2018. The Commission, during the examination of **C.W.12** on 21.12.2017, came to understand that **R.1** and **R.2** and its doctors alone were aware of the treatment given to late C.M. **C.W.12** also stated that

the nature of treatment given to late C.M. was known only to the Apollo doctors and the records pertaining to the treatment were available only with **R.2** - Apollo Hospital and **R.1**-Mrs.V.K.Sasikala.

**7.8.** Only from the evidence of the doctors **C.W.s** 1 to 7 who have been deputed by the Government of Tamil Nadu, the Officer On Special Duty as well as the Chief Secretary in part, the Commission came to know that R.1 and R.2 alone were aware of the treatment given to late C.M.

**7.9.** From these facts brought on record at the time of examination of **C.W.12** on 21.12.2017, the Commission was able to form an opinion that any decision that may be arrived at by the Commission may affect the interest or reputation of **R.2**- Hospital and **R.1**. Therefore, as per the provisions of the Commission of Inquiry Act, 1952, **the Commission decided to issue notices to these persons under Section 8B of the Act.**

**7.10.** Accordingly, Section 8-B Notices were issued to **R.1** and **R.2** on 21.12.2017. In the notice to **R.1**, who was then in Parapanna Agraharam Prison, Bengaluru, Karnataka State, it was specifically stated:

*"...if you feel you are at liberty to participate in the Commission by you or engaging the lawyer or by filing sworn affidavit before the Commission along with evidence..."*

**7.11.** In response, **R.1** sent a Vakalat 05.01.2018, attested by the Prison Authorities. Counsel for **R.1**, Mr. Raja Senthoo Pandian filed

Vakalat, and it was received by this Commission. Sworn affidavit was not filed by **R.1**, despite opportunities given to her counsel and ultimately, this Commission in A. Nos. 2 and 4 of 2018 filed by **R.1**, ordered on 06.03.2018, that either the Commission itself can proceed to the Parapanna Agraharam Prison, Bengaluru, to record her evidence or this Commission may have to draw adverse inference for not filing the sworn affidavit from 22.11.2017.

**7.12.**In pursuance of the earlier notice, **R.2** - Hospital filed three Vakalats, two by Tmt.Maimoona Badsha; the first one representing Dr.Pratap C.Reddy dated 22.12.2017, and the second one representing Dr.Preetha Reddy dated 08.01.2018. The third Vakalat was jointly filed on 05.10.2018, by Tmt. Maimoona Badsha and Mr.E.K.Kumaresan, on behalf of **C.W.96-S.M.Mohan Kumar**, Legal Manager of **R.2**. Two separate Affidavits signed by Dr.Prathap C.Reddy and Dr.Preetha Reddy had been filed by Tmt.Maimoona Badsha on 12.01.2018. They had produced certain materials such as 30 volumes of medical records, (comprising of true copy of JCI accreditation Certificate, copy of the Death Summary dated 07.12.2016, Report of Dr.Richard Beale dated 1.10.2016, Five Reports of the AIIMS Doctors dated 5.10.2016 to 7.10.2016, 9.10.2016 to 10.10.2016, 13.10.2016 to 15.10.2016, 3.12.2016 and 5.12.2016, Compact Disc of press releases, Drug Charts, CCU Master parts, Diabetic Chart, Food and Fluid Chart, Sleep Chart, Bio-Chemistry Reports, Cardiology Reports, Micro-biology reports,

Radiology Reports, ECG Reports, etc.), the list of doctors who had treated late C.M. on all 75 days, the list of paramedical staff, Nurses and Technicians, and doctors who had arrived from other States viz., AIIMS Doctors from New Delhi, Dr.Richard Beale from London, Dr.Rajeev Soman and Dr.Jigidivatia from Bombay (the last three doctors not examined by this Commission) and Dr.Stuart Russell, USA, who was consulted through Video Conferencing. Dr.Samin Sharma from US visited R.2 hospital. The Commission issued summons to the doctors of **R.2**-Hospital as per the list of witnesses furnished by them. **R.2**-hospital had mentioned the names of doctors who had treated the late C.M., and, at their convenience, they were examined by this Commission.

**7.13.** The Counsels for **R.1** and **R.2** appeared before the Commission and expressed their willingness to participate in the proceedings of the Commission and they were allowed to recall the witnesses already examined by the Commission for cross-examination.

**7.14.** The time provided for this Commission as per the Government Order was initially three months. Though this Commission intended to complete the process within the stipulated time, there was inadequate infrastructure, lack of staff for assistance from the Secretariat, and there were no documents available with the Commission or provided by the Government regarding the hospitalisation of late C.M., and the documents relating to the

treatment provided during her hospitalisation for 75 days from 22.09.2016 till her demise on 05.12.2016. The Commission has taken every effort to collect those documents step by step. These are the reasons as to why the Commission could not adhere to the stipulated time frame as laid down in the Government Order. This observation of the Commission is not with any intention to find fault with the Government, but only to explain the multiple reasons on account of which the Commission was unable to complete the task assigned to it within the time frame.

## **8. AFFIDAVIT FILED BY R.1**

**8.1.** The Summons under Section 8-B issued under the Commission of Inquiry Act, 1952, read with Rule 10 of the Commission of Inquiry (Central) Rules, 1972 were issued by this Commission to **R.1**, on 21.12.2017, which was received by her through the Prison Authorities on 23.12.2017, and a Sworn Affidavit was filed by her, through her counsel, Mr.N.Raja Senthoo Pandian, on 12.03.2018. Since the Sworn Affidavit had originally been submitted only in Tamil language, it has been verbatim translated and is extracted hereunder:

*Hon'ble Justice Thiru. A. Arumughaswamy Inquiry  
Commission,  
First Floor, Kalas Mahal Heritage Building, Chepauk,  
Chennai- 600 005.  
C.W.NO.16/AAJCOI/2017 DATED:21.12.2017 and  
received on 23.12.2017 (through Prison Authorities)  
Tmt. V.K.Sasikala,  
D/o. Late. Vivekanandhan,  
Permanent Address:  
No.81, Poes Garden,  
Chennai – 600 086.*

*Presently at:  
Central Prison,  
Prisoner No: 9234,  
Parapana Agrahara Prison,  
Bengaluru, Karnataka – 560 100. ....Petitioner*



*Sworn Affidavit*

*I, V.K. Sasikala, D/o Late. Vivekanandhan, Age: 63 years, Permanent Address: No.81, Poes Garden, Chennai - 600 086, Presently at Central Prison, Prisoner No: 9234, Parapana Agrahara Prison, Bengaluru, Karnataka - 560 100, do hereby submit my Sworn Affidavit before the respected Thiru.A.Arumughaswamy Commission, by Speed Post of the Prison Department and through my Advocate as follows:*

*1.I received a summon (C.W.NO.16/AAJCOI/2017 DATED- 21.12.2017), of the Commission constituted as per the G.O. Ms. No 817 of 2017 and the G.O. Ms. No 829 of 2017 of the Government of Tamil Nadu on 23.12.2017 through the officials of the Parappana Agrahara Prison Department. Pursuant to that, I have given Vakalat to my Advocate to represent on my behalf before the Commission. Accordingly, on 05.01.2018 my Counsel filed an "Application" petition (Application No: 1/2018) along with Vakalat before the Commission. But after that, as the Commission had continued to enquire many new Witnesses and had given adjournments for the enquiry of many witnesses, my advocate filed a "Memo" on 12.01.2018. After continuous enquiry for many days over it, the Commission has passed an order dated 30.01.2018 in the aforesaid Petition (Application No.1/2018) and Memo. It is noteworthy to state that until the passing of the order dated 30.01.2018, for responding to the notice issued under Section 8B of the Commission of Inquiry Act, the Commission did not give me any*

*copy of depositions and documents containing the allegations levelled against me. It is against law and principles of natural justice.*

*2. Consequent to the above order (For the summon sent on 23.12.2016) the Commission on 30.01.2018 had provided copies of the depositions (110 pages) of the Petitioner and Commission Witnesses who were examined by it. The Commission had also sent me the copies of the above said depositions (110 pages) to the Prison address through Speed Post. I received them on 02.02.2018.*

*3. In the above petition and memo filed by my Counsel in the Commission on my behalf on 05.01.2018 and 12.01.2018, I had sought for all the documents/complaints/petitions filed/marked through the witnesses examined in this Commission. But with the order dated 30.01.2018, the Commission did not give any of the above documents/complaints/petitions either to me (by speed post) or to my Counsel. The Commission however did not mention the reason for the same in the order. Though I was not provided with any of the documents, and before I took any stance, it is seen that the order of the Commission found certain facts regarding me, which are contrary to the truth. Therefore on 06.02.2018, my Counsel had filed an "Application Petition" (Application No.2/2018) before this Commission. In that petition, my Counsel had **requested to provide the aforesaid documents/complaints/petitions, and after those documents/complaints/petitions are provided, ample time may be granted for my***

***Counsel to conduct cross-examination of witnesses who will be investigated after discussing with me and on my instructions, and to remove the objectionable details, wrong information and the allegations against me in the Order of the Commission dated 30.01.2018, even before my stand in the enquiry, and filed the same in the form of a Sworn Affidavit.***

4. On 12.02.2018 my Counsel has argued before this Commission in the above application filed on 06.02.2018 (Application No.2/2018). The Commission immediately acceded to the request of providing me with the documents/complaints/petitions; and observed that it was wrong in not providing the documents and instructed the office of the Commission to provide them immediately. On the same day i.e. on 12.02.2018 after the instruction of the said Commission, copies of the documents containing 115 pages (Containing Exhibits P1 to P10 and Exhibits C1 to C4 which were marked through the persons who were examined as witnesses by this Commission) were handed over to my Counsel by the Commission. As the remaining documents/complaints/petitions were running to more than thousands of pages, my Counsel was requested to make a separate application for the same and the Commission also assured my Counsel that once the copies are made ready by the Commission's office, they will be provided immediately. Thereafter I was advised that the remaining two requests in the said

*application would be considered after my sworn affidavit is filed before this Commission. On the basis of that assurance, my Counsel had given a written undertaking before the Commission that the sworn affidavit will be filed within 15 days. Accordingly, on 13.02.2018 (to obtain 144 petitions, 302 complaints and 28 affidavits documents) a petition was filed by my counsel before this Commission.*

*5. However until 26.02.2018, though my lawyer had requested for the documents and paid the fees prescribed, the office of this Commission did not issue the documents, and kept on dragging the same, and on 26.02.2018 at 11:00 am, my Counsel had filed Application No.4/2018 (As per the instructions of this Commission dated 12.02.2018) seeking for 15 days' time to file the affidavit from the date of receipt of the above documents, as the above documents had not been given even after the expiry of 15 days. Thereafter on 26.02.2018 at around 03:45 p.m., the office of this Commission handed over 2956 pages of documents to my Counsel. As the office of the Commission was not functioning from 26.02.2018 to 05.03.2018, my Counsel appeared before the Commission on 06.03.2018 at 02:30 p.m.. and argued thus: "Only on 26.02.2018 the office of this Commission had provided 2956 pages of documents. Yesterday, i.e. 05.03.2018, I having visited my party in the Prison at Bengaluru, and on showing the sworn affidavit prepared with the available details, with the amendments made by my party, on Friday i.e.*

09.03.2018 I will get the sworn affidavit signed by her from the prison and I will file with this Commission on Monday, 12.03.2018. As 8 days are already over, out of the 15 days, I seek permission for the remaining 6 days." The Commission stated "I will issue appropriate order". However, on 06.03.2018 at 04:45 p.m., by a single order, the Commission had dismissed Application No.2/2018 and Application No.4/2018.

6. There is a lot of confusion in the above order dated 06.03.2018 like misinformation and erroneous dates. The Commission has ordered unilaterally without any reference to the details of the petition (Application No.4/2018) dated 26.12.2017. Before even I took my stance, the Commission had mentioned that I took it. It is against the provisions of the "Commissions of Inquiry Act", and contrary to previous judgments of the Hon'ble Supreme Court and the Hon'ble High Court.

7. After the Commission's Order dated 06.03.2018, as mentioned in the last paragraph of the last page, "until this date the sworn affidavit was not obtained by visiting me directly in prison", I through my Counsel, who having corrected the amendments suggested by me on 05.03.2018, had handed over the same inside the prison in the manner as directed by this Commission to be filed, I am filing this sworn affidavit on the events occurred.

8. I have been a close friend of Selvi. J. Jayalalithaa since 1984. I have been with Ms. J. Jayalalithaa at Poes Garden from the day after the death of Puratchi Thalaivar Dr.M.G.R. Even presently, it is my

*permanent address. I had accepted her into my life as one of my family members and as my elder sister ("Akka"). I have great love and affection towards Akka. She also had the same love and affection towards me. In many interviews, Akka has expressed her affection for me as an unborn sister.*

*9. Akka Selvi. J. Jayalalithaa fought hard for the welfare of Tamil Nadu, both during in and out of regime, because of her immense love for the people of Tamil Nadu and this State. Likewise, she had high trust on laws and the Courts. She had started fierce legal battles for the Katchatheevu problem and the Cauvery problem, and many legal agitations for the welfare of Tamil Nadu and its rights.*

*10. During 1996, due to political animosity, on the basis of false details and on exaggerated information by political opponents, various cases were filed, against Akka and she was determined to win the same through the Courts and acted accordingly. When one of the then leaders of the Tamil Nadu Congress Mr.S.R.Balasubramaniam, told Akka that "the fake cases lodged by DMK could be annulled by giving orders to the Police Department". When the same view was insisted to be taken by other political leaders, Akka vowed that "Through Courts I will win these cases". The DMK had been continuously attempting to impute Akka, myself, and the people associated with us by false allegations and subjected us to multiple hurdles. DMK party had done the same with the intention of diminishing Akka's influence and prestige among the people of Tamil Nadu.*

11. In Tamil Nadu, during the 1990s, unable to bear the growing popularity in politics of Akka, there was a conspiracy hatched and an attempt was made to kill Akka. When Akka was returning from Pondicherry on 24.02.1990, the DMK tried to kill Akka by hitting the car with a lorry near Trisulam. In that accident, by God's grace, Akka and myself who travelled together had survived. Later, we received treatment from Devaki Hospital at Chennai and returned home. In my left eye, they did a major surgery, and because of that, I was treated in the hospital for a long time. Because of the impact of the accident, and the severity of the injury, even till this date, water keeps on coming from my left eye.

12. Akka won the cases through court orders from the conspiracies of the DMK and all the forces that supported it. Meanwhile, Akka had completed many political achievements in Tamil Nadu which no one has ever done before. Akka has reinforced the AIADMK that was established by Ithaya Deivam Dr.M.G.R into a strong iron fortress containing 1 & 1/2 crore of AIADMK volunteers, thus making it the biggest organisation through her ceaseless efforts. She proved the concept of State self-governance through her able administration, making Tamil Nadu a model state for the incredible country of Bharath. As regards the Indian Parliament, she got AIADMK recognition as the third biggest party.

13. At this juncture, at an unexpected moment, the Bangalore Special Court on 27.09.2014 passed order, convicting Akka, myself, Thiru. Sudhakaran and Tmt. Ilavarasi. Even though the case initiated

*against us was false, and though the false case had exaggerated factors, because of the reason that we had conducted the case in a proper manner, under no circumstances, a judgement of conviction could be granted against us, was our belief. On 27.09.2014, to our shock, the Bangalore Special Court had given an adverse judgement, incarcerating the four of us in prison, though we had proved that the cases conducted before the Special Court were false, through evidences and documents. Akka who left Tamil Nadu as the Chief Minister was imprisoned in Bangalore Parappana Agrahara Jail.*

*14. Due to this, Akka became subjected to severe mental stress. Akka was in a zeal to fight legally and wanted to get rid of that stigma. After being in prison for 22 days, Akka got bail order from the Court and returned to Tamil Nadu. Hearing in our appeals was going on in the Karnataka High Court. During this period, Akka was facing a great struggle mentally. From the political viewpoint of Tamil Nadu people and India, the DMK had burdened her with a huge black mark which had left her in a huge disappointment which haunted her throughout. Due to this, already existing high blood pressure and high blood sugar levels had raised. Due to the high mental pressure, Akka's health had deteriorated, time and again. Then, after several stages of inquiries, the High Court of Karnataka, had set aside the judgement of the Bengaluru Special Court dated 27.09.2014 and passed a judgement of acquittal, acquitting all the four of us on 11.05.2015.*



15. Akka was in mental satisfaction that she had recovered from the allegations levelled by the DMK and its accomplices. However, the order of acquittal passed by the Karnataka High Court was appealed to the Hon'ble Supreme Court of India. We also defended the case legally. After Akka was bailed out from the Bengaluru Prison, from time to time, Akka's health condition got deteriorated, because of which various medical specialists visited Akka at the Poes Garden House and offered their medical advices and treatment to her. From time to time Akka suffered from occasional diarrhoea for several years. It began to occur more frequently, after increased mental stress during late 2014. (Due to this, she defecated uncontrollably from time to time, and for that Akka wears diaper). Apart from this, from time to time itching started in her body. Various Medical Specialists advised Akka "to switch to a stress-free and depression-free lifestyle". However, as the Chief Minister of Tamil Nadu, she worked ceaselessly for the welfare of Tamil Nadu and welfare of Tamil People, as it was the basic purpose of her life.

16. After the Karnataka High Court's judgment, Thiru. P.Vetrivel, MLA of Dr.R.K Nagar, Chennai, resigned and Akka got huge success in the by-election on 27.06.2015 as per the wishes of Tamil People, with the greetings of 1½ crore AIADMK Volunteers and with God's grace. Akka was experiencing difficulty in walking during the month of February/March 2016. The related health issues of worsened for Akka from time to time. Akka also

*took treatment for that. As far as Akka is concerned, whatever suggestions given by any Doctor would be accepted only after getting clarification and on being satisfied about it. She would not continue the treatment if she did not like it. This is the nature of Akka from the beginning. My relative Dr.Sivakumar was vested with the task by Akka for organizing the doctors for their consultation and treatment to be given to Akka. Dr.Sivakumar took up the task of the abovesaid co-ordination of all the doctors as per Akka's wishes since 2000.*

*17. Before May 2016 General Election, Akka started facing great difficulties in walking. Akka would take every step with great difficulty. Due to that I took care of the necessary arrangements like steps leading down from her vehicle, the handrails avoiding stairs, the special chair, the arrangements for the ceremony and the stage. Likewise, I have been making arrangements for Akka at Poes Garden. Medical Specialists have also visited Akka at the Poes Garden for this problem in walking. Apart from this, Akka would also say that a small tremor was felt often while walking. For this, appropriate treatment and medical advice was sought from doctors from other states.*

*18. Similarly, as per the advice given by Dr.Santaram and Dr.Jayashree, Akka was wearing a Flash Glucose Accounting System clothed in her hand dress which is not visible from outside, to know the glucose level. About once in every 35 days the instrument would record Akka's sugar levels. Accordingly, the tool greatly helped the doctors to*

*know the sugar level of Akka during 2015-16. Likewise, Akka used about 7 or 8 equipment On the basis of it, the aforesaid doctors treated her.*

19. *In the General elections for Tamil Nadu Legislative Assembly held in May 2016, AIADMK contested in 234 seats, but for 2 constituencies election was deferred by the Chief Election Commission of India. Out of the remaining 232 constituencies in Tamil Nadu, the AIADMK won a landslide historical victory in 134 constituencies and Akka again retained power. Similarly, in May 2016 Assembly General Elections, Akka again contested in Dr. R.K. Nagar constituency, Chennai and won it with the biggest support of people of that Constituency. Akka changed the practice of contesting in any one of the districts of Tamil Nadu, and, due to the health reasons, the circumstances left her to contest only from Chennai. The arrangements and the election campaign of May 2016 General Elections were also planned with a few changes considering the health condition of Akka. Thiru P.Vetrivel (North district secretary of North Chennai) remained as an in-charge of "Dr.R.K.Nagar Constituency" where Akka won twice.*

20. *Akka was skilfully governing Tamil Nadu for the benefit of Tamil People, for the development of women, students' welfare, labour welfare and development of trade, with firm determination and she was delivering an able administration in Tamil Nadu. Akka was strongly opposing many policies of the Central Government, if they were greatly detrimental to the welfare of the Tamil People.*

21. *I have never intervened in political and administrative matters of Akka. Akka herself would call the authorities and would duly render advice. For the Party related issues, Akka would communicate the information to the second stage leaders through me. On the instructions of Akka, I will act on party matters. Akka, regardless of her health issues, was tirelessly serving as the Chief Minister of Tamil Nadu to protect and safeguard the welfare of the Tamil People. Akka had strong mental strength and will power and possessed a stubborn mentality. As much as possible, I have dedicated my life for protecting and safeguarding the welfare of Akka.*

22. *All Government officials who worked with her, including police Personal Security Officers and National Security Commandos, knew well that in late 2014, Akka had fallen ill. I supported Akka to get the advice of some of the medical specialists according to Akka's wishes. Since I was also having blood pressure and diabetes, myself and Akka were taking all the medical examination in the Apollo Hospital once in three months. Persons from Apollo Hospital will come and collect samples for test.*

23. *Akka always had a great faith in the high quality treatment of Apollo Hospital. That is why she had continued to take all her medical examinations at Apollo Hospital. Besides, most of the doctors who had treated her since late 2014 are from Apollo Hospital. Akka had the habit of writing down her medical notes (i.e. daily blood pressure and sugar levels) on her own. Similarly, every day Akka had a*

*habit of writing down the details of what she ate and at what time she ate it too. Besides this, after late 2014, Akka had personally maintained a separate note for the doctors to write the medical reports on their own, after visiting her at Poes Garden for treatment. All the notes written by Akka and the note book written by the doctors are kept in Akka's room in the Poes Garden. Before the May 2016 General Assembly Elections, on the instructions of Akka, I took videos of the treatment being given to Akka at Poes Garden, and they were kept in Akka's room only.*

24. *The details of the list of doctors who treated Akka from end 2014 to June 2016 are as follows:*

Sl. No.	Name of the Physician	Department	Name of the Hospital
(1)	Dr. Santharam	Diabetologist	Apollo Hospital
(2)	Dr. Jayashree Gopal	Diabetologist	Apollo Hospital
(3)	Dr. Sonali	Diabetologist	Mumbai
(4)	Dr. Ramachandran	Diabetologist	Diabetic Centre Guindy
(5)	Dr. Muthu Selvam	Physician	Government Doctor
(6)	Dr. Balasubramaniam	Physician	Apollo Hospital
(7)	Dr. Muralithar Rajagopal	Dermatologist	Apollo Hospital
(8)	Dr. Ravichandran	Dermatologist	Apollo Hospital
(9)	Dr. Parvathy	Dermatologist	Private Hospital
(10)	Dr. Raveendran	Ophthalmologist	Uthi Eye hospital
(11)	Dr. Gunaseelan	Dentist	Dr. BB Rajan Hospital
(12)	Dr. Arul Selvan	Neurologist	Apollo Hospital
(13)	Dr. Charulatha	Neurologist	Mumbai
(14)	Dr. Meenakshi Sundaram	Neurologist	Apollo and Ramachandra Hospital
(15)	Dr. Saritha	Nephrologist	Private Hospital

(16)	Dr.Sivagnanasundaram	Thyroid	Apollo Hospital
(17)	Dr.Shajan Hegde	Ortho	Apollo Hospital
(18)	Dr. Babu Manohar	ENT	Apollo Hospital
(19)	Dr. Anirban Biswas	ENT	Calcutta
(20)	Dr.Birmanatham	Cardiologist	Private Hospital

25. From June 2016, Akka started getting blisters, itching and psoriasis in many parts of her body. Akka was suffering a lot due to this. For that, Akka herself directly called a few doctors from the aforesaid and consulted with them. Because of her skin problem, Akka was even doing her daily Government work with great difficulty. In this regard, Dr. Ravichandran and Dr. Parvathy both came to Poes Garden to treat her in the first week of September 2016. They decided to give small dosages of steroid for a short period for Akka to get her relieved of the skin issues. As per their advice, steroid tablets were given to her. Because of that there was relief from the skin issues. After that, the Doctors had step-by-step reduced the steroid dosage.

26. At this stage, from 19.09.2016 Akka had fever now and then and at that time Dr.Sivakumar had gone to Sabarimalai. I contacted him and told that Akka was not well. He arranged from Apollo for conducting urine and blood test immediately at Poes Garden.

27. On 21.09.2016 morning, the fever had increased for Akka. I told Akka "to kindly cancel the today official programs". Akka strongly told me that as the Union Minister Mr.Venkaiah Naidu was coming for the Metro Rail Festival, she had to participate in

*the function without fail and stubbornly started for the function. As Akka fell seriously ill during the ceremony, Akka came to Poes Garden immediately after the ceremony. Immediately after returning, she informed that she is going to bed and take rest. She said her health had improved after resting. Through Dr.Sivakumar, advice was obtained from Doctors. As it was advised by the doctors to take rest, Akka was in rest, without attending Secretariat, on 22.09.2016 and went through the files brought by the Secretaries to Poes Garden. She also took rest. Dr.Sivakumar visited Akka in the morning and also in the evening.*

28. *From 22.09.2016 evening Akka was very tired. I was very upset. Because Akka had never been so fatigued. I compelled and told Akka, "Come Akka, let us go to the hospital and come, everything will be fine then". Even then Akka angrily told me, "I'll be fine if I sleep. If I go there, they'll tell me to get admitted, that and all is not required". No matter how much I asked Akka, she did not agree to go to the hospital. In these circumstances, within a short while, fever got reduced for Akka. Dr.Sivakumar came to Poes Garden at about 9 p.m.. to see Akka.*

29. *At this juncture at about 09:30 at night when I was in the room on the first floor with Akka, as usual, she went to the bathroom slowly to brush before going to bed. From there itself, after brushing and mouth washing, Akka said "Sasi I am feeling giddy, come here". I immediately went to the bathroom and picked up Akka and brought her to sit on the bed and I sat next to her. Then all of a sudden in a fainted condition, Akka leaned on my*

shoulder. By then Dr.Sivakumar came into Akka's room. While nervously grabbing Akka I pulled the trolley by the foot, and pressed the calling bell, and shouted in a loud voice "someone come for help". Dr.Sivakumar also rubbed Akka's hands and feet and warmed her up and asked for arranging immediate Emergency Medical Aid by contacting Thiru. Vijayakumar Reddy, husband of Tmt.Preetha Reddy, Managing Director of Apollo Hospitals, stating that "Chief Minister has suddenly fallen ill, urgent medical assistance is required, immediately make arrangements".

30. I was nervous and called, "Akka, Akka" but Akka did not open her eyes. On hearing my loud voice from the ground floor, Akka's personal security guards Mr.Veeraperumal, Mr.Kandasamy, Akka's driver Mr.Kannan and some other security guards came to Akka's room. We tried to get Akka to sit in her chair and bring her downstairs from the first floor. In the meantime Dr.Sivakumar was giving Akka the necessary first aid medical treatment. Seeing Akka fainted, I got tensed.

31. In about 10 - 15 minutes ambulances from two Apollo Hospitals (From Apollo Hospitals at Greams Road and Teynampet) came to Poes Garden. The ambulance arrived was accompanied by a male and a female doctor, a technician and nurses containing the intensive care unit stretcher and medical equipment. We immediately made Akka to lie down on the stretcher and with the help of Akka's personal security officer Mr.Veeraperumal, car driver Mr. Kannan and the people from the ambulance, and



*carried Akka from the first floor to the ambulance. Dr.Sivakumar and I rushed in the ambulance to Main Apollo in Thousand Lights Greams Road. The emergency care unit in the ambulance supplied oxygen to Akka. The details of Akka being taken to the hospital were told to the police by Akka's personal security officers, and as traffic was restricted, we quickly reached the Greams Road Apollo Hospital at about 10:20 p.m.. in 10-15 minutes. As the ambulance quickly turned to Greams Road, Akka woke up suddenly and looked at me and asked, "Where am I?" It was then that I felt alive and replied to Akka, "We are going to Apollo Hospital. Don't worry". Akka held my hand tightly with her fingers.*

32. *When we reached Apollo Hospital, the doctors stood in the doorway and took Akka off the stretcher and took her to the emergency ward located in the ground floor. Many specialists came there and treated Akka. After a while, Akka recovered from giddiness and came back to normal. At midnight that day, Akka was shifted from the ground floor emergency ward to the second floor MDCCU section. Akka was made to sit in a slanting manner and the stretcher was pushed by the medical team. When Akka came out of the emergency section, Mr.Rama Mohana Rao, the Chief Secretary to the Government, Mrs.Sheela Balakrishnan - the Chief Minister's Adviser, Private Secretaries Mr.Venkatraman, Mr.Ramalingam, Mrs.Jayasree Muralitharan, Personal Securities Mr.Veeraperumal, Mr.Kandasamy, Mr.Kanakaraj, Mr.Karuppasamy,*

senior police officials and including Mrs.Preetha Reddy, Managing Director of Apollo Hospital, were standing in the doorway of the emergency section. They looked at Akka and greeted her with folded hands. Akka, after seeing everyone, nodded her head.

33. On the next day (23.09.2016) Akka started talking well from the morning. Akka smilingly stated to the doctors there, "Sasi had been forcing me to go to the hospital since yesterday morning. I only said No. Is it possible to bring me here if I had not fainted yesterday? Akka told the doctors that she want to go home that night. Akka was stubborn in returning to the Poes Garden. But the doctors said, "you have to stay in the hospital for 3 or 4 days for observation". Akka replied that "I have lot of Government duties, because of which public work will be affected". Even then the doctors said, "You can continue your work from here. In 3 or 4 days you will completely recover and can go home". As doctors insisted, Akka agreed to stay in hospital.

34. Akka was taken from the MDCCU ward on the second floor to the ground floor for a scan. At that time she looked at Mr.Veeraperumal and Mr.Perumal Swamy, Akka's personal security guards, who were standing outside and said with a smile, "I am fine. Nobody has to worry. The doctors told me to stay here for a few days; shortly will go home". From a distance, the then ministers Mr.O.Panneerselvam, Mr.Vijayabaskar, including the Deputy Speaker of Parliament Mr.Thambidurai and a few party cadres were watching Akka's speech from afar.

35. During that time, Akka met and interacted with Government officers, in the presence of the doctors and nurses. Akka advised, after discussing with the higher officials regarding the Government related proceedings. She used to take regular food. On 27.09.2016, I informed Akka that the officers came in contact about Cauvery water issue, as it was informed to me by Thiru. Poongundran, one of the Assistants of Akka, after he received information through one of the Personal Security Units of Akka. As Akka informed, the meeting was held at 04.30 p.m.. in the room where she was undergoing treatment. The members who participated in the meeting were as under:

Sl. No.	Name	Designation
(1)	Thiru. P.Ram Mohan Rao IAS	The Chief Secretary to Govt of Tamil Nadu
(2)	Tmt.Sheela Balakrishnan	Advisor to the Government
(3)	Thiru.K.N. Venkatraman	Personal Secretary-I to the Chief Minister
(4)	Thiru A.Ramalingam IAS	Personal Secretary-IV to the Chief Minister
(5)	Thiru.R. Muthukumarasamy	Advocate General

36. During that time, myself, Dr. Sivakumar, doctors and the nurses were a bit away from them. Akka was advising the Officers who attended the abovesaid meeting. Notes were taken by the Officers as instructed by Akka. Akka herself manually made some corrections. Akka inquired about the health condition of Public Prosecutor Mr.Muthukumarasamy who arrived little late for the meeting. The "Cauvery water issue Meeting" concluded after the discussion

*with Akka. Meeting would have lasted for approximately for an hour. Some of the officials said to have a photo of the officers with the Chief Minister in connection with that meeting. Akka initially agreed but after a thought she stated, "We are going back home soon. So don't take a photo like being in a hospital".*

*37. On that day, during midnight, Akka had a trouble talking and breathing. Immediately, the doctors attended on Akka. Dr.Sivakumar also spoke to the specialists and arranged for appropriate treatment. Because of the breathing problem, on the advice of the Apollo Medical Team who treated Akka, it was decided by the doctors to let Akka to breathe through a ventilator. Accordingly, on 28.09.2016 Akka was connected to the ventilator.*

*38. During this period, the Governor of Tamil Nadu His Excellency Mr.Vidya Sagar Rao came to Apollo Hospital on 01.10.2016 and saw Akka through the room glass where she was being treated. In order to prevent infection to Akka, the Management of Apollo hospital prevented the visitors entering the room. The Chief Minister of Tamil Nadu who comes to the hospital every day, higher officials, Ministers of Tamil Nadu, Health Secretary Thiru. Radhakrishnan and key party executives would attend the daily presentation by the Apollo Hospital management on "Akka's treatment" in the room of the Apollo Hospital Chairman. The present Chief Minister of Tamil Nadu Mr. Edappadi K.Palaniswamy, Deputy Chief Minister Mr. O.Panneer Selvam, Deputy Speaker of Parliament Thiru.Thambidurai and most of the Ministers will*

*discuss in the briefing.*

39. *Apart from this, the Minister of Health Thiru.Vijayabaskar, the Health Minister of Tamil Nadu Mr.Radhakrishnan and the Deputy Speaker of Parliament Mr.Thambidurai from time to time came to know directly about the health condition of Akka and brief about it to the important people who come to Apollo and other party leaders in the meeting hall at the basement of Apollo. When dignitaries and other political party leaders came, I met the people who wanted to see me near the MDCCU ward.*

40. *When I asked the medical team during discussion about the treatment given by them to Akka, it was stated that Akka had contacted infection disease because of the prolonged wearing and use of the diaper, and such infection in the urinary tract may have got mixed with the blood. They also stated that they were treating it as well.*

41. *After that the following doctors from the AIIMS Hospital of the Central Government, visited Akka and gave proper treatment and also gave Akka the medical advice which had to be continued for her.*

<b>Sl. No</b>	<b>Name</b>	<b>Department</b>
(1)	Dr. G.C. Khilnani	Professor, Department of Pulminory
(2)	Dr. Anjan Triikka	Professor, Anestheology
(3)	Dr. Nitish Naik	Professor, Cardiology
(4)	Dr. Nikhil Tandon	Professor and Head of the Department, Endocrinocologist

42. *On the advice of the AIIMS doctors stated above, if Akka was kept in ventilator for a long time,*

*the infection of the disease would be caused through the trachea and therefore tracheostomy device was fitted to her on 07.10.2016. Connected treatments were given to her carefully. I would go downstairs and meet the doctors as and when the doctors calls me.*

43. *In these circumstances, on the advice of the Apollo Hospital on the health conditions of Akka, it was decided to call Dr. Richard Beale, Guys & St.Thomas Hospital in London to treat Akka. The Management of Apollo Hospital informed me that Dr.Richard Beale is a Specialist in the Intensive Care Unit. However, considering the sufferings of Akka and to set right her health condition, I accepted to bring him to Chennai.*

44. *Accordingly, Dr.Richard Beale who came to Chennai discussed with the medical team of the Apollo hospital and learned the details about Akka's health condition. He held several rounds of consultations with the medical team of Apollo which treated Akka. "I will immediately begin the appropriate treatment here itself. After I return to my country, I'll inform about the treatment to be continued. Accordingly the treatment can be continued to the Chief Minister. After the Chief Minister's recovery and when she is ready to travel, I myself will come and take her to London with me and treat her there. Her health should not be affected during the long flight travel. For that the body must recover". Dr. Sivakumar, Mr.Thambidurai and the accompanying Apollo doctors would translate and inform me in Tamil what the Apollo hospital doctors,*

*specialists, other language speaking dignitaries and other language speaking political leaders tell me.*

45. *Dr.Richard Beale left for his country after giving medical advice to Apollo doctors. After contacting Dr.Richard Beale and on his medical advice, as well as AIIMS team's Medical Advice, the Apollo Medical Team continuously provided treatment for Akka. Akka's zeal, self-confidence and determination, and also the 1½ Crore AIADMK true volunteers' admiration for Akka and the prayers of the people of Tamil Nadu had improved the health condition of Akka.*

46. *AIADMK executives throughout Tamil Nadu had been visiting all religious temples and performed all kinds of religious prayers, group prayers and yagnas. I came to know all these through press releases and videos through one of Akka's aides, Mr. Karthikeyan. I also came to know about the videos of AIADMK executives, Tamil Nadu Ministers and other political party leaders talking about Akka's treatment through the TV's given by Thiru.Karthikeyan. I also continuously got to know the details of many special yagnas, and group prayers made by Mr. P. Vetrivel in Chennai for Akka to return home soon with perfect health.*

47. *In these circumstances, Dr.Richard Beale came back to Chennai. After examining Akka's health, he said, "The Chief Minister's health condition has improved greatly. Apollo Hospital is giving high class treatment with highly advanced equipment Because of that, the Chief Minister's health is improving soon in a proper manner. So, treatment at*

*foreign country is not necessary. The latest medical equipment used here for treating Amma are not even available in our hospitals”.*

48. *Similarly, the AIIMS hospital team came to Chennai from time to time and continued to provide advise and suggestions to Apollo hospitals regarding the treatment given to Akka.*

49. *The physiotherapy medical team (Mrs.Seema, Mrs. Jeedipa and Mrs.Mary) from the "Mount Elizabeth Hospital in Singapore" also came to Chennai at the request of Apollo Hospitals and continued to treat Akka at the Apollo Hospital along with the physiotherapy team of Apollo Hospital. Further, Akka was also given liquid food through a tube on the supervision of Apollo doctors. About 10 days after the tracheostomy was performed, the food tube fitted to her was removed by Akka. She told the doctors that it was uncomfortable for her, following which they permitted Akka to take solid and liquid food orally. Accordingly, small quantities of items like idli, pongal and vada from the kitchen of the Apollo Hospital were given under medical supervision, as per Akka's wish.*

50. *The Governor in-charge of Tamil Nadu Mr.Vidyasagar Rao came to Apollo again on 22.10.2016 and saw Akka through the glass door. Akka looked at the Governor and raised her hand. The Governor later wrote in his book "THOSE EVENTFUL DAYS" that he had seen Akka at the Apollo Hospital and that she had shown him her hand. When the Governor came to see Akka on 22.10.2016, he got the details of the treatment given*



*to Akka directly and after he met, he spoke to me and left.*

*51. Akka's Assistant Mr.Karthikeyan recorded her favourite devotional songs in Pendrive and gave her while she was in the MDCCU ward. Akka was listening to them from time to time. As tracheostomy was fitted, to speak fluently, appropriate speech training was provided by appropriate physicians. Akka began to speak well. When Akka first spoke, she mentioned the names of the favourite deities she worshipped. Near her bed in the MDCCU ward, A4 size colour photographs of her favourite deities whom she had worshipped were also brought and pasted by Assistant Mr.Karthikeyan, as desired by Akka.*

*52. From 23.09.2016 to 27.09.2016 I was staying in a room near MDCCU in the second floor. From 28.09.2016, whenever the doctors would call me at the behest of Akka, I will go down from the room allotted to me in the third floor, meet her and then return. After 19.11.2016, Akka was given a separate room on the second floor. Apollo Hospitals has allotted me a small room next to the separate room on the second floor allotted to Akka for treatment. Arrangements were made by the hospital to see the treatment room through a glass so that no infection was spread to Akka by those who came to see her. I made arrangements to place plastic plants near Akka's room so that the scene of greenery would be appealing to her eyes. In that room, there were pictures of her favourite deities on the headboard of Akka's bed and on the places where*

*Akka could see. As per Akka's wish and with the permission of the hospital, TV and Tata Sky Set up Box facilities were made in the separate Ward.*

*53. The persons who were permitted by Akka were allowed to see through the glass of the room. There were always two nurses on shift basis in Akka's room. The Apollo hospital had arranged a Doctor and a nurse in the adjacent room to Akka's room for providing 24 hour treatment and observation. Often specialist doctors and MDCCU consultants came and looked after Akka. Good treatment was given to Akka. Akka's health was recovering well.*

*54. During the total period of treatment received at Apollo, in that floor, the room was monitored on a shift basis by Akka's Personal Securities of Police department, Mr.Perumalsamy, Thiru.Veeraperumal, Thiru. Raja and the 24 Personnel Security Officers under them. In relation to the security, the Director General of Police, the Commissioner of Police, Chennai, and other Senior Police Officials visited from time to time. The security guards of the Central Government will be present only during Akka's "Mobile Transport Security", and so they were not present when she was treated at Apollo Hospital. This is because the security officials of the Central Government will accompany Akka only during her travel for security and other related security works. They would not guard even inside the Poes Garden home. Similarly, after dropping Akka's car inside the Secretariat, they would be waiting only at the gates for Akka. Only Akka's police*

*personal security officers will bear the responsibility to report Akka's programs in advance to the Central Government's security officers.*

55. *It is customary for Akka to personally ask me to take a video to know about the treatment given. Accordingly, I videotaped the treatment given to Akka by video camera in three rounds during the period when Akka was receiving treatment at the Apollo Hospital. Akka often told me that she wanted to go home from the hospital. But the doctors and myself told her that she can go home only after her complete recovery. Yet I took those videos in order to keep Akka in the hospital itself, as we could not keep the modern medical treatment equipment available in the hospital at home and to get her consent to return home after taking treatment at the hospital and gaining full strength. Akka herself asked me, "Sasi, take video. As tracheostomy is fixed in the neck, I cannot turn my neck to see". Akka also watched the videos taken. I also recorded videos of physiotherapy doctors from Mount Elizabeth Hospital in Singapore advising and training Akka on how to do daily exercises. Akka watched those videos too. In these circumstances, on the advice of the doctors, Akka started to stand and walk, and she was doing breathing practice as well. But the treatment for the lung infection was continued to be given by the medical team of Apollo hospital. The doctors would take away the fluid coming out from the lungs from time to time.*

56. *To give additional nutrition to Akka, "Protein Supplement" was given to her in liquid form*

*November 2016 as per the advice of the Apollo Medical team. As per Akka's wish and on the instruction of the doctors, food was prepared in the Apollo hospital's kitchen and served to Akka. From time to time, I informed Akka about the people who came to enquire about her health. Akka told me that after returning home everyone must be thanked.*

*57. In these circumstances, the Election Commission of India announced the election dates for conducting elections in the Aravakurichi and Thanjavur Constituencies where elections were cancelled earlier and in the Thiruparankundram Constituency after the sudden demise of the candidate who won the election. Akka announced Thiru.Senthil Balaji, who had already contested as AIADMK's official candidate in the Aravakurichi Constituency election, Mr.Rengasamy, who had already contested as AIADMK's official candidate in the Thanjavur Constituency election and Mr.Bose, who was selected by Akka as the AIADMK's official candidate in the Thiruparankundram by-election. Her hand was swollen due to the treatments given to her during those periods and due to the saline tubes inserted in her hands. So, on 27.10.2016, Akka affixed her thumb impression in Form A and Form B for all the three constituencies and for Pondicherry's Nellithoppu Assembly constituency Election in the presence of the Government Doctor Dr. Balaji. The forms were submitted by the then AIADMK leader Thiru. Madhusuthanan in the Tamil Nadu Election Office through the concerned Election Officers. Accordingly, the AIADMK candidates won all the*

*three by-elections held in Tamil Nadu on 19.11.2016.*

58. *No matter how many requests I made after Akka was transferred to a separate room, she did not agree to go abroad for further treatment. Whenever I told Akka that she could go abroad, she stubbornly refused, saying, "I'm fine. I have just started walking and exercising, that and all is not required." In the second week of November 2016 she wrote a note to hand over to the AIADMK MPs on how to act in the interest of Tamil Nadu against the activities of the Central Government in the Parliament at that time. That note and some other notes she wrote in the hospital are in Akka's room. The AIADMK MPs acted in the matter in the Parliament on the advice of Akka.*

59. *Akka decided that 29.12.2016 is the auspicious day to get discharge and leave for Poes Garden. The doctors too agreed. I also went to the Poes Garden House once a week to light the lamp and worship as per Akka's wish. I arranged for a lift large enough to prevent Akka from using steps in the Poes Garden house after her return. I also made arrangements at home for Akka to take rest after medical treatment. Clothes for Akka's Medical treatment at hospital were stitched specially. Thiru Asokan, Assistant Officer, Akka's Private Security wing, after measuring the size of the table and chair came to the Hospital with a big table and large seat for Akka to sit and practice physiotherapy. From time to time Mr.Rama Mohana Rao would greet Akka by partly opening the door of the room. Akka will also accept his salutation with a smile. Akka has*

*called and spoken to the doctors and nurses who had treated her. Workers of Poes garden, the Assistants, and the security guards looked at her through the glass door in the separate room.*

60. *Some Ministers including Ms.Nilofar Kapil and Mr.Thambidurai saw Akka when she was shifted from the MDCCU hall in the second floor to a separate ward. Many of Akka's personal security guards have seen Akka during all the times when she was shifted to the separate room, and when she was taken for scans. When I told Akka about the details of those who wanted to see her, she said, "I didn't meet anyone after I was released on bail from the Bangalore jail, I saw everyone only after the acquittal order passed by the Karnataka High Court. Likewise, I would see everyone when I get back to Poes Garden with perfect health. I'll invite the party men there and meet them. Till then no one need to come and meet me." One can meet or talk to Akka only if Akka wants to. No one, including me, can interfere with Akka's decision. Everyone who knows Akka will know this well."*

61. *Akka used to watch the "Jai Veera Hanuman" serial aired on Jaya TV and Akka's favourite songs in pendrive and DVD given by Akka's assistant Mr. Karthikeyan. Akka used to listen to her favourite devotional songs in the morning and evening. I also showed Akka the videos of AIADMK office bearers, Tamil Nadu Ministers and political party leaders talking about Akka's treatment which were already given to me by Mr.Karthikeyan.*

62. *In the last week of November 2016*

*Cardiologist Dr.Samin Sharma (New York - USA) also visited Akka and discussed with the Apollo Medical Team. Then the regular persons from AIIMS medical team came. After checking Akka, the met me and stated that, "The Chief Minister has recovered well. Her mental strength is the reason for this progress. You have to act like a doctor after she goes home. Hereafter there won't be any problem for her."*

63. *When everything was going well like this on 04.12.2016 at around 04:20 p.m., the hospital nurse brought bun and coffee in the trolley as asked by Akka. Akka sat on the bed with her legs crossed, put on glasses and watched the serial "Jaya Veera Hanuman" on TV and said "I will take it after the serial is over". I said "Akka the food will get cold". She waved her hand and said, "be patient for a while, Sasi". After the serial is over, Akka switched off with the remote in her hand. I tried placing the trolley near. By then a lady doctor and a nurse were standing next to Akka. Dr.Ramesh Venkatraman was sitting outside the room. Suddenly Akka had a great tremor in her body. Akka's tongue was protruding, and biting the teeth Akka shouted something. As soon as I started shouting, "Akka, Akka", she looked at me and raised both her arms and brought it towards me. As I screamed, I jumped and caught Akka. Looking at me, Akka leaned on the bed. The doctors and nurses started giving hurried treatment.*

64. *Specialists rushed to Akka's room as soon as the information was reported. One of the doctors there asked me to loudly call Akka near Akka's ear and I started to shout loudly as Akka, Akka. Akka*

*saw me twice. Then Akka closed her eyes. The doctors who treated Akka said that she had a sudden heart attack and asked me to go out immediately. I screamed in unbearable anxiety and fainted. When I regained consciousness, I saw Akka fitted with ECMO equipment and intensive treatments were given. Numerous doctors came and treated her. They then took her to the operation room in the second floor and continued to give treatment.*

65. *The Doctors there stated that "the AIIMS medical team and Dr. Richard Beale's team were contacted and the treatment was going on. The ECMO instrument was connected. This will activate the non-functioning heart". I said, "Akka will survive anyway. give treatment with the hope that Miracle would happen." Akka was given continuous treatment. I was hoping that Akka would somehow comeback. But there was no progress. The doctors told me from time to time that the Apollo doctors are working continuously by following the advice of the AIIMS medical team and Dr. Richard Beale. There was no progress till the night of 05.12.2016. The doctors had reluctantly told the shocking news that there would be no progress hereafter. The AIIMS medical team and Dr. Richard Beale told me that they had made the same decision. On knowing about Akka's demise, I screamed and fainted. Central Minister Thiru. Venkaiah Naidu and many other dignitaries came to the hospital.*

66. *After that the Government officials started arranging for the final rites. I felt everything as if it was happening in dream. After the embalming,*



*Akka's favourite items brought from Poes Garden were worn on her. Arrangements were made for the final rites at Poes Garden. After that, we took Akka's body to Poes Garden where I and Akka's nephew Mr.Deepak performed the rituals according to Akka's family traditions. Then Government officials made arrangements for placing Akka's body at Rajaji Hall for the public to pay homage.*

*67. In the meanwhile, I called the key executives of the Party and asked them to give proper information to the Governor of Tamil Nadu and to accept Thiru. O.Panneerselvam as the Chief Minister and accept the appointment of the new Cabinet. My request was wholeheartedly accepted by everyone. Thiru. O.Panneerselvam was sworn in as the Chief Minister in the presence of the Governor at Raj Bhavan at midnight on 05.12.2016 in the already set up Cabinet.*

*68. On 06.12.2016, in the early hours of the morning we took Akka's body from Poes Garden to Rajaji Hall for the tribute of the public and dignitaries. Hon'ble Prime Minister, Central ministers, Congress leader Thiru. Rahul Gandhi, other state Chief Ministers, all party leaders and AIADMK volunteers and millions of Tamil Nadu people came to pay their last respects. That evening Akka's body was laid to rest with military honours, in a part of the tomb of Puratchi Thalaivar MGR located near the Chennai beach. From there I returned to Poes Garden just like a dead body. I realized that my life dedicated to Akka was empty that day. I still cannot digest Akka's death. Until Akka was alive, I*

*looked after Akka like a child, keeping myself in the place of a mother. Knowing Akka's needs, I acted according to her likes. After Akka was admitted in the hospital with ill health, she had recovered, but suddenly because of the failing health, from which she recovered in due course of time, to our shock Akka had died due to heart attack, which is an irreparable loss to me. There is no alternative opinion that Apollo had given the best treatment to Akka. Mr. Venkaiah Naidu, who saw Akka twice at the Apollo Hospital, also said in his interview that there was no doubt about Akka's death.*

69. *From the year 1990 to the end of 2011 there were no issues between me and Akka. But during late 2011 due to some misinformation given by Mr. Cho Ramasamy to Akka and at the insistence of some people, who acted on his will, Akka called me in the presence of Mr. Cho and said "Mr. Cho is telling some information about you. I will tell you about it fully later. Until then, you go and stay in T. Nagar". I am a person who is always bound by the words of Akka. I said "yes". Before I left in a vehicle from there, I called the people in the Poes garden and told them about the requirements of Akka and how to do it. Akka came up to the door, shook hands and sent me away. Those who were on duty there at that time knew these in detail. I came to know that several cases were filed against some of my family members as Mr. Cho and his associates spread misinformation about my family to Akka. But within a few days Akka spoke to me casually over phone. By staying in T. Nagar itself, I gathered the*

*necessary answers for the Bangalore courts and necessary information for the case and engaged in multi-stage consultation with lawyers. In the earlier period/the middle period of the year 2011, Akka avoided persons who had acted against the Party. They all used this time and started spreading many false rumours against me. But in a short time, Akka found out that all the news about my family was a lie.*

70. *Akka told me over phone that "All that I got was false information. You come to the garden immediately." Further Akka informed me over phone that she had said to Cho "All the news about **R.1**'s family and the information you have given is false. So I have decided to invite Sasi to Poes Garden ". For that Cho replied, "People will blame you for sending out **R.1** who is your acquaintance for 30 years and dismissing her from the party. So get apology letter from her before bringing her to Poes Garden."*

71. *To which I said, "Akka, your respect is more important to me. I am ready to give you a letter of apology. Ask to prepare." But I appealed to Akka. "My family, which had not committed any wrong doing, have suffered many trials because of others. Because of this, they may find many troubles in the future. So let them stay away. I am ready to do anything for you." Akka said, "Everything will be fine in a few days." Akka sent me the letter prepared by Mr. Cho, which I signed on 28.03.2012. Akka cancelled all the actions taken against me through the letter dated 31.03.2012. Then I went back to Poes Garden as Akka had invited me. As far as I am*

concerned Akka's honour and dignity are important to me. Akka is everything for me. After that my family members won the cases in the court which were filed by the Police with the influence of Thiru.Cho and others. After a few years, when Akka compelled, some of my family members visited Poes Garden to meet Akka. Likewise when Akka was in Apollo, when I informed Akka that my family members liked to meet her, she said to come and meet her. They also saw Akka through the Glass. Akka has waved to some when they saw her. Further my younger brother Thiru. Diwakaran's daughter Tmt. Rajmadhangi and her husband Thiru. Vikram were working in the Apollo as doctors. Akka was talking to them during her treatment. The doctors and nurses of the Apollo Hospital know about this.

72. When Akka was treated at the hospital, considering the welfare of Tamil Nadu, senior executives and Ministers told me to appoint Mr. O. Panneer Selvam to look after the portfolios of Akka. I asked about this to Akka. Akka said yes. The Governor was informed accordingly. The Governor in-charge of Tamil Nadu accepted it and passed the appropriate order on 11.10.2016. Accordingly, Thiru.O.Paneerselvam started looking after the departments that Akka had been looking after she became Chief Minister.

73. About a week before Akka's death, Mr. P.Vetrivel, who was the Secretary of North Chennai, MLA of Perambur and Dr. R.K.Nagar Assembly Constituency Treasurer suffered a serious illness. He was admitted in the hospital and underwent Cardiac

*Surgery. He did not know about Akka's death. He met me at Poes Garden in the third week of December 2016 when he recovered; he cried and expressed his affection for Akka. I and other AIADMK members who were worried like him offered our condolences to him.*

*74. During this period the members and executives of the AIADMK persuaded me to take charge as the General Secretary of the Party to keep the work Akka had done and to save the Party from the machinations of the DMK which was waiting for such a time. The senior executives of the party led by Thiru. Madhusudhanan, formally convened the General Committee and on 29.12.2016 made me as the General Secretary and obtained my assent to the resolutions at Poes Garden. The role of the party's top executives and Ministers, especially Thiru. O.Panneerselvam, is particularly significant. I, who wanted to spend my life in the memories of Akka, accepted this post as it is necessary to save the Party in this situation. But after Akka's death, I expected something terrible to happen to the AIADMK. Some incidents had also happened like that.*

*75. I came to know through senior Ministers and other key executives of the Party that Mr. O.Panneerselvam was involved in many indirect treacherous activities and had joined hands with the DMK. Immediate action must be taken against him. As all the Ministers and senior executives of the Party gathered and decided to dismiss Thiru. O.Panneerselvam from the Post of Chief Minister, on 05.02.2017, Thiru. O.Panneerselvam resigned from*

*the post of Chief Minister. At that point all the executives and legislators of the Party insisted upon me and elected me as the leader of the AIADMK Legislative Party. I could not shirk that responsibility in that dire situation. These details were communicated to the Governor in charge of Tamil Nadu. However, due to the many political games and turmoil that followed, there were several subsequent twists and turns in Tamil Nadu politics in which Thiru. O. Panneerselvam engaged in direct treacherous activities to shake the very foundations of the AIADMK. There were allegations brought forth from many sides that the Central Government was indirectly interfering in the affairs of our party and Government.*

*76. In this situation, we four of us including Akka who were released as innocents by the judgement of Karnataka High Court, argued as Respondents and had stated in the Supreme Court cases that the appeal cases were not valid. Accordingly on 07.06.2016, after all the arguments were over, the cases were adjourned for judgement. In this situation, after Akka died as innocent on 05.12.2016, without hearing the rest three of us, and without, acting as per the law and previous judgement, the Hon'ble Supreme Court without giving us our opportunity and without considering the "Changed Situations" wrongly punished us through judgment.*

*77. At that point, to control such treacherous act against AIADMK, party's senior executives, Thiru. Edappadi K. Palaniswamy and other Legislative*

*Assembly members requested to bring back Thiru. T.T.V.Dinakaran who was experienced, and had held many important posts in Party, such as former M.P., and is the one who was brought into Politics by Akka. So I inducted Thiru.T.T.V. Dinakaran into the party on 14.02.2017 and made him the Deputy General Secretary of the party on 15.02.2017. Further as per my instructions Thiru. Edappadi K. Palaniswamy was made leader of the AIADMK members of the Cabinet. I spoke to each and every member of the Legislative Assembly individually and asked for their support to Thiru. Edappadi K.Palaniswamy. As per my instruction and decision, the Governor in-charge of Tamil Nadu was approached for the functioning of Tamil Nadu Government headed by Thiru. Edappadi K.Palaniswamy.*

78. *On accepting my request, Mr. Edappadi K.Palanichamy was supported by 122 legislative Assembly members of the AIADMK. Thiru. O.Panneerselvam joined hands with DMK to demolish the Government formed by Akka with majority votes, during the No-confidence voting against Thiru. Edappadi K. Palaniswamy, he and his supporters voted against Thiru. Edappadi K. Palaniswamy.*

79. *The Chief Election Commission of India then declared by-election to Dr. R.K. Nagar Assembly constituency after the death of Akka. According to my decision, the Deputy General Secretary of the AIADMK, Mr.TTV Dinakaran was declared as the AIADMK candidate for the Dr.R.K. Nagar Assembly constituency. Opposing this, Thiru. Madhusudhanan, Thiru. O.Panneerselvam and Thiru. Semmalai filed a*

case against the Party's Deputy General Secretary Thiru.T.T.V. Dinakaran. No matter what BJP tried to form an alliance with the AIADMK in the May 2014 Tamil Nadu parliamentary elections, Akka did not accept it. Everyone knows the attitude of Akka who campaigned with the slogan "Modiya" or "Ladiya". AIADMK won a huge victory in 37 Tamil Nadu parliamentary constituencies due to Akka's campaign. With this in mind, the ruling BJP in the Central was looking for the right time to destroy the AIADMK and set foot in Tamil Nadu. Thiru.O.Panneerselvam went to BJP during that period and surrendered. Through the Election Commission of India, with the support of the Central Government, Thiru. O.Panneerselvam disabled the AIADMK "IrattaiIlai" Symbol which had been created by Idhaya Deivam Puratchi Thalaivar Dr.M.G.R and developed by Akka. The Election Commission of India allotted new names and symbols for both Thiru. O.Panneerselvam's team and for our team. The Election Commission of India (ECI) acted in a one sided manner and favoured Mr. O.Panneerselvam's team, regardless of the MPs, MLAs, General Committee members and 90% of the party members were in support of us.

80. During this period Thiru. P.Vetrivel was In-charge of Legislative Assembly for Dr.R.K.Nagar Assembly Constituency. The videos of Akka which I have taken for Akka at the time of her treatment at Apollo was revealed then. By knowing that, as Thiru. P.Vetrivel has not seen Akka at her last days, he asked me through the Deputy Secretary General of



*the Party Thiru. T.T.V. Dhinakaran the videos of Akka. As I know his affection towards Akka could not neglect his request, I told Thiru. M. Ramachandran (my brother-in-law) to give a copy Thiru. T.T.V. Dhinakaran from a pendrive which I had given him containing "Akka's treatment videos". Accordingly, Thiru. Ramachandran gave the pendrive to Thiru. TTV Dinakaran in the first week of April 2017 Thiru. P. Vetrivel received the same from him. But I advised Thiru. P. Vetrivel not to show the video to anyone else by any means and accordingly Thiru. T.T.V. Dinakaran later told me that he had also instructed him the same when he was giving the pendrive.*

81. *After that Dr.RK Nagar Assembly Election was adjourned by the Election Commission of India on 10.04.2017. In this situation, Thiru. O.Panneer Selvam and some of his associates have been spreading false information about Akka's death in public, in the press and on TV for stigmatizing me. They themselves were involved in many illegal activities from town to town with the intention of rebelling against me.*

82. *In the meantime I have filed my revision petition in the Hon'ble Supreme Court. I had mentioned in the petition that the lengthy details of the above said 14.02.2017 judgment and other legal implications along with the argument that the judgment of appeal given to me dated 14.02.2017 was not correct, invalid and could not be convicted against him after the death of a person by law. But the Hon'ble Supreme Court dismissed the revision petition filed by me on 23.08.2017 with two line*

*judgments without any legal argument. Soon I am going to file my "curative" petition in the Hon'ble Supreme Court. I am innocent as long as I have that opportunity. Apart from this, the Hon'ble Supreme Court has also dismissed the petition filed by the Government of Karnataka to seize the property of Akka. From the legal viewpoint it is the most noteworthy event.*

83. *In this situation it is clear that the Central Government was fully assisting Thiru. O. Panneerselvam. Thiru. Edappadi K. Palanichamy who had been with us until then, and who had been made as Chief Minister by me joined along with Thiru. O.Panneer Selvam started doing opportunistic politics. Thiru. Edappadi K.Palaniswamy joined hands with Thiru. O.Panneerselvam who tried to stigmatise the death of Akka and made him the Deputy Chief Minister of Tamil Nadu on 21.08.2017. Due to the intervention of the Central Government, Thiru. Edappadi K.Palaniswamy began to engage in various acts of corruption against Akka's policy of state autonomy and supported the plans which were opposed by Akka in various ways. Opposing the above actions, the 18 Members of the Legislative Assembly met the Hon'ble Governor of Tamil Nadu on 22.08.2017, for which as per the order of the party leadership, Thiru. Edappadi K.Palanichamy and Thiru. O.Panneerselvam with the assistance of the Speaker of the Legislative Assembly Thiru. Dhanapal illegally removed them from the post of Member of the Legislative Assembly on 18.09.2017 in violation of natural justice.*

84. *Thiru. Edappadi K.Palanisamy again filed sworn affidavits containing contradictory, fabricated and false averments, to the affidavits already filed by O. Panneer Selvam in support of us, on our behalf in the Election Commission of India. As he was the Chief Minister of Tamil Nadu, he filed thousands of forged sworn affidavits with fake documents to the Election Commission of India by abuse of power, illegal activities, by fabricating documents, by suppression and threatening thousands of people in filing false affidavits containing information that are not true. Based on this, on 23.11.2017, the Election Commission of India issued an order in contradiction with law regarding the party name and symbol in view of the illegal meeting held against AIADMK party rules and with forged affidavits and without respecting the sentiments of the one and a half crore party volunteers.*

85. *Several cases are pending in the Chennai High Court in this regard and against the illegal activities of aforesaid persons. Cases are also going on in the Hon'ble Delhi High Court against the order dated 23.11.2017 issued by the Election Commission of India which is illegal as it had acted in a one sided manner.*

86. *Immediately after the passing of the order of the Election Commission of India on 23.11.2017, the next day i.e. on 24.11.2017, the Election Commission of India announced RK Nagar Assembly by-election in a hurry. In the absence of sufficient opportunity, Thiru. T.T.V.Dinakaran enrolled as an independent candidate and won a landslide victory in*

*the elections held on 21.12.2017 with the overwhelming support of the people. The victory of Thiru. T.T.V. Dinakaran with a margin of about 40,000 votes and the fact that he got about 90,000 votes shows that the true volunteers of the AIADMK were on our side. Thiru. O.Panneerselvam and Thiru. Edappadi K. Palanichamy distributed a statement in support of Thiru. Madhusudhanan throughout Dr. RK Nagar Assembly constituency, two days prior to the said election (on 19.12.2017) with a fake picture of Akka as in a coffin. Thus heartbroken Thiru. P.Vetrivel extemporaneously, without getting permission from me or from Thiru. TTV Dinakaran and by not obeying our words copied some of the video recordings of Akka, which was taken when she was in treatment at Apollo taken from the Pendrive, which had been in his possession since April 2017, unilaterally published them in the media on 20.11.2017, within the premises of the Assembly.*

87. *After hearing this, Thiru. T.T.V. Dinakaran was angry with P. Vetrivel. Thiru. P.Vetrivel handed over the pendrive to Thiru. T.T.V. Dinakaran. He further added, "I have done so because of more stress. They are continuously stigmatising the death of Amma. I am not able to bear. They allege Amma's leg was cut off. Opponents are falsely propagating that they are pretending to be treated after Amma dies. I couldn't bear all these as a true follower of Amma. I am intolerable to see General Secretary Chinnamma, whom I think as my mother." So you and the General Secretary forgive me," said Thiru. P. Vetrivel. Thereafter the Election Commission and this*

*Commission lodged two complaints in two different police stations against Thiru. P.Vetrivel on the same day (20.11.2017) on the same issue. After that Thiru. P.Vetrivel and Thiru. T.T.V. Dhinakaran have handed over the pen drives in their possession to the Commission through the Counsel on the basis of the summons issued to them by the Commission.*

88. *I was broken to hear the news of the video release. But then through news and TV shows, I was convinced and relieved to know the mind-set and feelings of the people of Tamil Nadu who understood the intrigue of the people who were slandering Akka's death. Yet I am unhappy that the video of Akka in nighty was released. As far as I am concerned those videos were taken with the instruction of Akka regarding the treatment as told by Akka. I would not have released those videos under any circumstances. When P.Vetrivel met me in prison he gave me the full details of the above. Although I'm unhappy that the video of Akka with nighty was released in public, I hope that Akka's soul would be happy in the manner in which the persons who had defiled her were unmasked in the matter of her death.*

89. *Myself or anyone related to me have no difference of opinion on setting up of this Commission in such a way to allay the suspicions of the remaining few regarding the death of Akka. But I have differences of opinion on the actions of those who wanted to politicize this and who want to politicize until now.*

90. *After Akka's death, Thiru. O.Panneerselvam*

stated that he had no doubt on Akka's death when he was the Chief Minister. Then the Chief Minister Edappadi K.Palanisamy and other ministers have stated that there is no doubt about Akka's death. The above details have been recorded in the note of the Tamil Nadu Legislative Assembly. At present Thiru. O.Panneerselvam and Thiru. Edappadi K.Palanichamy stated for political reasons that they do not have doubt in the death of Chief Minister Ms. J.Jayalithaa but stated that in order to clear the doubts of the people they have set up the Commission.

91. Thiru. Karthikeyan, one of Akka's Assistants told me the details of several political party leaders and dignitaries who had spoken as there was doubt and no doubt about Akka's death on TV. The details are as follows: -

S.No.	Name	Designation
(1)	Thiru. Venkaiah Naidu	Vice President of India
(2)	Thiru. Amit Shah	BJP National Leader
(3)	Thiru. Arun Jaitley	Central Finance Minister
(4)	Thiru. O.Panneerselvam	Deputy Chief Minister of Tamil Nadu
(5)	Thiru. Edappadi K.Palanisamy	Chief Minister of Tamil Nadu
(6)	Thiru. P.H. Pandian	----
(7)	Thiru. C.Ponnaiyan	----
(8)	Thiru. D.Jayakumar	Fisheries Minister of Tamil Nadu
(9)	Thiru. Dindigul Srinivasan	Minister for Forest Department, Tamil Nadu
(10)	Thiru. Thambidurai	Deputy Speaker of Parliament
(11)	Thiru. Sengottaiyan	Minister for School education, Tamil Nadu
(12)	Thiru. K.P.M.unusamy	Former Assembly Member of AIADMK

(13)	Thiru.Vijaya Bhaskar	Health Minister of Tamil Nadu
(14)	Thiru. Sellur Raju	Minister for Cooperative Department, Tamil Nadu
(15)	Thiru. R.B.Udayakumar	Minister for Department for Revenue, Tamil Nadu
(16)	Thiru.O.S.Maniyan	Handicrafts Minister, Tamil Nadu
(17)	Ms. Geeta	----
(18)	Thiru. Venkata Sharma	Kerala Namboodiri

92. *I am ready to co-operate completely with the Commission for any legal or judicial inquiry into the death of Akka. From now on, the Commission shall give sufficient time period for cross-examination on my behalf of the witnesses who are going to be examined, and the witnesses who have already been examined before this Commission. Only then my lawyer can consult me to bring into light the veracity of allegations of those who try to falsely accuse and stigmatize me on the death of Akka. This Commission without any denial, should give me the opportunity to do so under the provisions of the **"Commissions of Inquiry"** Act. In the order of the Commission dated 06.03.2018, certain matters mentioned are contrary to law, in relation to which I am about to exercise my right to initiate appropriate legal action.*

93. *The Commission also issued 110 pages of documents to my lawyer on 12.02.2018. Apart from this, the Commission has issued 2956 pages of documents only on 26.02.2018. I am filing this affidavit with the aforementioned sworn statements, so as to protect my reputation from being spoiled*

*because of the hasty orders passed by this Commission though I did not have sufficient time to fully comprehend the statements of those testified against me, the petitions, the complaints and the marked documents against me.*

94. *With the intention of tarnishing Akka's death and for spoiling my reputation, some have directly made false allegations and many others at the instigation of others and without having basic evidence, have filed complaints. Anonymously a complaint was created and 302 copies of such complaints were Xeroxed and the said complaints were given under different names (1208 pages). Complaints have been filed before this Commission with details of the cases filed in Courts, in connection with the death of Akka and other suspicions raised, where Orders have been passed by such Courts in those cases declining to intervene into the same (47pages). All these have to be borne in mind by this Commission.*

95. *Akka's niece Mrs. J.Deepa has told false details about me in this Commission. All her accusations are without any basis, alleged simply on surmises. Akka did not have good regards for J.Deepa till she was alive. The reason is that Akka has repeatedly told me that Mrs. J.Deepa is behaving like her mother. Mrs. J.Deepa's mother Mrs.Vijayalakshmi lied and filed a false complaint, that there is life threat and sought protection to the detriment of Akka's reputation when Thiru. Narasimha Rao was the Prime Minister of India. Similarly, she met DMK leader Thiru. M. Karunanidhi*



*and Congress leader Thiru. Vazhappadi Ramamurthy and acted against Akka. Akka thought that J.Deepa has the same characteristics as Thiru. Mrs. Vijayalakshmi. Due to that, Akka stayed away from J. Deepa. J.Deepa thought that I was the reason behind that. Because of that Mrs. J. Deepa has stacked these false allegations against me in this Commission.*

96. *But Akka would often say that Mr. J.Deepak is like his father Mr. Jayakumar. Mr. J.Deepak will always be adjustable towards Akka. Similary, the allegations made by DMK candidate Dr. Saravanan, who lost to AIADMK candidate Mr. Bose in the November 2016 Thiruparankundram by-election, contain only political motive. Everyone who worked at Poes Garden for a long time knows how I looked after Akka like my eyelids. I have not yet fully recovered from the grief caused by Akka's death. The true cause of death of Akka who died on 05.12.2016 will be revealed by the persons, notables, doctors and medical documents I mentioned above.*

97. *Apart that, the documents filed by those who have filed false allegations against me and false witnesses with false details and the documents marked through the testimonies of the persons being investigated by this Commission after 30.01.2018, I will file additional sworn affidavits before this Commission in due course of the future appropriately. I request the Commission to act swiftly, and with neutrality on the false allegations, and actions done with the intent to slander, and on the false questions asked without evidence, without*

*acting in one side manner, inquire properly, without rushing and making a definite conclusions on the basis of the principles already laid down as a guidelines, also requesting to act in way to reveal the motives of those who wanted to stigmatize the death of Akka.*

98. *I would also like to state that as I have been in jail since 15.02.2017, the names and dates mentioned in this affidavit have been prepared approximately with my memory. For the aforesaid reasons, it is stated that I may have left out a few details and names without mentioning the same.*

99. *Having stated all the aforesaid details to my lawyer Thiru. N. Raja Senthoo Pandian who met me, took notes and prepared the draft affidavit which was once again verified and shown to me, and accordingly all the corrections I stated to him were corrected and then printed by computer and handed over to me at the Agrahara Jail Officer in Bangalore. I having read over and on being satisfied that the contents are as stated by me, I have signed this affidavit of 55 pages in the presence of the above Prison Officer today 09.03.2018, in the presence of the Prison Officer, and I am submitting it before this Commission through my lawyer and also filing by speed post.*

YOURS,

-sd/-

(V.K. Sasikala)

## **9. TWO AFFIDAVITS FILED BY R.2 HOSPITAL**

**9.1.** Pursuant to the summons received by **R.2** hospital, two separate affidavits signed by Dr.Prathap C. Reddy and by Dr.Preetha Reddy had been filed by Tmt.Maimoona Badsha on 12.01.2018, wherein the details of treatment given to the late C.M. had been given in a nutshell. The affidavit of Dr.Pratap C. Reddy is extracted hereunder:

### **AFFIDAVIT OF DR. PRATAP C. REDDY**

*Before the Hon'ble Justice Thiru A. Arumughaswamy  
Commission of Inquiry*

*1st Floor, Kalas Mahal Heritage Building,  
Chepauk, Chennai – 5*

*C.W. No. 14/AAJCOI/2017 Dated 21.12.2017*

*(G.O. Ms. No. 817 dated 25.09.2017)*

*I, Dr. Prathap C.Reddy, son of late Shri. A.Raghava Reddy aged about 84 years, having office at No.21, Greams Lane, Off Greams Road, Chennai – 600 006 do hereby solemnly swear and sincerely affirm as follow:*

*1. I am the Chairman of Apollo Hospitals Enterprise Ltd., a company registered under the Companies Act, 1956. Whereas the Government of Tamil Nadu by G.O. Ms. No. 817 Public (8C) Department dated 25.09.2017 constituted the Justice Hon'ble Thiru A.Armughaswamy Commission of Inquiry to inquire into the circumstances and situation leading to the hospitalisation of the late Hon'ble Chief Minister on 22.09.2016 and subsequent treatment provided till*

*her demise on 05.12.2016.*

*2. I have received Summons dated 21.12.2017 from this Hon'ble Commission and have been called as a witness with reference to the Inquiry and been asked to participate in the same. The Summons also states that some of the witnesses examined in the Commission gave evidence affecting my interest prejudicially and in my absence gave evidence in line with the reference made in the Commission.*

*3. It is submitted that by Application Nos. 1/2018, 2/2018, dated 28.12.2017 my counsel has sought permission of this Hon'ble Commission to apply for and receive a list of such witnesses, documents, depositions that have given such evidence that affect our rights prejudicially. On submissions made by my counsel on 03.01.2018, this Hon'ble Commission posted the Petition to 31.01.2018 for further hearing. However, by order dated 03.01.2018, this Hon'ble Commission directed the Hospital to produce the medical records pertaining to late Hon'ble Chief Minister of Tamil Nadu between the period 22.09.2016 to 05.12.2016, in original and detailed affidavits, on 12.01.2017. Therefore, I am filing this affidavit in the interim without prejudice to my rights to file an additional affidavit on receipt of the documents/details sought for vide Application Nos.1/2018, 2/2018.*

*4. It is submitted that pursuant to the order of this Hon'ble Commission, the original medical records pertaining to the medical treatment of the late Hon'ble Chief Minister, J. Jayalalitha provided at Apollo Hospitals, Greams Road, Chennai (hereinafter*

"Hospital") from 22.09.2016 until 05.12.2016 are produced herewith as Volume 1 to Volume 30. A detailed list of documents is produced herewith as **Annexure – 1** to this Affidavit. The facts set out below are based on the same.

5. However, before I set out the factual background of the late Hon'ble Chief Minister of Tamil Nadu's medical treatment and facts and circumstances relating to the same, I wish to place on record a description of the world class facilities, achievements in the field of medicine and research, credentials of doctors and cutting-edge technology, commitment to community service and free treatment, that has made Apollo hospitals Group a world renowned healthcare facility. The Apollo Hospitals Group presently has 70 hospitals with 7500 clinicians and more than 10,000 nurses combined with 33 year history of clinical excellence. In the year 2009, the Government of India honoured the Apollo hospitals Group with the "Apollo Commemorative Stamp" felicitating their pioneering spirit, commitment to healthcare and service to the nation. Further, the Apollo hospitals Group's reputation and goodwill across the world is evident from the fact that their history was taught as a case study in the prestigious Harvard University. The Apollo Hospital Group has in the financial year 2017 conducted more than 60,000 cardiac procedures, more than 5600 total joint replacements, 1250 solid organ transplants, 14,000 Neuro surgical operations, set-up the first of its kind Proton Cancer Centre at Chennai, first of its kind in South Asia for research and treatment of cancer. It

*has the largest and most comprehensive solid organ transplant program in the world and in the year 2017 alone has performed close to 1250 solid organ transplants. The Apollo Hospitals Institute of Robotic surgery, Chennai is the only technology specifically designed for spine surgery and first in South Asia to offer minimally invasive robotic guided spine surgery system. It has several such achievements in several specialized fields of Medicine. All these milestones have been achieved by the collaborative effort of experienced and world-renowned doctors, nursing staff and support of a management who is committed to being guardians of health and well-being. Apollo Hospitals, Chennai has received #1 Top Super Specialty Hospital in India ranking in India and won the Multi-Specialty Hospital Mega polis in the country award at the ICICI Lombard & CNBC TV 18 India Healthcare Awards 2016.*

*6. In addition to these achievements and accolades in the field of medicine & research, Apollo Hospitals Enterprise Ltd., as a company is in strict compliance with statutory requirements of Corporate Governance that ensures it has strict policies with respect to Ethics, Transparency & Accountability, Employee well-being, reporting structures, protecting Human Rights, Care for Environment etc.*

*7. Apollo hospitals Group also undertakes activities in Rural Development by providing safe drinking water, sanitation facilities, setting up of nutrition centers, conducting medical camps that touched 55,192 lives in the year 2017 alone. Free medical treatment for children with heart diseases, setting up*

*and running a primary school for under privileged children, the "Total Health" Foundation was set-up in 2013 to provide healthcare for the entire community in Thavanampalle Mandal of Chittoor District. Therefore, the Apollo hospitals Group is also dedicated to integrating itself into the delivery of supportive medical care to the underprivileged and those who cannot access medical care easily.*

*8. Further, the Hospital, Apollo hospitals, Chennai is accredited by Joint Commission International (JCI). JCI is the world's largest health care accreditor and has standards designed to ensure a safe environment that reduces risk for care recipients and caregivers, enhance efficiency, improve outcome and patient satisfaction and provide accredited hospitals with public recognition of their achievements and commitment to excellence to name a few. The JCI standard provide for safe systems by ensuring adherence to 329 standard and 1196 measurable elements. The Hospital, Apollo Hospitals, Chennai, has been adhering to these standards and measurable elements and has been accredited by the JCI from the year 2006. JCI Hospital Standards addresses a variety of factors including international patient safety goals, access to care and continuity of care, patient and family rights, care of patients and prevention and control of infections. The Hospital is continuously monitored and audited by JCI. The JCI inspection team consists of two doctors and one nurse and the audit is conducted for a period of 6 days every three years for re-accreditation. The JCI certification is in effect and valid till 16.12.2020. True*

*copy of the certificate of accreditation is produced herewith as **Exhibit-1, Volume – 1***

*9. It is in this background I submit that the Hospital is confident and equipped to handle diseases and medical conditions which earlier required hospitalisation in foreign country since it was believed they had better facilities. Today, Apollo hospitals has bridged that gap and aims to provide such care at the doorstep of every person in India. Likewise, the Hospital and its doctors extended their expertise and facilities to the late Hon'ble Chief Minister of Tamil Nadu with every commitment to saving her life and living up to its ideal of ethics and integrity in excellent medical care.*

*10. With respect to the hospitalisation of the late Hon'ble Chief Minister of Tamil Nadu, I submit that Hospital received a call at around 10:00 p.m.. on 22.09.2016 from the residence of the late Hon'ble Chief Minister that she was unwell and when the Hospital ambulance reported there they found the late Hon'ble Chief Minister of Tamil Nadu was breathless with low oxygen saturation resulting in drowsiness. She was immediately admitted to the Hospital at 10.25 p.m.. on 22.09.2016 and was attended by a team of doctors of various specialties to ascertain her medical condition and decide on the appropriate course of medical treatment. A preliminary diagnosis of infection, dehydration and respiratory distress was made.*

*11. I submit that from the date of admission on 22.09.2016, for 75 days, until 05.12.2016, date of her demise, the late Hon'ble Chief Minister of Tamil*



*Nadu was rendered the highest standard of medical care and treatment by a team of experts and specialists from the Hospital consisting of Critical Care Group, Senior Cardiologists, Senior Respiratory Physicians, Consultants from Infectious Diseases department, Senior Endocrinologists and Diabetologist. She was also attended to by Senior Consultants from the Dietary department. Physiotherapy was provided by physiotherapists from the Hospital and from Mount Elizabeth Hospital, Singapore. A detailed report of the medical treatment rendered to the Hon'ble Late C.M. of Tamil Nadu is set out in the Death Summary dated 07.12.2016 which was handed over to the State Government, on its request, on 06.03.2017. The State Government had circulated the death Summary and it is now available in the public domain. True copy of the Death Summary dated 07.12.2016 is produced herewith as **Exhibit-2, Volume I** and may be referred to for a summary of treatment received by the late Hon'ble Chief Minister.*

12. *The Government of Tamil Nadu vide G.O. (D) No. 1368 dated 30.09.2016, also constituted a five member team of Government specialist doctors to be stationed at the Hospital to provide required assistance to the team of experts treating the late Hon'ble Chief Minister of Tamil Nadu. The Hospital extended all necessary co-operation to the Government specialist doctors at all times and they were at liberty to examine the late Hon'ble Chief Minister and rendered their medical opinion.*

13. *The Hospital also took the initiative to*

*consult with Dr.Richard Beale, an international specialist, intensivist and Professor of Intensive Care Medicine from Guy's and St.Thomas' NHS Foundation Trust and King's College, London. Dr.Beale visited the Hospital to review and monitor the medical condition of the late Hon'ble Chief Minister of Tamil Nadu between 30<sup>th</sup>September 2016 and 1<sup>st</sup> October 2016. He noted that the late Hon'ble Chief Minister of Tamil Nadu was receiving excellent medical care at the Hospital. He was in agreement with the line of treatment adopted by all treating doctors. In his opinion the highest standard of care was followed in the medical management of the late Hon'ble Chief Minister of Tamil Nadu. Dr. Richard Beale's Report dated 01.10.2016 is attached herewith as **Exhibit-3, Volume I.***

14. *Also, at the request of the Government of Tamil Nadu to the Central Government, a team of specialists headed by Dr. G.C.Khilnani, Professor, Department of Pulmonary Medicine and Sleep Disorder was deputed by the All India Institute of Medical Sciences (AIIMS), New Delhi for also assessing the medical condition of the Hon'ble late C.M. of Tamil Nadu. The team of doctors from AIIMS, carried out medical examination on the late C.M. of Tamil Nadu, reviewed here medical condition and treatment being rendered by the Hospital, on several occasions and consistently agreed with the line of treatment being adopted by the Hospital. Details of the dates of the visit of experts from AIIMS and their Reports are given below.*

S. No.	Date	Team
1.	October 5 <sup>th</sup> to 7 <sup>th</sup> October 2016	1. Prof. Dr. G.C. Khilnani, Professor, Department of Pulmonary Medicine & Sleep Disorder 2. Prof. Dr. Anjan Trikha, Professor, Department of Anesthesiology, Pain, Medical and Critical Care. 3. Prof. Dr. Nitish Naik, Professor of Cardiology. <b>Report of visit attached herewith as Exhibit – 4, Volume I</b>
2.	9 <sup>th</sup> October to 10 <sup>th</sup> October 2016	Prof. Dr. G.C. Khilnani, Professor, Department of Pulmonary Medicine & Sleep Disorder <b>Report of visit attached herewith as Exhibit – 5, Volume I</b>
3.	13 <sup>th</sup> October to 15 <sup>th</sup> October 2016	1. Prof. Dr. G.C. Khilnani, Professor, Department of Pulmonary Medicine & Sleep Disorder. 2. Prof. Dr. Anjan Trikha, Professor, Department of Anesthesiology, Pain, Medical and Critical Care. 3. Prof. Dr. Nitish Naik, Professor of Cardiology. <b>Report of visit attached herewith as Exhibit – 6, Volume 1</b>
4.	December 2 <sup>nd</sup> to 3 <sup>rd</sup> December 2016	1. Prof. Dr. G.C. Khilnani, Professor, Department of Pulmonary Medicine & Sleep Disorder 2. Prof. Dr. Anjan Trikha, Professor, Department of Anesthesiology, Pain, Medical and Critical Care. 3. Prof. Dr. Nitish Naik, Professor of Cardiology. 4. Dr. Nikhil Tandon, Professor, Department of Endocrinology <b>Report of visit attached herewith as Exhibit – 7, Volume 1</b>
5.	December 5 <sup>th</sup> 2016	1. Prof. Dr. G.C. Khilnani, Professor, Department of Pulmonary Medicine &

		Sleep Disorder 2.Prof. Dr.Anjan Trikha, Professor, Department of Anesthesiology, Pain, Medical and Critical Care. 3.Dr.Deva Gourou, Department of Cardiology. 4.Dr.Rajiv Narang, Department of Cardio Thoracic Surgery <b>Report of visit attached herewith as Exhibit – 8,Volume I</b>
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15. *A meeting was convened at the Hospital, every morning and evening, on a daily basis, to enable the team of specialist doctors treating the late Hon'ble Chief Minister of Tamil Nadu to apprise the representatives and leaders of the State Government about the medical condition of the late Hon'ble Chief Minister of Tamil Nadu. These meetings were attended by representatives of the State Government namely Mr.Rama Mohana Rao, Ms. Sheela Balakrishnan, Ms.Shanta Sheela Nair, Ms. Jaishree, Mr. Vijay Bhaskar, Health Minister, Mr. Radhakrishnan, Health Secretary, Mr. Venkataraman, Mr. Ramalingam, Mr. Thambidurai. In particular of the above Mr. Rama Mohan Rao, Ms. Sheela Balakrishnan, Ms. Shanta Sheela Nair, Mr. Vijay Bhaskar, Health Minister and Mr. Thambidurai attended all such meetings. The then Chief Minister, Mr. O.Paneerselvam also attended a few of the meetings. Therefore, the Hospital at all times informed the State Government of the medical condition of late Hon'ble Chief Minister of Tamil Nadu.*

16. *It is submitted that there was collaborative*

*effort to provide the late Hon'ble Chief Minister of Tamil Nadu the best of medical care not only by the Hospital doctors but also from doctors deputed by the Central Government and that of International experts. Although the Hospital has the expertise and state-of the art medical facilities, it left no stone unturned to treat the late Hon'ble Chief Minister of Tamil Nadu and fought until the end to save the life of the Hon'ble Chief Minister of Tamil Nadu. At no point was her health or treatment compromised in any manner whatsoever and the line of treatment rendered has been validated by other specialist doctors in India and internationally. Undoubtedly, the late Hon'ble Chief Minister's medical condition was challenging to treat due to the multiple co-morbidities and it required medical care and attention from different specialists who needed to act jointly. These factors including the risks involved were also conveyed to the representatives of the State Government, at all times.*

17. On 04.12.2016 at 4.20 p.m.. the late Hon'ble Chief Minister complained of breathlessness at and she was promptly connected back to the ventilator. On examination by the consultant intensivist she was found to have wheezing and immediate Nebulisation with bronchodilator started and one dose of diuretic was administered. However, the Hon'ble Chief Minister's respiratory distress continued and she started having ventricular ectopics on the monitor which rapidly deteriorated into ventricular fibrillation and cardiac arrest. Cardiopulmonary resuscitation ("CPR") was

*immediately initiated as per advanced cardiac life support protocol for this witnessed cardiac arrest. Despite continued resuscitative efforts spontaneous circulation could not be achieved and consensus decision to place her on Extra Corporeal Membrane Oxygenation (ECMO) was taken and veno-arterial, Extra Corporeal Membrane Oxygenation ECMO was initiated emergently at 5:30 p.m.. on 4<sup>th</sup> December, 2016. It is to be noted that very few hospitals in the country have the life support such as ECMO and the Hospital had such a facility and was able to provide the same to ensure every possible effort was made to save the late Hon'ble Chief Minister. The late Hon'ble Chief Minister continued to show signs of eye movement, heart fibrillation and gag reflex through 05.12.2016. However, her progress was not satisfactory as per the assessment of the medical team. At 7:00 p.m. and 9:00 p.m. she was assessed by the Cardio Thoracic, ECMO team and it was noticed that she had very little brain stem function in pupillary reflex and mild gag reflex, eye and corneal reflex were absent. Her heart function was deteriorating. The significance of these findings was discussed by the team and they were in agreement that her intrinsic heart beat had not returned in spite of 24 hours of ECMO support. The benefit of continuing extra corporeal support was debatable. However, the team felt this should be discussed with the AIIMS doctors. The AIIMS team headed by Dr. Khilnani visited the late Hon'ble Chief Minister at 10.00 p.m.. along with our team and examined her. The cardiac function was exactly the same as that at*

7:00 p.m. and 8:00 p.m. A detailed discussion was held with the AIIMS team on the further course of management. All of us including the AIIMS team were in agreement to continue ECMO and other organ supportive care like ventilator and renal replacement therapy may be futile. Further, medically it is not possible to continue ECMO support beyond 24 hours. This was first conveyed to the Government secretaries headed by the Chief Secretary and ministers, headed by the acting Chief Minister Mr. O.Paneerselvam and the Lok Sabha Deputy Speaker, Mr. Thambidurai. We recommended withdrawal of life sustaining support and this was conveyed also to Ms. Sasikala and the process and consequences of withdrawal was conveyed. They consented to the withdrawal and late Hon'ble Chief Minister was declared dead at 11:30 p.m.. on 05.12.2016.

18. It is submitted that in Summons dated 21.12.2017 received by me it is stated some of the witnesses have given evidence before this Hon'ble Commission affecting my rights prejudicially. The Summons also state that I have made statements to the press on 17.12.2017 about the critical health condition of the late Hon'ble Chief Minister of Tamil Nadu when she was admitted to Apollo Hospital on 22.09.2016. I submit that an international Workshop on Futuristic Healthcare Technology: Emerging Trends Telemedicine and Medical Drone was organized National Design and Research Forum Institution of Engineers (India) in association with National Institute of Advance Studies and Apollo. The

*compact disk of the press release is attached herewith as **Exhibit – 9, Volume I.***

19. *I submit that I was chief guest for the workshop and it was during this workshop that members of the press asked questions pertaining to the late Hon'ble Chief Minister of Tamil Nadu. I informed them that an inquiry of Commission constituted under Hon'ble Justice A. Arumughaswamy is ongoing and reiterated that late Tamil Nadu C.M. J. Jayalithaa was brought to the hospital in a critical condition. She showed significant progress later. But disease pattern was such and because of acute respiratory distress syndrome, she passed away. Therefore, it is submitted that neither is this Press conference held on 17.12.2017 relevant to this inquiry nor was any adverse statement made by me.*

20. *It is submitted that the entire set of medical records produced in original, document each and every detail of the late Hon'ble Chief Minister's hospitalisation, medical history and medical care and the same may be taken on record to aid this Hon'ble Commission in its inquiry.*

Solemnly affirmed at Chennai on this the 11<sup>th</sup> day of January 2018 and the Deponent has signed his name in my presence

For APOLLO  
HOSPITALS  
ENTERPRISE  
LTD.  
-sd/-  
(Pratap C. Reddy)  
Executive Chairman  
Before me

Advocate, Chennai  
RUTH CELESTINA.A  
(2178/2015)



**ANNEXURE – I**

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**9.2.** Now coming to the Affidavit of Smt. Preetha Reddy, the same is extracted hereunder:

**AFFIDAVIT OF DR. PREETHA REDDY**

Before the Hon'ble Justice Thiru A.Arumughaswamy Commission of Inquiry  
1<sup>st</sup> Floor, Kalas Mahal Heritage Building,  
Chepauk, Chennai – 5  
C.W. No. 15/AAJCOI/2017 Dated 21.12.2017  
(G.O. Ms. No. 817 dated 25.09.2017)

*I, Smt. Preetha Reddy, W/o of Shri. Vijayakumar Reddy aged around 60 years, having office at No.21, Greams Lane, Off Greams Road, Chennai – 600 006 do hereby solemnly swear and sincerely affirm as follow:*

*I am the Vice Chairperson of Apollo Hospitals Enterprise Ltd., a company registered under Companies Act, 1956. Whereas the Government of Tamil Nadu by G.O. Ms. No. 817 Public (8C) Department dated 25.09.2017 constituted the Justice*

*Hon'ble Thiru A.Armughaswamy Commission of Inquiry to inquire into the circumstances and situation leading to the hospitalisation of the late Hon'ble Chief Minister on 22.09.2016 and subsequent treatment provided till her demise on 05.12.2016.*

*1. I have received Summons dated 21.12.2017 from this Hon'ble Commission and have been called as a witness with reference to the inquiry.*

*2. It is submitted that pursuant to the order of this Hon'ble Commission, the original medical records pertaining to the medical treatment of the late Hon'ble Chief Minister, J.Jayalalithaa provided at Apollo Hospitals, Greams Road, Chennai (hereinafter "Hospital") from 22.09.2016 until 05.12.2016 are produced herewith as Volume 1 to Volume 30. A detailed list of documents is produced herewith as Annexure-1 to this Affidavit. The facts set out below are based on the same.*

*3. However, before I set out the factual background of the late Hon'ble Chief Minister of Tamil Nadu medical treatment and facts and circumstances relating to the same, I wish to place on record a description of the world class facilities, achievements in the field of medicine and research, credentials of doctors and cutting-edge technology, commitment to community service and free treatment, that has made Apollo hospitals Group a world renowned healthcare facility. The Apollo Hospitals Group presently has 70 hospitals with 7500 clinicians and more than 10,000 nurses combined with a 33 year history of clinical excellence. In the year 2009, the Government of India honoured the Apollo hospitals*

*Group with the 'Apollo Commemorative Stamp' felicitating their pioneering spirit, commitment to healthcare and service to the nation. Further, the Apollo Hospitals Group's reputation and goodwill across the world is evident from the fact that their history was taught as a case study in the prestigious Harvard University. The Apollo Hospital Group has in the financial year 2017 conducted more than 60,000 cardiac procedures, more than 5600 total joint replacements, 1250 solid organ transplants, 14,000 Neuro surgical operations, set-up the first of its kind Proton Cancer Centre at Chennai, first of its kind in South Asia for research and treatment of cancer. It has the largest and most comprehensive solid organ transplant program in the world and in the year 2017 alone has performed close to 1250 solid organ transplants. The Apollo Hospitals Institute of Robotic surgery, Chennai is the only technology specifically designed for spine surgery and first in South Asia to offer minimally invasive robotic guided spine surgery system. It has several such achievements in several specialized fields of Medicine. All these milestones have been achieved by the collaborative effort of experienced and world-renowned doctors, nursing staff and support of a management who is committed to being guardians of health and well-being. Apollo Hospitals, Chennai has received #1 Top Super Specialty Hospital in India ranking in India and won the Multi-Specialty Hospitals Megapolis in the country award at the ICICI Lombard & CNBC TV18 India Healthcare Awards 2016.*

*4. In addition to these achievements and accolades*

*in the field of medicine & research, Apollo Hospitals Enterprise Ltd., as a company is in strict compliance with statutory requirements of Corporate Governance that ensures it has strict policies with respect to Ethics, Transparency & Accountability, Employee well-being, reporting structures, protecting Human Rights, Care for Environment etc.,*

*5. Apollo Hospitals Group also undertakes activities Rural Development by providing safe drinking water, sanitation facilities, setting up of nutrition centres, conducting medical camps that touched 55,192 lives in the year 2017 alone. Free medical treatment for children with heart diseases, setting up and running a primary school for under privileged children, the "Total Health" Foundation was set-up in 2013 to provide healthcare for the entire community in Thavanampalle Mandal of Chittor District. Therefore, the Apollo hospitals is also dedicated to integrating itself into the delivery of supportive medical care to the underprivileged and those who cannot access medical care easily.*

*6. Further, the Hospital, Apollo hospitals, Chennai is accredited by Joint Commission International (JCI). JCI is the world's largest health care accreditor and has standards designed to ensure a safe environment that reduces risk for care recipients and caregivers, enhance efficiency, improve outcome and patient satisfaction and provide accredited hospitals with public recognition of their achievements and commitment to excellence to name a few. The JCI standard provide for safe systems by ensuring adherence to 329 standard and 1196 measurable*

*elements. The Hospital, Apollo Hospitals, Chennai, has been adhering to these standards and measurable elements and has been accredited by the JCI from the year 2006. JCI Hospital Standards addresses a variety of factors including international patient safety goals, access to care and continuity of care, patient and family rights, care of patients and prevention and control of infections. The Hospital is continuously monitored and audited by JCI. The JCI inspection team consists of two doctors and one nurse and the audit is conducted for a period of 6 days every three years for re-accreditation. The JCI certification is in effect and valid till 16.12.2020. True copy of the certificate of accreditation is produced herewith as **Exhibit-1, Volume - 1***

*7. It is in this background I submit that the Hospital is confident and equipped to handle diseases and medical conditions which earlier required hospitalisation in foreign country since it was believed they had better facilities. Today, Apollo hospitals has bridged that gap and aims to provide such care at the doorstep of every person in India. Likewise, the Hospital and its doctors extended their expertise and facilities to the late Hon'ble Chief Minister of Tamil Nadu with every commitment to saving her life and living up to its ideal of ethics and integrity in excellent medical care.*

*8. With respect to the hospitalisation of the late Hon'ble Chief Minister of Tamil Nadu, I submit that Hospital received a call at around 10:00 p.m.. on 22.09.2016 from the residence of the late Hon'ble Chief Minister of that she was unwell and when the*

*Hospital ambulance reported there they found the late Hon'ble Chief Minister of Tamil Nadu was breathless with low oxygen saturation resulting in drowsiness. She was immediately admitted to the Hospital at 10.25 p.m. on 22.09.2016 and was attended by a team of doctors of various specialties to ascertain her medical condition and decide on the appropriate course of medical treatment. A preliminary diagnosis of infection, dehydration and respiratory distress was made.*

*9. I submit that from the date of admission on 22.09.2016, for 75 days, until 05.12.2016, date of her demise, the late Hon'ble Chief Minister of Tamil Nadu was rendered the highest standard of medical care and treatment by a team of experts and specialists from the Hospital consisting of Critical Care Group, Senior Cardiologists, Senior Respiratory Physicians, Consultants from Infectious Diseases department, Senior Endocrinologists and Diabetologist. She was also attended to by Senior Consultants from the Dietary department. Physiotherapy was provided by physiotherapists from the Hospital and from Mount Elizabeth Hospital, Singapore. A detailed report of the medical treatment rendered to the Hon'ble Late C.M. of Tamil Nadu is set out in the Death Summary dated 07.12.2016 which was handed over to the State Government, on its request, on 06.03.2017. The State Government had circulated the death Summary and it is now available in the public domain. True copy of the Death Summary dated 07.12.2016 is produced herewith as **Exhibit-2, Volume I** and may be*

*referred to for a summary of treatment received by the late Hon'ble Chief Minister.*

10. *The Government of Tamil Nadu vide G.O. (D) No. 1368 dated 30.09.2016, also constituted a five member team of Government specialist doctors to be stationed at the Hospital to provide required assistance to the team of experts treating the late Hon'ble Chief Minister of Tamil Nadu. The Hospital extended all necessary co-operation to the Government specialist doctors at all times, and they were at liberty to examine the late Hon'ble Chief Minister and rendered their medical opinion.*

11. *The Hospital also took the initiative to consult with Dr. Richard Beale, an international specialist intensivist and Professor of Intensive Care Medicine from Guy's and St. Thomas' NHS Foundation Trust and King's College, London. Dr. Beale visited the Hospital to review and monitor the medical condition of the late Hon'ble Chief Minister of Tamil Nadu between 30<sup>th</sup> September, 2016 and 1<sup>st</sup> October 2016. He noted that the late Hon'ble Chief Minister of Tamil Nadu was receiving excellent medical care at the Hospital. He was in agreement with the line of treatment adopted by all treating doctors. In his opinion the highest standard of care was followed in the medical management of the late Hon'ble Chief Minister of Tamil Nadu. Dr. Richard Beale's Report dated 01.10.2016 is attached herewith as **Exhibit-3, Volume I.***

12. *Also, at the request of the Government of Tamil Nadu to the Central Government, a team of specialists headed by Dr. G.C.Khilnani, Professor,*



*Department of Pulmonary Medicine and Sleep Disorder was deputed by the All India Institute of Medical Sciences (AIIMS), New Delhi for also assessing the medical condition of the Hon'ble late C.M. of Tamil Nadu. The team of doctors from AIIMS, carried out medical examinations on the late C.M. of Tamil Nadu, reviewed here medical condition and treatment being rendered by the Hospital, on several occasions and consistently agreed with the line of treatment being adopted by the Hospital. Details of the dates of the visit of experts from AIIMS and their Reports are given below:*

S.No.	Date	Team
1.	October 5 <sup>th</sup> to 7 <sup>th</sup> October 2016	1. Prof. Dr. G.C.Khilnani, Professor, Department of Pulmonary Medicine & Sleep Disorder 2. Prof. Dr. Anjan Trikha, Professor, Department of Anesthesiology, Pain, Medical and Critical Care. 3. Prof. Dr. Nitish Naik, Professor of Cardiology. <b>Report of visit attached herewith as Exhibit - 4, Volume I</b>
2.	9 <sup>th</sup> October to 10 <sup>th</sup> October 2016	Prof. Dr. G.C.Khilnani, Professor, Department of Pulmonary Medicine & Sleep Disorder <b>Report of visit attached herewith as Exhibit - 5, Volume I</b>
3.	13 <sup>th</sup> October to 15 <sup>th</sup> October 2016	1. Prof. Dr. G.C.Khilnani, Professor, Department of Pulmonary Medicine & Sleep Disorder

		<p>2. Prof. Dr. Anjan Trikha, Professor, Department of Anesthesiology, Pain, Medical and Critical Care.</p> <p>3. Prof. Dr. Nitish Naik, Professor of Cardiology.</p> <p><b>Report of visit attached herewith as Exhibit - 6,Volume 1</b></p>
4.	December 2 <sup>nd</sup> to 3 <sup>rd</sup> December 2016	<p>1. Prof. Dr. G.C. Khilnani, Professor, Department of Pulmonary Medicine &amp; Sleep Disorder</p> <p>2. Prof. Dr. Anjan Trikha, Professor, Department of Anesthesiology, Pain, Medical and Critical Care.</p> <p>3. Prof. Dr. Nitish Naik, Professor of Cardiology.</p> <p>4. Dr. Nikhil Tandon, Professor, Department of Endocrinology</p> <p><b>Report of visit attached herewith as Exhibit - 7,Volume 1</b></p>
5.	December 5 <sup>th</sup> 2016	<p>1. Prof. Dr. G.C. Khilnani, Professor, Department of Pulmonary Medicine &amp; Sleep Disorder</p> <p>2. Prof. Dr. Anjan Trikha, Professor, Department of Anesthesiology, Pain, Medical and Critical Care.</p> <p>3. Dr.Devagourou, Department of Cardiology.</p> <p>4.Dr.Rajiv Narang, Department of Cardio Thorasic Surgery.</p> <p><b>Report of visit attached herewith as Exhibit - 8,Volume I</b></p>

13. A meeting was convened at the Hospital, every morning and evening, on a daily basis, to enable the team of specialist doctors treating the late Hon'ble Chief Minister of Tamil Nadu to apprise the representatives and leaders of the State Government about the medical condition of the late Hon'ble Chief Minister of Tamil Nadu. These meetings were attended by representatives of the State Government namely Mr. Rama Mohan Rao, Ms. Sheela Balakrishnan, Ms. Shanta Sheela Nair, Ms. Jaishree, Mr. Vijay Bhaskar, Health Minister, Mr. Radhakrishnan, Health Secretary, Mr. Venkataraman, Mr. Ramalingam, Mr. Thambidurai. In particular of the above Mr. Rama Mohan Rao, Ms. Sheela Balakrishnan, Ms. Shanta Sheela Nair, Mr. Vijay Bhaskar, Health Minister and Mr. Thambidurai attended all such meetings. The then Chief Minister, Mr. O. Paneerselvam also attended a few of the meetings. Therefore, the Hospital at all times informed the State Government of the medical condition of late Hon'ble Chief Minister of Tamil Nadu.

14. It is submitted that there was a collaborative effort to provide the late Hon'ble Chief Minister of Tamil Nadu the best of medical care not only by the Hospital doctors but also from doctors deputed by the Central Government and that of International experts. Although the Hospital has the expertise and state-of-the-art medical facilities, it left no stone unturned to treat the late Hon'ble Chief Minister of Tamil Nadu and fought until the end to

*save the life of the Hon'ble Chief Minister of Tamil Nadu. At no point was her health or treatment compromised in any manner whatsoever and the line of treatment rendered has been validated by other specialist doctors in India and internationally. Undoubtedly, the late Hon'ble Chief Minister's medical condition was challenging to treat due to the multiple co-morbidities and it required medical care and attention from different specialists who needed to act jointly. These factors including the risks involved were also conveyed to the representatives of the State Government, at all times.*

*15. On 04.12.2016 at 4.20 p.m., the late Hon'ble Chief Minister complained of breathlessness at and she was promptly connected back to the ventilator. On examination by the consultant intensivist she was found to have wheezing and immediate nebulization with bronchodilator started and one dose of diuretic was administered. However, the late Hon'ble Chief Minister's respiratory distress continued and she started having ventricular ectopics on the monitor which rapidly deteriorated into ventricular fibrillation and cardiac arrest. Cardiopulmonary resuscitation ("CPR") was immediately initiated as per advanced cardiac life support protocol for this witnessed cardiac arrest. Despite continued resuscitative efforts spontaneous circulation could not be achieved and consensus decision to place her on Extra Corporeal Membrane Oxygenation (ECMO) was taken and veno-arterial, Extra Corporeal Membrane*

*Oxygenation ECMO was initiated emergently at 5:30 p.m.. on 4<sup>th</sup> December, 2016. It is to be noted that very few hospitals in the country have the life support such as ECMO and the Hospital had such a facility and was able to provide the same to ensure every possible effort was made to save the late Hon'ble Chief Minister. The late Hon'ble Chief Minister continued to show signs of eye movement, heart fibrillation and gag reflex through 05.12.2016. However, her progress was not satisfactory as per the assessment of the medical team. At 7:00 p.m.. and 9:00 p.m.. she was assessed by the Cardio Thoracic, ECMO team and it was noticed that she had very little brain stem function in pupillary reflex and mild gag reflex, eye and corneal reflex were absent. Her heart function was deteriorating. The significance of these findings was discussed by the team and they were in agreement that her intrinsic heart beat had not returned in spite of 24 hours of ECMO support. The benefit of continuing extra corporeal support was debatable. However, the team felt this should be discussed with the AIIMS doctors. The AIIMS team headed by Dr.Khilnani visited the late Hon'ble Chief Minister at 10.00p.m.. along with our team and examined her. The cardiac function was exactly the same as that at 7:00p.m. and 8:00 p.m. A detailed discussion was held with the AIIMS team on the further course of management. All of us including the AIIMS team were in agreement to continue ECMO and other organ supportive care like ventilator and renal replacement therapy may be futile. Further,*

*medically it is not possible to continue ECMO support beyond 24 hours. This was first conveyed to the Government secretaries headed by the Chief Secretary and ministers, headed by the acting Chief Minister Mr. O.Paneerselvam and the Lok Sabha Deputy Speaker, Mr. Thambidurai. We recommended withdrawal of life sustaining support and this was conveyed also to Ms. Sasikala and the process and consequences of withdrawal was conveyed. They consented to the withdrawal and late Hon'ble Chief Minister was declared dead at 11:30 p.m.. on 05.12.2016.*

16. *It is submitted that the entire set of medical records produced in original, document each and every detail of the late Hon'ble Chief Minister's hospitalisation, medical history and medical care and the same may be taken on record to aid this Hon'ble Commission in its inquiry.*

Solemnly affirmed at  
Chennai on this the  
11<sup>th</sup> day of January  
2018 and the  
Deponent has signed  
her name in my  
presence

-sd/-  
(Preetha Reddy)  
EXECUTIVE VICE  
CHAIR PERSON  
Before me

Advocate, Chennai

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## **10. SIX WRIT PETITIONS FILED BY THIRD PARTIES**

**10.1.** Tracing the history of late C.M. during hospitalisation, six Writ Petitions have been filed by four persons before the High Court, with a prayer to disclose the treatment given to late C.M. as well as her ailments. One such petitioner is late Traffic Dr.K.R.Ramasamy, who filed W.P.No.35112 of 2016 with a prayer to direct:

*the Principal Secretary to Governor, Raj Bhavan,  
Chennai-15,  
the Secretary, Health and Family Welfare  
Department, Chennai-9, the Chairman, Apollo  
Hospitals, Chennai-6,*

to consider the representation dated 1.10.2016, sent by the petitioner by email and fax and to file a detailed report to this Court with photo of the Chief Minister to prevent rumours about her then existing condition. The Writ Petitioner also submitted a prayer to publish the real health issue and treatment and also to ensure that late C.M. was in conscious health condition. The said Writ Petition was dismissed on 06.10.2016.

**10.2.** Late Traffic Dr.K.R.Ramaswamy has filed another Writ Petition W.P.SR.No.145059 of 2016, with a prayer to direct:

*the Secretary to the President of India, New Delhi,  
the Secretary to the Governor of Tamil Nadu,  
Chennai-22, and  
the Secretary to the Prime Minister of India, New  
Delhi,*

to consider the representations dated 14.11.2016, 15.11.2016,

21.11.2016 and 23.11.2016 and directing the Government of Tamil Nadu to issue a statement as to the exact sequence of treatment given till then to late C.M. from 22.9.2016, and to release a photograph/video as to the exact current status of her health condition and that, if the abovesaid details were not released within 24 hours of the order of the Court, then the Prime Minister of India has to issue an order for a CBI inquiry and recognize that there is a constitutional crisis wherein the Chief Minister is non-accessible and is not in a position to administer the Government due to health condition and declare a state of emergency and thus recommend to the President of India to invoke his power under Article 356 of the Constitution of India and suspend the Tamil Nadu Assembly for a short period till there is a Chief Minister physically present from the ruling party AIADMK and thus save the real democracy in Tamil Nadu, which was openly ignored even after the petitioner sent email and fax in letter and spirit. The said Writ Petition was dismissed at the SR. stage itself on 28.11.2016.

**10.3.** G.Pravina filed W.P.No.36871 of 2016 with a prayer to direct the Chief Secretary, Government of Tamil Nadu, Chennai-9, to constitute an expert emergency life saving Committee headed by the Chief Secretary, Government of Tamil Nadu, consisting of specialized doctors from Government Hospitals, Tamil Nadu, one Member from Judiciary and two close associates of Hon'ble Chief Minister with the mandate:

(1) to assess and monitor the line of treatment given by Apollo Hospitals to the Chief Minister of Tamil Nadu Miss. J.Jayalalithaa and

(2) to decide whether the Chief Minister Miss. J.Jayalalithaa requires emergency better medical treatment abroad. The said Writ Petition was dismissed on 21.10.2016.

**10.4.** P.A. Joseph filed two Writ Petitions by way of PIL; the first one was Writ Petition No.44738 of 2016 praying to direct:

the Principal Secretary to the Prime Minister of India, New Delhi;  
the Director, Ministry of Parliamentary Affairs, New Delhi-1,  
the Home Secretary, Dept. of Ministry of Home Affairs, New Delhi;  
and

the Secretary, Department of Law and Justice, New Delhi-11,  
to appoint a Commission headed by three Retired Supreme Court Judges, under the provisions of the Commissions of Inquiry Act, 1952 to find out the truth and to inquire into the mysterious death of the former Chief Minister of Tamil Nadu Miss.Dr.J.Jayalalithaa, similar to the case of our National Leader Nethaji Subash Chandra Bose, by considering the petitioner's representation dated 16.12.2016. He has cited the

*Director, CBI, New Delhi,*  
*Chief Secretary, State of Tamil Nadu, Chennai-9,*  
*Home Secretary, State of Tamil Nadu, Chennai-9,*  
*Secretary, Department of Law, Chennai-9,*  
*Secretary, Tamil Nadu Legislative Assembly, Chennai-9,*

*Director General of Police, Mylapore, Chennai-4 and  
Commissioner of Police, Vepery, Chennai-7,*  
as Respondents 5 to 11 and

*the Chairman, Apollo Hospitals, Chennai-6,*  
as 12<sup>th</sup> Respondent.

That Writ Petition was dismissed as infructuous, on 06.10.2017,  
after Notification was issued for appointment of this Commission.

**10.5.** Second Writ Petition filed by P.A. Joseph in WP. No.25940 of 2017, was for declaring G.O.Ms.No.817, dated 25.09.2017 and G.O.Ms.No.829 dated 27.9.2017, issued by the Principal Secretary to Government, Public Department, Chennai, as illegal, mala fide and against the provisions of Section 3 of the Commissions of Inquiry Act, 1952, challenging the constitution of the Commission and the terms of reference. The said writ petition was dismissed by the Division Bench of Madras High Court on 04.10.2017. The SLP filed by him was also dismissed. It is pertinent to note that the Party himself has stated in both the Hon'ble Courts that he was not alleging anything against the Judge who is presiding over this Commission. The Writ Petition questioning the appointment of one man Commission, without the approval of the Council of Ministers, has been dismissed, upholding the powers of the State Government for appointment of the One man Commission.

**10.6.** W.P.No.9236 of 2017 has been filed by B.Balamurugan, with a prayer to direct the Chief Secretary, Government of Tamil Nadu, Chennai-9, to constitute an Inquiry Commission under the head of

Mr.U.Sagayam, IAS, to inquire the mysterious death of former Chief Minister Ms.J.Jayalithaa. The said Writ Petition was also dismissed on 6.10.2017.

**10.7.**The abovesaid Petitioners have filed Writ Petitions by way of Public Interest Litigation only to know the treatments given as well as the health condition of J.Jayalithaa, hoping that the Court will redress their grievances. Based on the assurance given by R.2 hospital, the said Writ Petitions were dismissed. The Commission places on record its appreciation of the genuine efforts of those Petitioners, who took efforts to know about the treatment given by the hospital to the late C.M. and to expose the secrecy over the treatment given to late C.M.

## **11. REQUEST OF P.A.JOSEPH (P.W.4)**

**11.1.** Mr. P.A. Joseph had earlier filed an affidavit in response to the Public notice and he was examined as **P.W.** 4. In his evidence, he stated that he filed two writ petitions before the Hon'ble High Court by way of Public Interest Litigations, while the late C.M. was in the hospital seeking a direction to publish the photographs and treatment details in public and that those two writ petitions were dismissed.

**11.2.** The Hon'ble Supreme Court disposed of SLP filed against the Order in Application 213 of 2018 filed by R.2 Hospital to constitute a Medical Board, wherein directions have been given to the AIIMS to constitute a Medical Board and the Commission was directed to proceed with the Inquiry in their presence. On 14.03.2022, P.A.Joseph filed three Applications seeking reliefs as under:

*Prayer in A.No.19 of 2022 is to get copies of the affidavits filed/  
to be filed by:*

- (1) Shri.O.Panneerselvam, Former Dy. Chief Minister of TN.,*
  - (2) Shri Pratap C Reddy, Chairman of Apollo Hospitals*
  - (3) Shri.Ram Mohan Rao, Former Chief Secretary of TN,*
  - (4) Smt. Sasikala*
- before the Commission.*

*Prayer in A.No.20 of 2022 is to cross examine:*

- (1) Shri O.Panneerselvam, the Deputy Chief Minister of TN,*
  - (2) Shri Pratap C Reddy, Chairman, Apollo Hospital,*
  - (3) Shri Rama Mohana Rao, the then Chief Secretary of TN,*
  - (4) Smt Sasikala,*
- before the Commission.*

Prayer in A.No.21 of 2022 is to bring the original thumb impression of late Ms.J.Jayalalithaa from Parappana Agrahara Central Jail,

Bengaluru, Karnataka or from Aadhar records and compare the same with the thumb impressions in Forms A & B submitted before the Election Commission of India in the by-election schedule for 2016 Thiruparankundram Assembly Constituency in the State of Tamil Nadu. This Commission, after elaborately hearing the Applicant, Counsels for **R.1** and **R.2**, and the Standing Counsel for the Commission, passed an interim order on 30.03.2022 to keep the Applications pending for consideration until completion of examination of witnesses. This Commission has completed the examination of witnesses on 26.04.2022 and at this juncture, the Applicant has filed a petition on 27.04.2022, seeking copy of the order in the above three Applications.

**11.3.**In so far as the prayer in A.No.19 of 2022 is concerned, the former Deputy Chief Minister Shri.O.Panneerselvam, and the former Chief Secretary of Tamil Nadu Shri Ram Mohana Rao, have not filed any affidavit before the Commission. Therefore, the Applicant's prayer in this regard cannot be granted. In so far as the Chairman of the Apollo Hospitals Shri Pratap C Reddy and Smt. Sasikala, are concerned, they have filed affidavits before the Commission. Hence, on the Applicant duly filing necessary Copy Application, the Office was instructed to issue copies of the said affidavits, after collecting necessary copying charges from the Applicant. This Application was disposed of accordingly.

**11.4.**In so far as the Prayer in A.No.20 of 2022 is concerned, the

Applicant is not a party to the proceedings and further he cannot be allowed to participate in the proceedings of the Commission as per Section 8-B of the Act, to cross-examine the witnesses. The Applicant has filed Applications for the same relief by way of A.Nos. 113 and 114 of 2018, and the same have been disposed of. Even if he is a party before this Commission, the Commission has already passed an order in A.Nos.113 and 114 of 2018 for obtaining copies of Affidavits filed by Dr.Pratap C Reddy and to cross-examine him and they have been duly disposed of.

**11.5.**In so far as the Prayer in A.No.21 of 2022 is concerned, the Applicant requested for comparison of the thumb impressions of late C.M. found in Forms A and B for the Election Candidate, with the thumb impression affixed by her in the Parappana Agrahara Prison at Karnataka.

**11.6.**The Commission has a very limited role in this regard. In this reference, the Commission has to examine incidentally whether the thumb impression of the individual was affixed in the presence of the doctors. There is evidence available on record for this and it is only an incidental question. The date of death will come to light only in the Report of the Commission. Hence, comparison at this stage is not necessary. For this reference, this information is sufficient. Application was disposed of accordingly, on 09.05.2022.



## **12. REQUEST OF P.W.8 – VA.PUGAZHENDI**

**12.1.** One Mr.Va.Pugazhendi, claiming to be a spokesperson of the AIADMK party and Secretary of the AIADMK, Karnataka State Wing, had forwarded an affidavit to the Commission with a request to examine him, as he wanted to disclose something about the subjects of the enquiry. He was examined as **P.W.8**. He stated that, when the former Chief Minister of Tamil Nadu, Dr.J.Jayalithaa, was granted bail by the Hon'ble Supreme Court, subsequent to her conviction by the Bengaluru Special Court, his wife stood as a surety for her, by offering her properties and executed the Bail Bond for releasing her from the Parapanna Agraharam Jail, Bengaluru, and he did not produce any documentary evidence to support his assertion. Moreover, he claimed that he was regularly visiting the Apollo Hospital in Greams Road, Chennai, where she was undergoing treatment from 22.9.2016 to 05.12.2016.

**12.2.** He filed an Application dated 18.04.2022, to issue Section 8-B Notice to the former Health Secretary J.Radhakrishnan and the then Chief Secretary, and to implead the State of Tamil Nadu, represented by Principal Secretary to the Government, Public Department, as Respondents in the proceedings before this Commission.

**12.3.** He filed Proof Affidavit and Additional Documents on 22.04.2022, after duly serving copies to the Counsel for **R.1**, Counsel for Apollo Hospital-R2 and the Counsel for Commission. The

said Application has been taken on file as A.No.49 of 2022 and thereafter notice has been ordered and he was directed to appear before the Commission on 26.04.2022 for examination and, on that day, he was examined as **P.W.8**.

**12.4.** Therefore, at this juncture, the relief sought for by the Applicant for issuance of Notice under Section 8-B of the Act to the then Health Secretary and the then Chief Secretary, cannot be granted. If it is allowed, it will delay the entire proceedings, since the Commission has to give sufficient opportunity to them.

**12.5.** As regards the prayer for cross-examination of Thiru Edappadi Palaniswamy as per Section 8-C of the Act, this Commission is of the opinion that the Applicant has not given sufficient reasons for the same and a third party need not remind the Commission to summon him. Therefore, the question of summoning him at this stage does not arise. It is not a case coming under the ambit of Section 8-C of the Act. Hence, that Application was disposed of accordingly on 9.5.2022. So far as his oral evidence is concerned, there is no pertinent material brought on record to assist the Commission to arrive at a conclusion in respect of the subjects of the reference.

### **13. ALLEGATION OF CONSPIRACY AGAINST R.1 AND HER RELATIVES – IN “THUGLAK”**

**13.1.** One of the Commission witnesses in his evidence before the Commission disclosed that there were two articles in the Tamil weekly magazine “Thuglak” alleging that there was a conspiracy hatched by **R.1** and her family members which may have a bearing on the death of late C.M. Since it is a serious allegation, which cannot be brushed aside, the Commission thought of examining the Editor of “Thuglak”. The Commission therefore issued summons dated 20.06.2018, to Mr.S.Gurumurthy, the Editor of Tamil Weekly “Thuglak”, to appear before the Commission on 28.06.2018, for which he sought adjournment through an email dated 22.06.2018, stating that he had already planned a pilgrimage and was unable to appear on the said date. Later, he forwarded his affidavit dated 12.07.2018. For the second summons sent on 12.07.2018, he sent an email dated 16.07.2018, stating that he had filed his affidavit dated 12.7.2018, which states on oath that he does not have personal knowledge with regard to the health of the late C.M., that he never visited her in the hospital and that he did not want to waste the time of the Commission.

**13.2.** Thereafter, in the Application filed by Gurumurthy’s counsel, he stated that **he was prepared to appear**, provided his presence was felt necessary by the Commission and that too only to mark two issues of “Thuglak” dated 21.12.2016 and 28.12.2016.

Considering the contents of the affidavit and the request of Mr.Gurumurthy, the Commission did not insist on his appearance. Instead, the Commission sent summons to Mr.K.Swaminathan, Publisher of "Thuglak " and examined him as **C.W.79**. Thuglak issue dated 21.12.2016 was marked through him as Ex.C.17 and the issue dated 28.12.2016 was marked as Ex.C.18. In the former issue, it is stated that after late C.M's demise, when her body was kept at Rajaji Hall for the public to pay tributes to the departed leader, the frontliners were 12 persons, expelled by late C.M. during her lifetime and in fact some of them were arrested earlier, and a few persons out of this twelve, were commanding the State Ministers. In the latter issue, there is an editorial column which was written by Mr.Gurumurthy himself, indicating that there must be an inquiry and it appears that there is some justification also, since Sasikala Natarajan's family hatched a conspiracy against late C.M. and it came to light, which was the reason as to why **R.1** was expelled from the Poes Garden, and this was informed by Jayalalithaa herself to Cho, who in turn shared this with his friends. Thereafter, in another issue of the same magazine, dated 30.06.2020, he has expressed his personal opinion that "*the one-man Commission is a sheer waste of time*" and that **it cannot unravel the facts** and the Commission is harassing the Apollo Doctors by way of summoning other persons and the witnesses could barely remember the events after such a long time to adduce

evidence before the Commission. Therefore, he recommended that the present Commission has to be dissolved. How far the allegations levelled against R.1 and R.2 by way of publication Ex.C-17 and Ex.C.18 are correct and whether they tally with the reference can be considered by subsequent turn of events. However, Exhibits C.17 and C.18 have to be scrutinized for corroboration with the further evidence available before the Commission.

**13.3.** Even though wild allegation has been made against R.1, the counsel for R.1 has not specially cross-examined C.W.79 regarding the so called conspiracy alleged in the publication of Ex.C.18 dated 28.12.2018. From this it is very clear that R.1 has not disputed the allegations against her.

**14. REGARDING BANK ACCOUNTS OF LATE C.M. AND R.1 - V.K.SASIKALA**

**14.1.**At the time of Inquiry, the Commission was able to understand that **C.W.21-J.Vivek**, nephew of **R.1**, went abroad for his higher education by raising a loan. Thereafter, the Commission had summoned the Bank Managers to know the said details.

**14.2.C.W.38**-Tmt. Mahalakshmi, Senior Manager, I.O.B., affirmed that she worked as Manager in the Indian Overseas Bank, Stella Mary's College Branch, from 2004 to 2008 and from 2014 to 2016. She forwarded the application for educational loan of Rs.20,00,000/- (Account No.168803290700001) of **C.W.21-J.Vivek**, to the Regional Office and the said loan was sanctioned, based on the deposit of Rs. 25 lakhs made by **R.1. C.W.21**, who sought for the Education loan, had also obtained bonafide University certificate and submitted the application for his higher studies abroad. The said amount of principal with interest was remitted from the account of **R.1**. The Educational Loan Account of **C.W.21-J.Vivek**, is Ex.X-4, from 2007 to 2012. There is no connection between this account and late C.M.'s Account. **C.W.148-Ilavarasi** has no bank account in **C.W.38's** branch but she was the guarantor for the loan obtained by her son, **C.W.21. C.W.38** further stated that there was a Bank Account for late C.M. in the same branch and it was a salary account. **R.1** obtained a Loan from the Bank, once for presenting Mitsubishi Mandro car to the late C.M. as a birthday gift and the

said loan was repaid. Similarly, the late C.M. also presented a car to **R.1** on her birthday, for which late C.M. obtained a bank loan and that too was repaid.

**14.3. C.W.38** also stated that there was a Savings Account in the name of late C.M., which was active from February 2007 to September 2015, which is marked as Ex.C.11. In February 2007, there was a credit of Rs.17,27,222/- and the Closing Balance as on 19.09.2015 was Rs.9,934.45 and thereafter, no transaction took place in the said account.

**14.4. C.W.38** further stated that, apart from the above, there is an Account for the AIADMK Party, in which, money was deposited then and there. The accrued interest for the same was transferred to some other account through one Mahalingam of the party cadre.

**14.5. C.W.38** further stated that the account statement for the account held by Sasikala - **R.1** in their Bank from June 2007 to June 2010 is marked as Ex.C.12. On 16.06.2007, there was a balance of Rs.3,69,371/- and the closing balance as on 09.06.2010 was Rs.3,67,338.83. Total Amount Credited in this Account was Rs.10,40,33,455.66 and the amount debited was Rs.10,36,72,116.83. The initial deposit amount in the account of Sasikala from 2007 to 2010, which was Rs.25,00,000/- accrued to Rs.32,00,000/- with interest as per copy of Ex.C.13 Deposit Ledger. A car loan of Rs.35,60,000/- was taken on 16.08.2008 from Namadhu MGR account, which was closed in November 2012, and it

is marked as Ex.C.14. Subsequently, yet another car loan for a sum of Rs.19,50,000/- was obtained from Namadhu MGR account in 2008 and closed in 2009, which is marked as Ex.C.15. The details of the Bank Account of Namadhu MGR from 2006 to 2010, are marked as Ex.C.16.

**14.6.C.W.34**-Tmt.Leela Selvakumari, working as Manager in I.O.B., Stella Mary's Branch, from 27.10.2016, also confirmed the Educational Loan of Principal of Rs. 20 lakhs sanctioned to **C.W.21**-J.Vivek on 11.06.2007. **C.W.34** further stated that the said loan was repaid on 19.01.2012 as Rs.28,56,986/- including interest and the computer-generated bank statement is marked as Ex.X.4.

**14.7.**From the evidences of **C.W.38** and **C.W.34**, Bank Officials, it is evident about the purchasing of Car by R.1 as well as late C.M. Further, it is seen that a loan of Rs.20 lakhs was sanctioned to Mr.J.Vivek **C.W.21**, the nephew of **R.1**, and the son of **C.W.148**-Illavarasi, on the basis of the deposit Rs. 25 Lakhs, which was repaid later.

**14.8.**There are many other transactions, and this Commission feels that they are unnecessary and not pertinent to the Terms of Reference of this Commission. Since the documents were voluntarily produced, they have been admitted by this Commission.



## **15. SASIKALA-R.1'S EXPUSLION FROM POES GARDEN AND RE-ENTRY**

**15.1.** It is on record that **R.1** was a close friend of late C.M. Their friendship developed when Late J.Jayalalitha had just entered her Political career in the year 1982, when Dr.M.G.Ramachandran was the supremo of AIADMK and the Chief Minister of the State. She was residing with Dr.J.Jayalalithaa in her Poes Garden residence, which was also treated as camp office of Dr.J.Jayalalitha, after she became the Chief Minister. Even when she was out of power, **R.1** continued to reside with her. She returned to power for the third time in the year 2011. The disproportionate wealth case against the late C.M., **R.1** Sasikala and others was under trial before the Special Court in Bengaluru. **C.W.25**-K.Ramanujam, (Intelligence), stated that, in the "Tehelka" Magazine published at Bengaluru, there was a news item that **R.1** and her family had hatched a conspiracy against late C.M. at a Bengaluru hotel, as to who would be the next Chief Minister, in the event of her conviction by the Court. It was published in the Tehelka magazine that the conspiracy was recorded and it was shared to **C.W.25** along with audio cassette by Sankar Pithari, the then D.G. of Police, Karnataka State, and **C.W.25** in turn had sent the same to the late C.M. **C.W.25**, however, during examination, stated that he also read the above news item, but he did not receive any such information from Sankar Pithari and he did not share any such information with the late C.M.,

as reported in Tehelka magazine.

**15.2. R.1** in her affidavit has stated that the late C.M. wanted her to stay away from Poes Garden residence for some time and accordingly she along with her sister-in-law, Mrs. Ilavarsi (**C.W.148**) started staying with **C.W.14** in T Nagar, Chennai. **C.W.14**– J. Krishnapriya, daughter of **C.W.148**– Ilavarasi, stated that **R.1** and her mother, **C.W.148**, were sent out from the Poes Garden Residence in 2011, as somebody had given wrong information about **R.1** and **C.W.148**. **C.W.14** had deposed that her relatives, **C.W.36**– V. Dhivaharan and Ravanan used to apprise about party activities to **R.1** and how party cadres holding positions in the party behaved with the general public and their shortfalls were also communicated to **R.1**, who in turn would convey the same to late C.M.

At Page No.3 of her deposition, **C.W.14** stated :

*"R.1 came out of Garden on 19.12.2011. My mother and R.1 came to my house directly. What I came to know from them after enquiring sometime later is, that one Diwakar [sic] the relative of R.1 and others cheated the Chief Minister stating that there was wrong doing around her, R.1 came out. The witness says, the Chief Minister came to know this through the IB Report of Ramanujam, therefore, I came to know that R.1 came out of the Garden."*

**15.3. C.W.14** further added that no official or Minister can function in the Secretariat, without the knowledge of **R.1**. **C.W.14** has further stated that before 2012, in any matter, **R.1** used to discuss

with the concerned persons and then bring it to the knowledge of the late C.M., which would get implemented. **R.1** was allowed to come back to Poes Garden on 31.3.2012, but after 2012 the late C.M. maintained some distance with **R.1** in political and official matters. **C.W.14** had stated that, when **R.1** went away from the Garden, Cho's son, **C.W.44-R.Sriram** and **C.W.24-P.H.Manoj Pandian** were there in Poes Garden. However, when **C.W.44** was examined, he denied and stated that he did not visit the Poes Garden Residence.

At Page No.5, Line No.1, **C.W.14** stated:

*"When **R.1** was sent out on 19.12.2011, the Editor Cho was with the Chief Minister. It was stated that thereafter, Cho's son was in the Garden for three months as Advisor to the Chief Minister. Cho did not like the re-entry of **R.1** into the Garden and he also did not like **R.1** family and her relatives."*

**15.4.C.W.29-Amresh Poojari, IPS, C.W.30-P.Thamarai Kannan, IPS, C.W.50-S.George, IPS, and C.W.25-K.Ramanujam, IPS,** were examined to collect any further information in respect of the subjects of the terms of reference. These witnesses have stated that they did not know as to why the late C.M. sent **R.1** out of Poes Garden. From their evidences, it can be inferred that it was the late C.Ms' own decision to send **R.1** from Poes Garden in the year 2011, which may have been due to some suspicion on **R.1**.

**15.5.**As it was clear that only **R.1**, had access to the hospital

treating room of late C.M., **C.W.14**–J.Krishnapriya, her brother **C.W.21**–J.Vivek and **C.W.17**–Dr.K.S.Sivakumar, who were all with late C.M. from the beginning, were examined. **C.W.23**–Smt.Rajammal, cook of Late C.M, and **C.W.18**–S.S.Poongunran, who helped late C.M., in taking care of party affairs, at the Poes Garden Residence; **C.W.20**–K.N.Venkataramanan,IAS, and **C.W.33**–A.Ramalingam, IAS, Secretaries to late C.M.; **C.W.22**–K.T.Karthikeyan, OA; **C.W.26**–M.Ayyappan and **C.W.27**–C.Kannan, drivers of late C.M.; and **C.W.31**–R.Veeraperumal, PSO of late C.M.; who were in the Poes Garden Residence, were all examined.

**15.6. C.W.9**–J.Deepak, late C.M.’s brother, Jayakumar’s son, was examined on 14.12.2017 and on 02.06.2018. In order to get clarification, **C.W.9** had been examined again on a later date. He clearly stated that late C.M. earned a bad name only because of **R.1**.

At Page No.7 of his deposition, **C.W.9** stated:

*"After **R.1** was sent out in 2011 and on her return, there was no permission to Ilavarasi, Ilavarasi’s son and daughter and anyone of them to enter into the Garden. **R.1** alone was allowed to stay in the garden. It is false to state that six unrelated henchmen of **R.1**, had stayed in the garden. Since she was able to fulfil my aunt’s needs as and when required and she was able to talk with her, knowing the mind set of my aunt, her help was needed by my aunt."*

At Page No.7,**C.W.9** stated:

*"She carried out the instructions of my aunt only with good intention. But when she received unpleasant complaints against the beneficiaries, she would take stern action and for that reason she had thrown the file to **R.1.**"*

**15.7.C.W.22**–K.T.Karthikeyan, OA, stated that in 2011 late C.M. sent out **R.1** and her family members and later **R.1** alone was allowed to return by late C.M. in April 2012 and the others were not allowed. If late C.M. did not like someone, she would send that person out and she cannot be easily deceived. In her own way, late C.M. would enquire and ascertain facts, and once convinced, she will leave it at that.

**15.8.C.W.24** –P.H. Manoj Pandian, Advocate for late C.M. and a party functionary stated that, after **R.1's** exit, **C.W.24** and Journalist late Cho were given charge of certain matters. In December 2011, late C.M. sent out **R.1** and thereafter, **C.W.24** had been managing the affairs at the Poes Garden, so **R.1** developed hatred and ill-will against **C.W.24** and his family members. When **C.W.24** suggested that **R.1** can be sent out after the conclusion of the case, late C.M. had stated that, when they had targeted her and her post (Chief Minister of Tamil Nadu), **R.1** and her family members should not be allowed to stay at the Poes Garden for even a single minute, and because of that, **R.1** and her relatives were expelled from Poes Garden. In the evidence of **C.W.24**, (Page Nos. 5, 7 and 8), he further stated that he was asked to take charge of

all the matters. Late C.M. asked him not to appear for **R.1** in the Bengaluru Disproportionate Assets Case and accordingly **C.W.24** withdrew his memo, filed for **R.1** in the Bengaluru Court.

**15.9. C.W.31** - Veeraperumal, PSO, would assert that, in November 2011, when **R.1** - was sent out, he was on duty and the Journalist Cho was there. Late C.M. had sent **R.1** out with a heavy heart. **C.W.31** did not know whether IB report was the reason for the same. He further stated that **R.1** came back to the Garden Residence in 2012.

**15.10. C.W.33-A.**Ramalingam, Secretary at Camp Office at late C.M.'s Residence, stated that he was on duty when **R.1** left the Garden in 2011. He stated that he did not know the reason why **R.1** was sent out. **R.1** was sent out before lunch, and he did not know whether the secret report of the Intelligence Department was the basis on which **R.1** was sent out. **C.W.33** further stated that **R.1** was very casual with late C.M. after her return in 2012 to the Garden.

**15.11. C.W.36** -Dr.V.Dhivaharan, brother of **R.1**, stated that late C.M. had confidence in **R.1** and treated her like her own sister. **R.1** took care of her like her own parents. He did not know the reason why his sister, **R.1**, was sent out. In the party meeting at the end of January 2012, late C.M. had stated that nobody should have any contact with the people who had been expelled by her. In 2011, she removed **C.W.36** from the party, and he also kept away

from **R.1** and her family, and from 2011, he did not even contact **R.1** over phone. After 2012, he did not see any political work and he also avoided it. He learnt from the newspapers that, after three months, his sister, **R.1**, went back to the Garden Residence after giving a letter.

**15.12.** **C.W.42**–A.G.Ponn Manickavel, I.G., stated that, when he was on duty at Villupuram, he was told by someone that, it was published in the newspapers that **R.1** and her family were sent out of Poes Garden Residence. **C.W.42** stated that, from the date of assumption of office and till his transfer, he did not hear about any information that **R.1** and her family were plotting against late C.M.

**15.13.** **C.W.44**-R.Sriram, son of Cho, though examined, stated that he was neither aware of **R.1** being sent out of the Garden, nor was he aware of his father's visit to the Poes Garden. **C.W.44** further stated that he did not speak about anything with late C.M..

**15.14.** **C.W.45**–Maradhu Alaguraj, Editor of "Namadhu MGR" (later, Namadhu Amma), stated that he was sent out by **R.1** and therefore, nothing much could be said about his evidence.

**15.15.** The above evidence would clearly show that **R.1** was sent out on the basis of the news item that appeared in "Tehelka" Magazine, and this decision was on her own accord and in April 2012, **R.1** gave a letter to late C.M and she was called back. It is clear that **R.1** was in Poes Garden with her, after former Chief Minister M.G.R.'s demise, except for a brief period when she was

sent out from November 2011 to 31.03.2012 as seen from **R.1's** affidavit.

**15.16.** From the above evidence, it is very clear that, only on strong suspicion, R.1 was sent out of the Poes Garden by late C.M. and, during her absence, C.W.24-Manoj Pandian was visiting the Poes Garden and Cho's son C.W.44-Sriram was looking after the political party work and that Cho did not like the re-entry of R.1 into Poes Garden. After some interval and after getting letter from R.1 that she will not interfere in politics, etc., late C.M. allowed R.1 into the Poes Garden and was keeping her at a distance, as deposed by C.W.14. How far R.1 and her family members took this has to be seen in later stages.



## **16. TREATMENT BEFORE HOSPITALISATION**

**16.1.** Late C.M. was taking treatment at her residence itself for certain health complications like diabetes, Blood Pressure, Vertigo and hypertension from doctors known to her, some of whom were from Apollo Hospitals.

**16.2. C.W.74**-Dr.M.Babu Manohar, (working in Apollo Hospital) stated that he treated late C.M. at her residence, for her ailments, one day prior to her swearing-in-ceremony on 21.05.2016. She had complained that, while walking, she felt some giddiness and realised that she needed support or the help of someone to walk. **C.W.74** had visited her at her residence and diagnosed that she was suffering from vertigo and prescribed medicines for the same. But there is no medical record available to know her past medical history.

**16.3. C.W.39**-Dr.Jayashree Gopal, Consultant Endocrinologist/ Diabetologist, was a part-time doctor in **R.2** - Hospital and having a clinic at R.A.Puram. **C.W.39** stated that she gave treatment through **C.W.17**-Dr.K.S.Sivakumar, for her diabetes from 2015, for nearly 15 months. **C.W.39** prescribed medicines for diabetes and thyroid. Initially, her sugar level was around 250 to 280 mg/dl. **C.W.39** gave treatment to her, in person in May 2016, and had prescribed medicines and her sugar level was under control after administering injection once a week. Thyroid secretion was low. Her obesity can be attributed to her general lack of exercise and food habits. In

August 2016, **C.W.17** contacted **C.W.39** over phone and stated that she had rashes on her skin, for which steroid medicines were taken as tablets. **C.W.39** said that, if steroids were given frequently, sugar level in the blood would rise too high and asked **C.W.17** to check her blood sugar level frequently. **C.W.39** gave treatment at the residence in Poes Garden, prior to the hospitalisation of late C.M.

**16.4. C.W.40**-Dr.A.Ramachandran, Diabetologist, had seen her, approximately seven to eight months prior to her admission to **R.2** - Apollo Hospital. **C.W.40** gave prescriptions to her, twice at the Garden. He advised her to take insulin injection and he demonstrated to her as to how she herself could administer insulin. When **C.W.40** examined her, the sugar level was around 300 mg/dl. and it was often in fluctuation. **C.W.40** did not know clearly about her food habits, and he opined that, the medicines given to her were of low dosage. **C.W.40** advised insulin injection and diet restrictions, but she had not followed the diet restrictions, and was also not doing exercise. When he examined her, **C.W.41**-Dr.D.Santharam, **C.W.39**-Dr.Jayashree Gopal, and **C.W.17** were present. He advised her that she should continue to take insulin for diabetes, and he prescribed a low dose of "Ryzodeg" insulin and tablets along with it. **C.W.40** also advised her about the need for food control. **C.W.40** was not aware as to for how many days, insulin was taken by her. Thereafter, **C.W.39** continued the treatment for her.

**16.5. C.W.41**-Dr. D.Santharam, MD in General Medicine, stated that, after she became Chief Minister of Tamil Nadu in 2001, he saw her in person when she came to **R.2** - Apollo Hospital for treatment. **C.W.41** had seen her thrice till 2014 and six or seven times thereafter between 2014 and 2015. She had received complete treatment for diabetes from **C.W. 41** from 2001 to 2014. Her sugar level was kept under control through tablets till 2014. HbA1c, i.e., three months' average sugar level, should be below 7; however, her sugar level exceeded 7 only on two occasions. **C.W.41** prescribed medication, to her and informed her about the importance of diet control, compulsory walking, and simple exercises.

**16.6. C.W.131**-Dr.G.Ravichandran, Dermatologist in **R.2**-Apollo Hospital, stated that he had visited her on two occasions at Poes Garden Residence, prior to her hospitalisation; first in June 2016, to give treatment for skin disease, on the request made by **C.W.17** - Dr.K.S.Sivakumar, and the second for review on 30.06.2016. Thereafter, it was informed that everything was alright. Later, on the request of **C.W.17**, a lady Dermatologist, **C.W.130** - Dr.Parvathi Padmanabhan, had seen her at her residence in September 2016.

**16.7. C.W.132**-Dr.U.Meenakshisundaram, Neurologist, of **R.2**-Apollo Hospital, conducted 'Nerve Conduction Study' in 2016 for her in Ramachandra Hospital, but no document in this regard has been made available before this Commission.

**16.8. C.W.17**-Dr.K.S.Sivakumar, MS in General Surgery, is the son-

in-law of one Sundaravadanam, elder brother of **R.1**. He began to give treatment to her after 1998. That is to say, **C.W.17** gave consultation, arranged as to which doctor was to be approached and what kind of treatment was to be given to her. **C.W.17** came to know that she had diabetes, blood pressure, and thyroid issues, which caused obesity and also stomach problems, which caused irritable bowel syndrome. **C.W.17** stated that, even before 2015, she walked slowly, had vertigo and giddiness, and at times, she had shivering. In 2015, because of diabetes, she had a diabetic lump in her leg. Generally, she did not control her food habits. She used to call **C.W.17** over phone and discuss her ailments, for which **C.W.17** would get expert advice from the concerned specialists and prescriptions were prescribed to her, either through whatsapp or by purchasing them. For her skin rashes, he contacted Dermatologist and she took those medicines. One year prior to the date of hospital admission, the Apollo Doctors had come to Poes Garden and taken ECG and ECHO which were found to be normal. According to **C.W.17**, "Amma had no kidney problem, and her BP was normal". late C.M. had selected **R.2** - Apollo Hospital on her own volition. She did not see anyone after she came out on bail from the Bangalore Jail in the year 2014, during which period, she was under mental agony, and she had Blood Pressure which was more or less normal.

**16.9.** From the above, it is evident that she had been taking

treatment from various doctors, especially for diabetes, as it was not under control. It is clear from the evidence of **C.W.17-Dr.K.S.Sivakumar**, as well as the above witnesses that, whenever she had any health issue, she used to contact **C.W.17**, who in turn discussed the same with specialist doctors and obtain prescriptions, which were passed on to her. In this manner, treatment had been given to her for various ailments. From the above plethora of evidence, it could be seen that she was having many ailments like diabetes, high blood pressure, vertigo, skin issues, thyroid, and obesity, and she was on treatment, even prior to her hospitalisation but her general condition was satisfactory and she was attending to her normal work. From 20.09.2016 onwards, she had a few complications.

**16.10.** From the above discussion of the entire evidence it is seen that late C.M. had been treated by Dr.Santharam and other senior most doctors. Gradually they were replaced by R.1 and subsequently Dr.Vinodhan and Dr.Hariharan have become late C.M.'s family doctors and later, C.W.17-Dr.Sivakumar, though a surgeon and not a physician, was treating the ailments suffered by late C.M., and he had become the family doctor of the late C.M.

## **17. EVENTS FROM 20.09.2016 TO 22.09.2016**

**17.1.** On 20.09.2016, though there were other doctors, **R.1** informed **C.W.17**-Dr.K.S.Sivakumar, who was then on Sabarimala Pilgrimage, that late C.M. was running high fever. **C.W.17** advised her to give Paracetamol. She took Paracetamol at regular intervals. Though she was unwell, she managed to go to the Secretariat on 21.09.2016, to inaugurate the Transport Corporation Buses function and also the Metro Rail function. It may be noted that this was the last function she attended. Late C.M. flagged off three out of seven buses and then went inside the Secretariat to inaugurate the Chennai Metro Rail function through Video Conference, and the then Union Minister, Hon'ble Mr.M.Venkaiah Naidu was present at the Airport Metro Station, and he waved the green flag. She was accompanied by **C.W.15**-Dr.Sudha Seshayyan, **C.W.26**-M.Ayyappan and **C.W.12**-the then Chief Secretary. While returning to her residence, she asked her Driver, **C.W.26**, to go slow in order to enable her to wave to the public and to bid goodbye to the Transport Corporation workers. After some distance, she informed her driver that she was not feeling well and instructed him to drive faster, directly to her residence. While getting down from the vehicle, on reaching her house, her saree got entangled in her legs and she was about to fall; however, she managed and went into her house. On 21.09.2016, after returning from the function, she had not met any person other than the inmates of Poes Garden.

**17.2.**As per the available evidence and as stated by **C.W.144** – S.Perumalsamy, her PSO, after she retired to her room, nobody had seen her. On his enquiry, C.W.17-Dr.K.S.Sivakumar was informed that, after finishing her morning functions on 21.09.2016, she returned to her residence and as she was tired, she was taking rest. **C.W.17** stated that, on 22.09.2016, he visited late C.M. at 11:00 AM, and she informed him that she had no fever and he then went to **R.2**-Hospital. On 22.09.2016 at 04:00 P.M., **C.W.17** went to Poes Garden and then went to attend a surgery at **R.2**-hospital. He received a call from **R.1** at about 07:00 P.M., when he was getting down at his residence and **R.1** informed **C.W.17** that late C.M. had cough and fever. **C.W.17** took bath, had dinner, and returned to the Poes Garden at around 08:45 P.M. At that time, she was lying on the bed, and she had mild temperature and cough. **C.W.17**, holding her feet, enquired about her health; she said that she was alright. However, **C.W.17** noticed that she had mild breathing difficulty and informed a person at **R.2**-Apollo Hospital to bring nebulizer. She informed **C.W.17** and then went to the bathroom. **C.W.17** asked **R.1** to accompany her. While **R.1** was standing outside the room, she returned to the bed and she had severe cough, fainted and fell on both **R.1** and **C.W.17** who supported her. Immediately, **C.W.17** spoke to Mr.Vijayakumar, husband of Dr.Preetha Reddy (daughter of Apollo Hospital Chairman) and informed him to send an ambulance.

**17.3.** On being informed, the Emergency Department at **R.2** sent an Ambulance within ten minutes. In the meantime, **R.1** asked the maid there to call the driver and keep the car ready. The maid informed **C.W.31**–**R.Veeraperumal** and he got the car ready. He was asked to bring a bigger car and while doing so, the Ambulance also reached the Garden.

**17.4.** Immediately, **C.W.56**-**Dr.Snehashree Venugopal**, Duty Doctor, **C.W.71**–**S.Anish**, Nursing Staff and **C.W.68**–**B.Sureshkumar**, Ambulance Driver, came up to the first floor and saw her lying unconscious. At the time of giving first aid, **C.W.56** found out that she required oxygen support, **C.W.71** went down and got oxygen cylinder from the ambulance and brought it upstairs. The attempt to make late C.M. sit on the chair and bring her down did not fructify, as she could not be positioned properly and she was slipping from the chair. A stretcher was then brought, and she was made to lie on it and carefully, she was brought down the stairs, step-by-step, and taken into the ambulance. By then, another ambulance had also arrived. **R.1**, **C.W.17** and the nurse accompanying late C.M. in the ambulance, came to **R.2**-Apollo Hospital. The significant point to be noted here is that, despite **C.W.17** informing that late C.M. required medical help, **R.2** had not sent any Specialist to attend on her at the residence. **C.W.56**-stated that, at about 10:00 P.M.. on 22.09.2016, late C.M. was unconscious, had difficulty breathing, her pulse rate was 70, heartbeat was there and oxygen level in the



blood was also low. Therefore, she inserted IV line and an oxygen cylinder was connected to assist her breathing. **C.W.56** further stated that late C.M. was made to lie down in the stretcher and was carefully brought down through the staircase and then shifted to the Ambulance. **C.W.56** stated that it would have taken about half an hour to board the ambulance.

**17.5.C.W.71**–S.Anish, who had come to render first-aid to her on 22.09.2016, had stated that, after she was taken inside the Ambulance, **R.1** and **C.W.17** entered into the same Ambulance and by that time, one more Ambulance had reached the Garden before they started from the Garden.

**17.6.**In the Ambulance, **C.W.17** stated that when they called her, she did not reply; but however caught **C.W.17**'s hands firmly and did not talk. This goes to prove that she did not talk to him. Within eight minutes, the Ambulance reached the hospital and she was taken inside the Emergency room. To this extent, a report was made ready and sent to the higher ups in the hospital. At that time, her sugar level was found to be very high, and oxygen level was very low. After her admission in the emergency ward in the **R.2**–Apollo Hospital, the medical team which had assembled there, promptly gave Critical Care treatment. Blood samples were taken for testing, IV line was fixed, and ECG and ECHO were also taken. When catheter was attempted to be inserted, she shook her hand in pain, but did not talk.

**17.7.C.W.113**-Dr.Sumana Manohar, stated that, she was shifted to CCU from emergency on 22.09.2016, and that she had been called to put catheter since she was a Gynaecologist.

**17.8.**On 22.09.2016, at 10:25 p.m.. **C.W.56**-Dr.Snehashree Venugopal had first taken the patient to the Emergency Ward. The following are extracts of the Initial Patient Assessment Record, found at Page No.7, File Nos. 3 & 4:

*"H/O high grade fever intermittent since 3 days.*

*Rashes on the body- diagnosed. As atopic dermatitis with steroids since 2 days.*

*Took Paracetamol 30 minutes before.*

*Sudden onset breathing difficulty and drowsiness.*

*Diagnosed the issues CAP Vs Acute LV failure.*

*Cardiology consult."*

**17.9.**In File Nos. 3 & 4, (after Page No. 40) Page No.1 (circled), on 22.09.2016, **C.W.104**-Dr.Raymond has written: giddiness, drowsiness known hypothyroid, diabetic, and hypertensive with h/s/o atopy-on steroid, Echo report LV mild MR, mild AR. ECG report.

**17.10.** As per File Nos. 3 and 4 of the Apollo records, on 22.09.2016, call was received from her residence at 10:00 p.m.

***Ambulance was sent from Apollo at 10:01 P.M. and it arrived at Poes Garden at 10:06 P.M.; departed at 10:15 P.M. and it reached the Apollo Hospitals at 10:25 P.M. These are the entries made in the trip sheet*** report. Sudden breathing difficulty, dizziness, fever for three days and hypertension have

been mentioned in that report.

**17.11.** The person on duty in the Garden informed **C.W.12** the then Chief Secretary and others about her hospitalisation. **C.W.12** and **C.W.18** S.S.Poongunran rushed to **R.2** - Apollo Hospital. While she was coming out of the emergency room, in the stretcher, she asked **C.W.17** as to where she was, for which **C.W.12** answered. Jokingly, she questioned, if she had consciousness, would they have been able to bring her to the hospital.

**17.12.** **C.W.101**-Dr.I.Sathyamurthy, Cardiologist, stated that, on 22.09.2016 at 10:15 P.M. she had swelling in her right leg below the knee and she had difficulty in breathing and also breathlessness and had low oxygen in blood. He also stated that, after due examination, it was found that she had blood leakage on the left side of the heart, vegetation, and also infection (**C.W.101** Evidence - Page No. 2, Last 4 Lines).

**17.13.** **C.W.104**-Dr.Raymond Dominic Savio, Intensivist, stated that, on 22.09.2016 at 10:25 P.M. he came to the emergency room and gave her first aid and was there for about 30 minutes and then, under his care, shifted her to the second floor and she gained consciousness while on the stretcher. After discussion with **C.W.120**-Dr.Ram Gopalakrishnan, pacemaker had been fixed as standby to her and, according to the nurses, she had rashes on her hands here and there and more rashes on the buttocks, below the hip and had diastolic heart failure, asthmatic bronchitis and irritable

bowel syndrome (Page No. 5, Lines 3 to 6) and she had been given medicine for infection from 22.09.2016 itself. On 23.09.2016, the blood test showed "endococcus" bacterial infection and there was fluid collection in her lungs and, through catheter, the same was considerably drained out and late C.M.'s spinal cord was weak and therefore, her sensation in the legs was a bit low and that is why she had difficulty while walking.

**17.14. C.W.90**-Dr.Sai Satish, Physician, stated that he had seen her three times, from 22.09.2016, 11:00 P.M. to 23.09.2016, 11:00 AM. When he was on duty in the hospital on 22.09.2016 at 10:30 P.M. he went to the emergency ward on call and saw her. She was semi-conscious and struggling to breathe. After he examined and took ECHO and after coming to know about her case history, he indicated that her heart function was 60% and that there was an infection and from an exclusive blood test, he concluded that she did not have a heart attack and that it did not look like a heart related disease. He and other doctors were in that room till 02:00 AM. He advised to reduce her sugar level and came again at 11:00 AM on the next day and saw her in the ICU.

**17.15. C.W.58** - Jai Anand, son of **C.W.36** -Dr. V. Dhivaharan, saw her through the glass door of her room and stated that she was talking to the nurses in the late-night after admission on 22.09.2016.

**17.16. C.W.26**-M.Ayyappan, Driver, had stated that on

22.09.2016 at 10:35 P.M. she spoke with **C.W.17** while in the CCU room and that **C.W.12**—the then Chief Secretary was there.

**17.17.** **C.W.113**-Dr.Sumana Manohar, Gynaecologist found infection in her vagina and treated for the same. She also did dressing every day morning from 23.09.2016 to 05.10.2016 for the external infection. She again met her on 26.10.2016 to change the catheter and she was later shifted to the Special Ward on 19.11.2016. **C.W.113** stated that she had rashes on her back and in her vagina too, when she treated her, and it was caused due to the wearing of diaper and she also had Irritable Bowel Syndrome **C.W.113** had not informed this to anyone and "enterococcus" was diagnosed in the blood test later. **C.W.113** considered that this should be maintained as a secret. **C.W.113**, stated that, after two days of initial treatment, late C.M. told her that she did not know when she got the infection and how long it had been there.

**17.18.** **C.W.33**-A.Ramalingam, I.A.S., stated that the London doctor, Dr.Richard Beale diagnosed and reported that there was infection. **C.W.53**-Dr.Nalani Prabhu stated that **C.W.113**-Dr.Sumana Manohar had treated for the said infection, and it was cured. **C.W.83**-Dr.R.Senthil Kumar stated that late C.M. was infected with 'Enterococcus faecalis' and in his cross examination he had stated that he had not revealed anything about this to late C.M.. **C.W.98** - Dr.V.Ramasubramanian (in Lines 11-13 of Page No. 2) deposed that on 22.09.2016, when it was assumed to be

pneumonia or urinary tract infection, she was diagnosed with "Enterococcus" after blood test and that could be the cause of the heart infection. **C.W.99** - Dr.Y.Vijaya Chandra Reddy stated that, as the infection was found in the vagina and urine (culture was positive), two places in the valve of the heart (vegetation), in the lungs and in the blood, this infection was considered to have spread through the food pipe and then it would have got mixed with the blood. **C.W.102** - Dr.Ramesh Venkatraman stated that "enterococcus" was a bacteria found in excreta and blood and it might have happened due to the diaper. **C.W.104** -Dr.Raymond Dominic Savio, stated that she had rashes at her hip and during cross examination it was mentioned that the sample was collected for the test, and the chance for the entry of bacteria was higher due to the use of diapers. **C.W.105**-Dr.Bala Prakash in Page No. 9 of his evidence had stated that, apart from the previously stated infection, she was also found with 'Vaginal Candidiasis' in her vagina.

**17.19.** **C.W.12**-the then Chief Secretary, stated that, after late C.M.'s admission on 22.09.2016, she regained consciousness and as all knew about her admission at the hospital, to avoid spreading of rumours, after discussing with her, **C.W.17** and **R.2** -Hospital took her permission and **R.2**-hospital issued a bulletin on 23.09.2016 as per her instruction.

**17.20.** From these, it could be seen that she was physically ill even three days prior to her admission, that on 22.09.2016, she

fainted at her residence that as an unconscious patient she was taken in the R.2 hospital ambulance and that after giving first aid in the CCU, she gained consciousness.

**(A)** Even though she was unwell three days prior to her admission, only Paracetamol was given. Even after arrival of C.W.17, he could not diagnose why fever continued and even then he has not made any effort to see the appropriate doctor or to diagnose the reason for the fever.

**(B)** Fortunately, after her admission in the hospital, even though she was admitted in the state of unconsciousness, immediately after admission, R.2 hospital found out sepsis and they started treatment and they diagnosed infection at later stage.

## **18. FROM 23.09.2016--DEPOSITION OF DOCTORS AND HOSPITAL RECORDS**

**18.1.**In continuation of the treatment in the R.2 hospital, **C.W.107**-Dr.R.Narasimhan, Physician, stated that on 23.09.2016 at 04:00 AM, he saw late C.M. and again at 10:00 AM. On one occasion, she asked him to sit and they talked for about 30 minutes. He advised her as to what kind of foods she should avoid and she asked him if he had read the book "Private Life of Chairman Mao", which can teach leadership qualities and advised him also to read the same.

**18.2. C.W.80**-Dr.V.L.Arulselvan, Neurologist, stated that, on 23.09.2016 at about 01:00 P.M., there was shivering in her right hand and this could be due to the shock in the brain which is normal for diabetes patients and Blood Pressure as well. **C.W.80** feared that "this may cause paralysis to late C.M." but she did not show any such symptom; even then she had seizures three times and, on each occasion, it happened alternatively in both the hands and on 22.10.2016, it happened once on her face which was very mild and hence no one could notice it that easily.

**18.3. C.W.20**-K.N.Venkataramanan, IAS, stated that on 23.09.2016 at 11:00 AM., late C.M. called her Secretaries and **C.W.12**—the then Chief Secretary and stated that she was not feeling well and was to be kept under medical observation for four or five days and only thereafter she would be alright. **C.W.35**-Santha Sheela Nair, stated



that, on 23.09.2016 at 12:00 P.M., late C.M. spoke to her, and she enquired about the health of the late C.M. **C.W.60-Dr.M.Rama Devi**, stated that on 23.09.2016, she was under sedation for most of the time and was sleeping. **C.W.136**– the then Health Secretary, stated that on 23.09.2016 at 05:00 P.M., in CCU Ward No. 2008, he saw **R.1**, Ilavarasi and family members, late C.M.'s Secretaries, **C.W.12** and some Ministers and when **C.W.136** enquired, it was stated by the Apollo doctors that her health had improved a little. **C.W.147-Dr.M.Thambidurai**, (former Speaker of Lok Sabha) attempted to see her when she was in the Critical Care Unit on 23.09.2016 at 05:00 P.M., but since she was in rest, he could not see her.

**18.4.C.W.102-Dr.Ramesh Venkataraman**, noted the following: **On 24.09.2016 shock improving at 10:30 AM, had lunch, endorsement made. AV Block at 04:30 P.M. (Page No. 18 File Nos.3 & 4). 24.09.2016 sugar 220 mg/dl. Patient does not want HFNC.** On 24.09.2016, 07:30 P.M., Dr. Raymond made an endorsement, that she had mild retrosternal discomfort not amounting to angina and she had fruit salad prior to that.

**18.5.C.W.60-Dr.Rama Devi**, Anaesthetist, stated that on 23.9.2016 she was deputed to late C.M.'s room and she was mostly in her ward. On 23.9.2016, when she came for duty, she found LV failure and lung injury and temporary pacemaker was fixed and she was conscious at that time and talked and, for sleeping and pain relief, medicines were given to her. Apart from her, in the CCU,

another senior doctor was available. Late C.M. was termed as Highly Risk Patient, when she saw her first and thereafter she became stable.

**18.6. C.W.135**-Dr.L.F.Sridhar, Senior Consultant and Cardiac Surgeon, visited her on 26.09.2016 along with **C.W.99**-Dr. Y.Vijaya Chandra Reddy. On seeing ECHO, **they stated that she had mild M.R.** On showing the ECHO, opinion was sought. **C.W.135** had seen in that in her X-ray, there was 'white' liquid retention on both sides and he knew that she was admitted with septic shock. He did not examine her clinically. He had seen ECHO and X-Ray and opined that there would be a chance for sudden occurrence of M.R. and liquid retention in her lungs, but it cannot be said as to for how long she had it. Vegetation was found on seeing ECHO and it could be caused because of sepsis. At that time, perforation was also very meagre. On that day, she was breathing without much difficulty, Blood Pressure was also normal. Since medicine was given to her for each ailment, she was stable. He stated that, because of other ailments of late C.M. and due to a perforation in the heart valve, she was critical; but she was stable.

**18.7.**Late C.M. had respiratory problem due to which on some occasions, she felt the noise of whistling sound during her breathing and she informed about this to the doctor. Then **C.W.107** informed that it was suggested to record the noise. On his advice, when **C.W.17** tried to record this sometime later, he could not do it

properly and, on seeing this, she told **C.W.17** that the sound appears to be like hearing the whistle sound of a person sitting in the first row in a cinema theatre. (On 27.9.2016 Dr.Ramesh Venkataraman was on duty and no audio was taken.) CCU chart was filled up by nurses who also gave injection and medicines.

**19. DETAILS OF TREATMENT FOUND FROM FILE NOS.3 AND 4 OF R.2 APOLLO - FROM 22.09.2016 TO 27.09.2016**

**22-09-2016 - COMMENCEMENT**

*The late C.M. was brought in ambulance to R.2 hospital's Emergency Room directly. Immediately the doctors attended on her and the details are:*

*On arrival patient drowsy with breathing difficulty, cyanosed, oxygen saturation-45% in room air improved with NIV CPAP. Patient known case of Diabetes, systemic hypertension, hypothyroid on treatment, recent atopic dermatitis on steroid, H/o intermittent high grade fever - 2 to 3 days, sudden onset of weakness following micturition.*

*BP- 140/100mmHg, RR-40/min ECG - PR prolonged. Trop T - negative. blood sugar - 526mg% ECHO - Mild MR, NO RWMA, mild AR, moderate PAH, mild TR, EF -67%*

**DOCTORS** :*Snehasri, YVC, VRS, Raymond, Sai Sathish, Narasimhan, Rajeev.*

**TREATMENT GIVEN**

*NRM -15litres of O2. Inj. Magnex, Azithromycin, Lasix. NIV BIPAP, Nebulisation. Left radial arterial line, Right IJV venous access, catheterised for urine. Temporary pacemaker was inserted by YVC.*

**23-09-2016**

*Alert, oriented, hemodynamic satisfactory.*

*Blood culture - Enterococci*

*ECHO - no vegetation on any of the valve*

**24-09-2016**

*Alert, oriented, On NIV USG done - mild hepatomegaly.*

*Dr. RV/RSK - Unable to examine as she prefers only*

*female physicians. Examination was based on other female physician examination. Advised CT abdomen and pelvis with contrast, TEE. Not done as patient denied consent for the same.*

*Enterococcus sensitive to Ampicillin.*

*At 7.30p.m., had mild retrosternal discomfort - not amounting to angina.*

*CT abdomen, chest and temporal bones - within normal limits*

**25-09-2016**

*Conscious, oriented on NIV. Shifted to CT room for CT abdomen, chest, temporal bone*

**26-09-2016**

*Patient was restless overnight. On NIV.*

*Complains of subjective feeling of chest discomfort.*

*ECG ordered - but patient refused.*

*Foley catheter changed.*

*TTE done - With suspicion of vegetation on AML side.*

*Increase in MR compared to previous study.*

**27-09-2016**

*Conscious, oriented on NIV. Cough with wheeze.*

*Nebulisation given."*

**19.1.C.W.120**-Dr.Ram Gopalakrishnan, Infectious Disease Physician, saw late C.M. on 24.09.2016 and gave treatment for endocarditis. It was found that she was suffering from a vegetation measuring 14mm in her heart. He had made a note on 28.09.2016 in File No. 5, Page No. 47 about valve perforation and pulmonary oedema, which are both indications for need for a surgery. He gave treatment till **C.W.98**-Dr.V.Ramasubramanian arrived on

31.11.2016.

*"It was diagnosed that there was vegetation measuring 14 mm in size in the heart of Amma, but that infection may have occurred a few days before it reached the heart."*

**19.2.** He diagnosed the vegetation and its size and he made a note on 28.9.2016 morning itself in File No. 5, Page No. 47, that valve surgery is recommended at the earliest suitable moment.

**19.3.** From the evidence of various Doctors and medical records, it is seen that late C.M. was admitted in the hospital in an unconscious state and she regained consciousness, while coming from the emergency room. They treated her infections after finding out the reasons therefor, and it was successfully eradicated within ten days of her admission.

## **20. CONTRIBUTION OF R.1 & R.2 IN THE TREATMENT**

**20.1.** Before embarking upon the topic stated above, it is necessary to state that **R.1** alone had been with the C.M. for the past so many years and on 22.09.2016, when she fainted, she was physically present near her and rushed her to **R.2**-hospital. There is overwhelming evidence that only **R.1** had access to the hospital treating room of late C.M., and all doctors who treated the late C.M. confided only in her and she signed in all the consent forms required as a relative/family member of the patient.

**20.2. C.W.7-**Dr.Balaji stated that **R.1** was there and nobody else helped the late C.M. **C.W.9-**Deepak, stated in page No.12 that her treatment was decided by **R.1** and her family members. He was merely told that the treatment could continue in Apollo itself. When late C.M. was brought from ICU to another room on the second floor, a camera man of Jaya T.V. took photographs of late C.M. who was under treatment by **R.1** and he came to know of this from the conversation between **R.1** and Dhivaharan. **C.W.14-**Krishnapriya stated that **R.1** alone decided about the treatment, and **R.1** discussed with doctors as stated in page No.10 of her evidence.

**20.3. C.W.17-**Dr.Sivakumar, stated that **R.1** was informed as to what treatment would be given by the Apollo Doctors and **R.1**'s consent was obtained by them before treatment and for example, before tracheostomy treatment, the doctors got consent from **R.1**. They performed blood test and CT scan on their own, but to do the

procedure, **R.1** was explained about it and, only thereafter, doctors performed the same, as found in page No.12 of his evidence.

**C.W.47**-Renuka, stated that **R.1** used to come two times to late C.M.'s room to see her, as found in page No.1 of her evidence.

**20.4.C.W.49**-Sheela, Nursing Officer, stated that, if late C.M. called, **R.1** would go inside and return after 10 or 15 minutes and that **R.1** did not stay on the second floor or in the ICU room.

**C.W.53**-Nalini, stated that when late C.M. called, nurses would inform **R.1** and after **R.1** came to her room, she would stay for about 15 minutes and when she was having food, normally **R.1** would be there. Apart from these, two or three times in a day, **R.1** would come to her room. **C.W.53** further stated that the staff of the hospital would not be in the room when **R.1** and late C.M. were talking and she would go to the glass room, as found in page No.3 of her evidence.

**20.5.C.W.58**-Jai Anand stated that the senior doctors would discuss with **R.1** and decide about the further course of treatment. The hospital doctors would do the basic treatment, but would obtain the signatures of **R.1** in the forms at the required places. The hospital authorities got the signatures of the Chief Secretary also. 10 to 15 relatives of **R.1** came to **R.2**-hospital.

**20.6.C.W.102**-Ramesh Venkataraman, page No.18 of his evidence, stated that, when it was informed that late C.M. had cardiac failure, **R.1** also was in a great state of shock and disarray. **From these**



***evidences, it is concluded that R.1 was the one and the only person, who was consulted by the doctors, more particularly the doctors of Apollo Hospital, in respect of the course of the treatment and only upon her consent, R.2 doctors proceeded further.*** Of course, before going for Tracheostomy, the consent of the Chief Secretary was also taken, as revealed by his evidence as well as the medical records. It is not explained as to why the Cabinet Ministers and the Officials were not taken into confidence by the Apollo hospital.

**20.7. C.W.9-**(Page No.8, 8th line from bottom). According to him, Sasikala and her family members alone, decided regarding treatment. The only decision they told him was that the treatment can be continued here itself. When it was asked whether the treatment prolonged for a long time until the heart attack occurred, he stated that it has become true.

**20.8. C.W.14-**Krishnapriya, (Page No.9-3<sup>rd</sup> line from bottom) The treatment was decided by Sasikala entirely and on her advice only Doctors treated her.

**20.9.**Diwakar's relatives Dr.Vikram and his wife who is also a Doctor, and who worked in the Apollo, updated the treatment details on and off (Page No.7-3<sup>rd</sup> line).

**20.10. C.W.17-**Dr.Sivakumar (Page No.11, 7<sup>th</sup> line) stated that Apollo Doctors after informing Sasikala as to what are all the treatments that could be given, that was given. For any treatment,

the Apollo Doctors decided only after getting permission from Sasikala. For instance, the Doctors obtained the permission of Sasikala for giving Tracheostomy treatment. They themselves performed the blood test and CT Scans. For doing any "procedure" they used to explain Sasikala and then perform it.

**20.11.** (Page No.12-4<sup>th</sup> line from bottom) C.W.152-Dr.Raj Madhangi, daughter of Diwakar, noted down daily regarding the treatment given to late C.M. She knew regarding the treatment given to late C.M. Her husband Dr.Vikram, ENT doctor, was also present at the time of Tracheostomy treatment.

**20.12.** (Page No.13-6<sup>th</sup> line) When the Doctors asked the signature for treatment in the hospital, Sasikala had alone put her signature in the place of 'relative'.

**20.13.** (Page No.19-2<sup>nd</sup> line) Sasikala had put her signature only after knowing what treatment was given to late C.M. in Apollo Hospital. Myself and Apollo Doctors had got her consent only after explaining to her.

**20.14.** (Page No.26-first line) It is correct, if it is stated that Sasikala's role was more in the matters relating to food, medicine and treatment of late C.M.

**20.15.** (Page 14-9<sup>th</sup> line) Earlier to that, the Apollo Doctors discussed with Sasikala and relatives and then ECMO was disconnected on 5.12.2016 at 11.30 p.m.

**20.16.** C.W.12-Dr.Rama Mohana Rao, (Page No.5-2<sup>nd</sup> line from

bottom) The Secretaries to the Chief Minister and the Minister for Health Department and the Secretary stayed in the Hospital itself. But, we gave full freedom to the Apollo Hospital regarding the treatment given to the Chief Minister.

**20.17.** (Page No.6-8<sup>th</sup> line) If we get any doubt regarding the medical treatment, now and then, after having a consultation with the Senior Ministers and the Health Minister and after having clarified with the Chairman, Apollo Hospitals, we would leave it for his decision.

**20.18.** (Page No.18, 2<sup>nd</sup> line from bottom) I remember that at the time of late C.M.'s treatment in Apollo Hospital, I had put my signatures in 15 places on various dates, in the place of witness, and in the place of relative, Sasikala had signed.

(1) 22.9.2016 (2) 25.9.2016 (3) 28.9.2016 (4) 30.9.2016

(5) 01.10.2016 (6) 03.10.2016 (7) 05.10.2016 (8) 06.10.2016

(9) 06.10.2016 (10) 09.10.2016 (11) 19.10.2016 (12) 05.11.2016

(13) 15.11.2016 (14) 05.12.2016 (15) 05.12.2016.

**20.19.** C.W.136-Health Secretary (Page No.6, 7<sup>th</sup> line from bottom) stated that Sasikala and C.W.12 had signed in the hospital records, regarding the treatment given to late C.M.. After each signature, C.W.136 came to know of it. C.W.136 and C.W.12 along with Sasikala signed while taking out of ECMO.

**20.20.** C.W.146-Dr.C.Vijayabaskar, Health Minister (Page No.4 last line) when asked whether he, Sasikala, C.W.17, C.W.12 were

informed about the treatments, he stated that they were not informed and that Apollo doctors decided on their own.

**20.21.** (Page No.7-7<sup>th</sup> line) When C.W.146 was asked as Sasikala did not attend the briefings how did she know about the treatment given and to be given to late C.M., he replied that he cannot make a guess and added that he may be asked questions only with regard to him.

**20.22.** (Page No.11-7<sup>th</sup> line from bottom) C.W.146 does not know about Sasikala and C.W.12 signing in 20 forms in the Apollo Hospital and he does not know if C.W.136 knows of the same.

**20.23.** C.W.106-Dr.Babu Kuruvilla Abraham (Page No.7, 2<sup>nd</sup> line from bottom) stated that Sasikala and C.W.12 had signed in the place of relative and they both knew about the ailments and the treatments to be given by Apollo for late C.M.

**20.24.** C.W.24-Manojpandian, (Pg. No.21, 5<sup>th</sup> line) The treatment given by R.2 to late C.M. was known only to R.1.

**20.25.** C.W.6-Dr.Dharmarajan, stated that he and five others were on duty on rotation basis, but the entire treatment was given only by Apollo doctors. They never saw or treated the late C.M.

**20.26.** C.W.7-Dr.Balaji, stated that only Sasikala and her family members were present as family members. When late C.M. was under treatment, he did not see Deepak or Deepa even once.

**20.27.** It is pertinent to note that C.W.136 and C.W.12 did not reveal as to what was the treatment given by R.2 hospital to

anyone and in particular either to Ministers or to Government in writing. The Chief Secretary in his cross-examination has stated that he has reported to the Government regarding affixing of his signature in **R.2** hospital procedure records. After recording his evidence, to verify this fact, the Commission addressed a letter dated 17.9.2018 (Ex.C.46) to the then Chief Secretary to the Government. Ms.Girija Vaidyanathan, who, by letter dated 29.10.2018 (Ex.C.44), replied that no such intimation has been received by the Government from the then Chief Secretary. From this ***it is evident that both the officials (Chief Secretary and Health Secretary) have not revealed to either the Government or any of the then Hon'ble Minister regarding the signatures put by them.*** All the more, Chief Secretary had clearly misguided the Commission by saying it has been informed to the Government in writing. From these voluminous evidence it is very clear that R.2 used to report the ailments and proposed treatment and R.1 decided and gave instructions to do the same and that was the reason both decided to give treatment as they wished. That is why they have not reported to anyone which includes the Hon'ble Ministers, and C.W.9 who was a blood relative of late C.M. They could easily achieve their object in these circumstances, under the pretext of "secrecy of patient's ailments"

**21. CAUVERY RIVER WATER ISSUE MEETING ON  
27.09.2016.**

**21.1.C.W.11**-Sheela Balakrishnan stated that, as per the Supreme Court Order, the Chief Minister of two States had to take a decision on the issue of the Cauvery River Water. As the Chief Minister of Tamil Nadu, was admitted in **R.2**-Hospital, her views had been decided to be submitted by way of Report and the meeting was scheduled on 27.10.2016 at about 4.30 p.m. in her treatment room. In spite of her ailments, she had dictated and the statement was taken down by the Secretaries and after making corrections, on the basis of the directions issued to the then P.W.D Minister, it was read over by the Chief Secretary in the Chief Ministers' meeting at New Delhi. The decision taken in the meeting was also informed before the Supreme Court. They had conducted the meeting about the Cauvery issue in the treatment room itself. **C.W.11** stated that, in the said meeting, along with her, **C.W.20**-K.N.Venkataramanan, **C.W.12**-the then Chief Secretary, **C.W.33**-A.Ramalingam and Mr.R.Muthukumaraswamy, Advocate General, had participated in the Cauvery River Water issue meeting. **C.W.12** read out the speech dictated by her, at the Water Resources Department meeting in Delhi in the presence of Thiru. Edapadi Palanisamy, the then Minister for P.W.D. The text was prepared based on the notes dictated by late C.M. To the question whether late C.M. had signed in several files officially in the Hospital itself, from 22.09.2016 to

27.09.2016, **C.W.11** stated that, she heard that signatures were obtained in some letters and files. Another decision taken by late C.M. was instructing **C.W.12**, Chief Secretary, about the change of portfolio, on 27.09.2016. The Governor issued orders in that file on 11.10.2016, after the recommendation of the Advocate General. **C.W.11** also denied that the portfolio was changed only after 10 days of the Leader of Opposition raising his voice.

**21.2.C.W.12**—the then Chief Secretary, stated that, from 23.09.2016 to 27.09.2016, **C.W.12** had seen her four or five times and spoken to her in connection with the Government matters. **C.W.12** did not get an opportunity to talk to late C.M. after 27.09.2016. But, thereafter, when she was in CCU, **C.W.12** used to pay his respects by opening the door now and then and she responded by gestures.

**21.3.** Further, he stated that, between 24.09.2016 and 27.09.2016, she called on her own, the available Ministers, and saw them. **C.W.12** stated that, after the meeting regarding the Cauvery Water issue, since it was of a political nature, the officials expressed their interest to have a photograph taken with her, for which she agreed. As they were waiting outside for the photographer to come, **C.W.33**—A.Ramalingam told **C.W.12** that **C.W.17**—Dr.K.S. Sivakumar had asked him not to take photo in the hospital. Thereafter, **C.W.12** kept quiet. **C.W.17** said that there was no need to take photograph as told by "Amma", but he was not sure as to

which "Amma" gave that instruction. Generally, they will call Selvi J. Jayalalithaa as "Amma" and **R.1** as "Chinnamma".

**21.4.** In this context, it is pertinent to mention about the news item which appeared in "The Times of India" dated 03.10.2016. After seeing the bulletin published by the R.2 hospital, that she was taking treatment and was responding and a few more days' stay in the hospital is essential for her recovery, the former Chief Minister Dr.Kalaignar M.Karunanidhi gave a statement that she was admitted for fever and dehydration as per the report of the hospital and, in the meantime, there are also reports that she met the officials and political leaders in the hospital and discussed about Cauvery River Water issue and she is capable of dictating the statement filed before the Cauvery River Water issue meeting held in New Delhi. The former Chief Minister stated that a photograph of what transpired in the hospital itself, has to be released. However, it has not been released to the public. It will alone put an end to the rumours. Further, he stated that mystery over her treatment and health condition would be clear only then. But, it has been ignored. He also emphasized that even though he had different ideologies with Selvi J Jayalalithaa, he wished her a speedy recovery. What the former Chief Minister anticipated, had unfortunately taken place. The Chief Secretary C.W.12 also requested to take a photograph along with ailing C.M. after the meeting was over. Even though late C.M.Madam also agreed and they were waiting for the



photographer outside the room, the view has been changed by somebody from inside the room. We have to appreciate the statement given to the Press by the former Chief Minister late Dr.Kalaignar M.Karunanidhi, since the same was the view expressed.

**21.5.** During the cross-examination by the Counsel for **R.1, C.W.12** stated that, on 27.09.2016, the Commissioner of Police, Mr.George and DGP, on visiting her at the hospital ward, saluted out of courtesy and she had accepted it. He had only read the report prepared by her, on 27.09.2016, in the meeting of the Water Resources Department at New Delhi. He had neither obtained her signature or obtained attestation from a Government Doctor, since she was in the Hospital. Further, he clarified the question, even though the report was prepared during the hospitalisation and read over to the Central Irrigation Ministry, on behalf of Tamil Nadu, there was no need to obtain the signature of anyone.

**21.6. C.W.18** – S.S.Poongunran stated that **C.W.12**– the then Chief Secretary and the Secretaries of late C.M., and Advisor to the Government, went into the treatment room of late C.M. and the meeting regarding Cauvery River Water issue was held on 27.09.2016 in the evening. The events of the day were endorsed by **C.W.20**–K.N. Venkataramanan also.

**21.7.** When **C.W.12** was asked how late C.M.'s emotions and suggestions were, while handling the Cauvery River Water Meeting

at the **R.2**-Hospital, he stated that late C.M. had a discussion for two hours in that meeting from 4 to 6 P.M. At that time, late C.M. had prepared her report passionately, by wiping her face with her hand-kerchief, unmindful of the tube fixed in her nose. At that time, she became emotional.

**21.8.** Thus, it is learnt that on 27.09.2016, Cauvery River Water meeting was conducted for about 45 minutes and at that time, late C.M. was conscious and she had given instructions to prepare the Report, on which basis, report was prepared by **C.W.12** and Government Officials, along with the Advocate General. No one else was present at that time. Thiru. Edapadi Palaniswamy was P.W.D Minister but he was not inside the room of late C.M.

**21.9.** From the above facts, it is very clear that as per the direction of the Hon'ble Supreme Court, Cauvery River Water issue meeting was conducted, which took place in the treating room of the late C.M. in R.2 hospital. At that time, she was conscious and oriented and the meeting was held approximately for 45 minutes.

## **22. SETBACK ON 27.09.2016**

**22.1.** After the Cauvery River Water issue meeting was over, the Duty Doctor noticed late C.M. having some difficulty in breathing. On 27.09.2016, at 11:45 P.M., Apollo Doctor **C.W.102** – Dr.Ramesh Venkatraman, has made an endorsement in File No.3, at page No.48, that the patient was comfortable only in the evening, but for the last 1-1½ hours, she had been having cough with little mucoid, and sputum was examined. He has made an endorsement as under:

*"good improvement initially but cough recurred. She is anxious about not sleeping well too. A second dose of Corex (1 tsp) given. Cough persistent Dr. Narasimhan-C.W.107 also informed Heart - burn + GERD likely. Syp. Gelusil 2 tsp & IV Pan given. On examination clinically there is an Oedema. 150 ml. Plasmalyte bolus given".*

**22.2. C.W.82**-Dr.Baskaran, Anaesthesia expert, stated that he had seen late C.M. for the first time on 28-09-2016 and he was told that she was having difficulty in breathing from 2 a.m. in the early morning on that day and, after he examined her, as she was in a tracheal intubation, they anaesthetized her and put a tube in her wind pipe.

**22.3. C.W.74** – Dr.Babu Manohar, (who did tracheostomy for late C.M.), stated that, from 28.9.2016, late C.M. was under ventilation.

**22.4. C.W.107** - Dr. R. Narasimhan, stated that when he saw late C.M. on 28.09.2016, some noise emanated (he is the doctor who asked **C.W.17** to record the noise equivalent to whistling noise)

when late C.M. was breathing and for four or five days thereafter, she was kept under sedation and when she regained consciousness, she was given sedation again, and for two months, it continued like that. During that period, late C.M. had mechanical ventilation and was under sedation and ups and downs were there when she breathed and after some time, she became conscious.

**22.5.C.W.104**-Dr.Raymond Dominic Savio stated that intubation treatment was done on 28.9.2016 and after 28.09.2016 there was a slight setback in the improvement of her health condition.

**22.6.C.W.12**-the then Chief Secretary, stated that on 28.9.2016, at 5.00 p.m., on coming to know that there was some setback in late C.M.'s health, he came to the hospital and found that late C.M. was finding it difficult to breathe and therefore she was put on ventilator, which he accepted.

**22.7.C.W.83**-Dr.Senthilkumar, stated that on the night of 28.9.2016, late C.M. had a health setback and was connected to the ventilator and on 07.10.2016, as per the advice of doctors, tracheostomy was done for late C.M..

**22.8.**From the evidence of **C.W.90**-Dr.Sai Satish, it is very clear that on perusal of the TEE Echo which had been taken on 28.9.2016, he found bacteria mixed in the blood and he was able to see plenty of bacteria in the blood circulation and that is the reason for her infection, difficulty in breathing and accumulation of fluid in the lungs also. After completion of the Cauvery meeting, she

had breathing difficulty and, after conducting some preliminary test, they suspected perforation and vegetation.

**22.9.** On an analysis of the evidence adduced in this regard, it is clear that after completion of the Cauvery River Water issue meeting the late C.M. had severe wheezing problem and had breathing difficulty in the early morning on 28.9.2016. Thereafter, they put her on ventilator and side by side preliminary tests were also conducted. C.W.120-Dr.Ram Gopalakrishnan, on 28.9.2016, at 10.30 a.m., on the basis of TEE examination, confirmed perforation and vegetation. That is the reason she had wheezing and breathing difficulty and it was diagnosed and treatment was started.

## **23. VISIT OF DR. RICHARD BEALE FROM LONDON - HIS TREATMENT AND REPORT**

**23.1. C.W.33** - A. Ramalingam, IAS, working in the camp office at Poes Garden as Secretary to late C.M., stated that on 28.09.2016 at the time of briefing, Dr. Pratap C. Reddy informed that late C.M. had septicaemia and, because of that, she felt difficulty in breathing for which they had arranged, Dr. Richard Beale, an International Specialist and Consultant, Guy's and St. Thomas Hospital, London. Accordingly, Dr. Richard Beale saw late C.M. on 01.10.2016 and issued his report on that day. Dr. Pratap C. Reddy has stated that, for treating the infective disease of late C.M., **R.2** Apollo Hospitals obtained an expert opinion from Dr. Richard Beale, who was flown in from the United Kingdom on 30.09.2016. Dr. Richard Beale examined her and had detailed discussions with the expert team of doctors treating her and concurred with the treatment given by the doctors at **R.2** Apollo Hospital.

**23.2. C.W.99** - Dr. Y. Vijaya Chandra Reddy, stated that the London Doctor, Dr. Richard Beale was a specialist in infection treatment and particularly in diagnosis of sepsis infections and to administer appropriate treatment.

**23.3.** As per the orders of the Government, **C.W.7**-Dr. P. Balaji, was deputed for performing the work of liaising and to coordinate with the doctors who were all coming from other States and Foreign Countries to Apollo Hospital in connection with the treatment of late

C.M. **C.W.7** stated that, on 01.10.2016, he attended the Liaison work during the visit of Dr.Richard Beale.

**23.4.C.W.17** - Dr. K.S. Sivakumar, stated that, during Dr.Richard Beale's first visit, he had stated that she could be taken to his hospital in the United Kingdom for further treatment. **C.W.17** further added that, when Dr.Richard Beale came for the second time, late C.M. asked him as to who he was by sign language. Dr.Richard Beale said to late C.M. that "you could have been the Boss of the State, but for the Hospital, I am the Boss, so you have to listen to me". Late C.M. with a smile on seeing Dr.Richard Beale, showed sign as "you are not the Boss, I am the Boss" and also raised her thumb and showed to him, asserting her power even at that point of time.

**23.5.**Dr.Richard Beale's arrival was on 01.10.2016. **C.W.83-**Dr.R.Senthilkumar, stated (at Page No. 13) that late C.M. was admitted in the hospital on 22.09.2016 and when he came to give necessary treatment, **C.W.113-**Dr.Sumana Manohar, found out that there was infection and based on the blood test report, the name of the bacteria was "*endococcus faecalis*". **C.W.83-**Dr.Senthilkumar stated that Dr.Richard Beale alone spoke to late C.M. in person about abroad treatment. Dr.Richard Beale, after coming out, said that when consulted about her abroad treatment, she refused. When Dr.Richard Beale came for the first time to Apollo Hospital, on his advice, the treatment was continued. The situation prevailing

then was not feasible to take her abroad for treatment, as her health condition would not accept the travelling hours and hence, this option could be considered later on, after some improvements in her health condition. **C.W.83** stated that Dr.Richard Beale, after examining late C.M. on 01.10.2016, while stating about her health condition, had stated in the last paragraph of his report **Ex.A1 dated 01.10.2016, that there would be a chance for stroke or heart attack for late C.M.. To a question whether Dr.Richard Beale suggested that coronary angio should be performed, he replied that they themselves talked about it several times.**

**23.6.**It is pertinent to mention here that when Dr. Richard Beale came on 01.10.2016 for the first time, after seeing late C.M., he stated to **C.W.17–Dr. K.S. Sivakumar that an air ambulance can be arranged, to shift late C.M. to the United Kingdom and that he himself was willing to accompany her.** Dr.Richard Beale stated that when Dr.Samin Sharma, was called from the USA to examine late C.M., he opined that angio was necessary and that he himself was ready to perform it on the same day. However, the Apollo Team contacted Dr.Richard Beale, Intensivist, through video conference and he suggested that Angio was not necessary at that stage and the same could be done later. Accordingly, Dr.Samin Sharma could not do angio for late C.M. and he left for US.

**23.7.**Though attempts were made to examine Dr. Richard Beale by



the Commission by sending email, which he received, he cited his own difficulties to come and give evidence. Ultimately, considering the facts and circumstances, and the inequitable and exorbitant cost to be incurred for transportation, accommodation, food etc., this Commission thought it fit to peruse the report furnished by him after examining late C.M., and the same is found in Series (3) in File No. A1.

### **E.MAILS TO DR.RICHARD BEALE AND HIS REPORT**

**23.8.** The Commission addressed E-mail dated 07.12.2018 to Dr.Richard Beale, Guy's and St.Thomas Hospital, London, requesting him to indicate his convenient date and time for Inquiry either from 11.12.2018 to 13.12.2018 or on 18.12.2018 at the earliest. He replied by email dated 10.12.2018, citing his inability to appear here. Then through E-mail, summons dated 24.12.2018 was sent for giving evidence through video conferencing on 9.1.2019, for which facility National Green Tribunal was also addressed. Again he pleaded his inability to attend this video conferencing.

### **REPORT OF DR.RICHARD BEALE, DATED 01.10.2016**

**23.9.** Dr. Richard Beale visited Apollo Hospitals on 30.09.2016 and 01.10.2016. His report indicates the medical conditions under which the late C.M. was admitted. He stated that she was admitted in an emergency, having collapsed at home, found to be Bradycardiac

with 1st Degree and intermittent 2nd Degree heart block. The nature of initial treatment administered, the presence of enterococcus faecalis in the blood cultures and diagnosis of endocarditis have been recorded. On 28th September, there was an acute deterioration, requiring intubation and since then she has remained mechanically ventilated in the ICU. He then records his clinical observations and as well as records, noting some chest X-Rays, bilateral pleural effusions, and from the ECHO-cardiograms he noted a stiff hypertrophied left ventricle with poor relaxation, a heavily calcified mitral valve, mild to moderate regurgitations and vegetation and reasonable right side functions. Medication for endocarditis, as well as, steroid therapy, wheezing associated with her respiratory deterioration, are all recorded. The report then identifies the medical issues under six categories and recommends further course of action on five areas, which are reproduced hereunder:

*"1) Origin of Endocarditis: Although there was a possibility of correlation with irritable bowel syndrome, through abdominal examination and pelvis, there was no potential source of E-faecalis that was found. A high vaginal swab for E-faecalis, which provides a plausible reason for entry of E-faecal into the bloodstream and subsequent developM.ent of endocarditis.*

*2) Acute Lung Injury: The Septic Shock associated with E-faecalis bacteremia is likely to have*

*contributed to an associated increased permeability of lung insult and therefore fulfils the criteria for ARDS. Her cardiac function is impaired with significant diastolic dysfunction and some mitral regurgitation, making cardiogenic pulmonary Oedema a likely contributing factor to the respiratory dysfunction. The bilateral pleural effusions (now drained) are likely to be due to a combination of increased capillary permeability and heart failure. No evidence of active pulmonary infection.*

*3) Cardiac picture: The infected mitral valve is not severely functionally impaired and there is no evidence of abscess development, therefore, preferable to pursue a conservative rather than a surgical approach to the management of endocarditis. There were episodes of increase in blood pressure and central venous pressure. These symptoms noted suggest episodes of acute pulmonary oedema possible due to stress and diastolic dysfunction. There is also a possible history of autonomic dysfunction associated with her long standing and poorly controlled diabetes. The observations and the general clinical picture suggest liability in her cardiac function, in keeping with the hypertrophied and poorly relaxing left ventricle and diabetic small ventricle disease.*

*4) Renal Function and Fluid Management: In view of ARDS/Pulmonary Oedema, a strategy of gentle diuresis and negative fluid balance has been adopted to deal with the increased lung water and is being well tolerated in spite of a degree of acute kidney injury, presumably on a background of chronic*

*impairment.*

*(5 & 6) Nutrition and Gastrointestinal Function and Neurological Status: She is tolerating enteral nutrition and abdominal ultrasound examination was normal. In regard to her neurological status, the patient is being kept sedated to minimize episodes of desaturation and cardiac stress and when she is awake, she has responded appropriately and there is no evidence of neurological damage.*

*In the Prognosis, he has opined that ARDS, especially in the context of cardiogenic pulmonary oedema and endocarditis, carries a mortality of about 40%. He has also observed that there is no medical indication to take the patient abroad.*

*He made the following specific recommendations:*

*1) Cardiovascular: It is important to manage the diastolic dysfunction and episodes of what appear to be pulmonary oedema. Levosimendan is to be administered and there has been an improvement in central venous saturation, suggesting increase in cardiac output. He further suggested infusion of milrinone, if required. Appropriate sedation is also mandatory to reduce stress events. In spite of these measures, if episodes of pulmonary oedema exist it may be necessary to perform a coronary angiogram.*

*2) Respiratory: There is no current evidence of secondary respiratory infection, though there is a risk. Observations on current ventilator approach, maintenance of negative fluid balance and the draining of bilateral pleural effusions are recorded. The current approach is recommended for 48 hours and a repeat CT Scan of the chest was*

*recommended.*

*Considering the current situation and the patient's other problems, it is unlikely that she will be suitable for extubation in a short time frame and therefore, recommended earlier tracheostomy to improve tube tolerance and reduce stress. Considering the severity of her illness, how quickly will she be able to be liberated from the ventilator, if all goes well, but anticipates a slow weaning process running into weeks.*

*3) Fluid Management and Feeding: Gentle Negative Fluid management should be continued until oedema and lung injury is resolved, assuming her hemodynamics and renal function allow.*

*4) Infection Management: She is on appropriate prolonged antibiotic treatment for her endocarditis and the likely source has been controlled through appropriate cleaning and wound dressing. She is currently receiving treatment for hospital acquired pneumonia and there is no microbiological evidence of this, at present.*




*5) General Management: Standard approaches should be continued for wound, line and pressure area care to minimize possibility of secondary infection and pressure damage, and precautions against venous thrombo-embolism to be continued. Regular passive exercise to be commenced and they should transition to active therapy and rehabilitation as soon as possible. Stressful visits should be avoided until the patient has substantially recovered. He concludes that though her chances of survival and full recovery are good, it cannot be guaranteed. The*

*probability is that it will be a slow process, taking weeks of intensive care and months before her return to her full status, typically there are setbacks during this journey, such as secondary infection, but cardiovascular events such as stroke and cardiac arrest are also possible, despite good medical care."*

**23.10.** Dr.Richard Beale sent emails dated 03.01.2019 expressing his difficulty to be present through video conferencing on 9.1.2019. On 9.01.2019 he sent another email stating that he would travel to India assuming the Government is prepared to make the necessary arrangements.

**23.11.** In his report dated 01.10.2016, he had specifically stated about the importance of performing Coronary Angiogram and the possibility of stroke and cardiac failure.

**23.12.** On a reading of the available materials in this regard, it is seen that, inspite of sending mail, Dr.Richard Beale stated that he is not in a position to attend video conference, and the Commission realised that it is very difficult to get his presence and already much amounts have been spent for his visits. Considering the expenses from London to Chennai, the Commission thought it fit to mark his report and accordingly the report of Dr.Richard Beale has been marked with consent as Ex.A.1 Series (Sl.No.3). His Bills are given hereunder:

Service Tax # Tax Serial # :	<b>In Patient Bill</b>		Reference No :
Bill To(1) : Name : Ms. JAYALALITHAA J	Age: 68Yr 9Mth 20Days Sex: Female	UHID : AC01.0002081866 	
Father Name : JAYARAM Address : HOUSE NEW NO.81,POES GARDEN Chennai Tamil Nadu India, Cell No:91-0000000000		IP Number: CMHIP152162 	
Doctor Name : Dr. CRITICAL CARE CONSULTANTS GROUP Speciality : CRITICAL CARE Ward Name : Bed No : 2008 (CCU)		Bill No : CMH-ICR-52738/A Date : 14-Dec-2016 Time : 17:54:36 	
Billing Type : CREDIT Authorization No: TPA/Corporate(1): APOLLO HOSPITAL IP (V)		Admission Date : 23-Sep-2016 1:10:29 am (E) Discharge Date : 05-Dec-2016 11:30:00 pm	

SL. No	Service	Amount(INR)
1	<b>Professional Charges</b> Dr. Richard Beale Mount Elizabeth Hospital	9,207,844.00 12,909,319.00
<b>Service Amount</b>		22,117,163.00
<b>Authorization Amount(1) APOLLO HOSPITAL IP (V)</b>		22,117,163.00
<b>To be Refund</b>		0.00
<b>Net Amount</b>		22,117,163.00
<b>Payment Details:</b> Amount in words : ₹ Twenty Two Million One Hundred Seventeen Thousand One Sixty Three Only		

Signature Of Patient/Attendant: Ms. Shanthi W  
Generated By: \_\_\_\_\_  
Cashier/Manager

Keep the records carefully and bring them along during your next visit to our hospital



For enquiries, appointments & telemedicine consultations contact: 044-30501055

Apollo Hospitals Enterprise Ltd

Professional Charges - Summary

**AMOUNT PAID TO DR.RICHARD BEALE**

PARTICULARS	REFERENCE	INVOICE DATE	AMT (Rs)
Consultation charges (GBP 60000)	ANNEXURE - 1	18-10-16	4,981,200
Riya Travel and Tours India Pvt Ltd	ANNEXURE - 2	06-10-16	2,293,380
Riya Travel and Tours India Pvt Ltd	ANNEXURE - 3	21-10-16	1,476,330
Karthik Travels	ANNEXURE - 4	03-11-16	297,160
Taj Coromandel Chennai	ANNEXURE - 5	02-10-16	53,227
Taj Coromandel Chennai	ANNEXURE - 6	08-10-16	59,638
Taj Coromandel Chennai	ANNEXURE - 7	16-10-16	55,898
Taj Coromandel Chennai	ANNEXURE - 8	23-10-16	39,530
<b>Total</b>			<b>9,256,363</b>

**AMOUNT PAID TO MOUNT ELIZABETH**

PARTICULARS	REFERENCE	INVOICE DATE	AMT (Rs)
Mount Elizabeth Orchard (SGD 69064.16)	ANNEXURE - 9	17-10-16	3,323,367
Mount Elizabeth Orchard (SGD 113148.63)	ANNEXURE - 10	28-10-16	5,446,975
Mount Elizabeth Orchard (SGD 87735.35)	ANNEXURE - 11	25-11-16	4,138,977
<b>Total</b>			<b>12,909,319</b>

for Dr. Richard Beale - <sup>Rs.</sup> 92,56,363/-  
Mount Elizabeth Orchard - 1,29,09,319/-



	21-Oct-16
Date	Invoice
20-Oct-16	MAA0916SIO14952
20-Oct-16	MAA0916SIO14953
20-Oct-16	MAA0916SIO14954
02-Nov-16	MAA0916SIO14955
02-Nov-16	MAA0916SIO14956
02-Nov-16	MAA0916SIO14957

Mr.V.Subbiah	Riya Travel & Tours India Pvt Ltd				
Hospitals, Chennai					
Passenger Name	Sector	Amount	Travel Date	Ref	Airline
son Emma Patricia	London-Chennai-London	4,90,000.00	23-Oct-16	chairman Office	British Airways
ale Rafe Daniel	London-Chennai-London	4,30,230.00	23-Oct-16	chairman Office	British Airways
le Guy Frederick	London-Chennai-London	4,30,230.00	23-Oct-16	chairman Office	British Airways
son Emma Patricia	Chennai - London	43,730.00	02-Nov-16	chairman Office	British Airways
ale Rafe Daniel	Chennai - London	41,070.00	02-Nov-16	chairman Office	British Airways
le Guy Frederick	Chennai - London	41,070.00	02-Nov-16	chairman Office	British Airways
Total		14,76,330.00			

Travel expenses of family members  
of Dr. Richard John Beale  
London/Chennai/London  
20th Oct 2016, 2nd Nov 2016



	06-Oct-16
Date	Invoice
29-Sep-16	MAA0916SIO1462Z
30-Sep-16	MAA0916SIO14625
06-Oct-16	MAA0916SIO14639
06-Oct-16	MAA0916SIO14759
10-Oct-16	MAA0916SIO14859
20-Oct-16	MAA0916SIO14950
25-Oct-16	MAA0916SIO14951

Mr.V.Subbiah	Riya Travel & Tours India Pvt Ltd				
COO Hospitals, Chennai					
Passenger Name	Sector	Amount	Travel Date	Ref	Airline
Richard John Beale	London-Chennai-London	4,90,000.00	29-Sep-16	Chairman Office	British Airways
Richard John Beale	Chennai-London	48,230.00	02-Oct-16	Chairman Office	British Airways
Richard John Beale	Milan-Dubai-Chennai	1,95,230.00	05-Oct-16	Chairman Office	Emirates
Richard John Beale	Chennai-London	1,85,230.00	09-Oct-16	Chairman Office	British Airways
Richard John Beale	London-Chennai-London	4,58,230.00	13-Oct-16	Chairman Office	British Airways
Richard John Beale	London-Chennai-London	4,58,230.00	21-Oct-16	Chairman Office	British Airways
Richard John Beale	London-Chennai-London	4,58,230.00	28-Oct-16	Chairman Office	British Airways
Total		22,93,380.00			



Original Invoice :  
Original Invoice date :

**COPY OF INVOICE**

GST ID & State :

**Dr. Richard John Beale**  
Tamilnadu Medical Services Corporation  
No 134 Mint Street Opposite Ramar Temple,  
Sowcarpeth  
Chennai TN 600079  
India

Guest Name : Dr. Richard John Beale

Travel Agent :

Company : Apollo Hospitals Enterprise Ltd

Booked By :

Billing : Entire Bill to Company / BB / LCO Till 17:30 Ref:Ronald

Invoice No. : 100434862 Date : 02.10.16  
Page : 1 of 3 Reverse Charge : No  
Rate Code : N3T7 Segment : CON  
Rate : 9500 INR Package :  
Room No / Type : 630 TKX Guests : 1  
Confirmation No : 60735624  
Arrival : 30-SEP-16 04:37:00  
Departure : 02-OCT-16 06:00:00  
Membership :  
PAN :  
E-Mail :  
Printed By / On : 105-001930 17-JUL-18 13:56:11

Date	Description	Reference	Debit	Credit
30.09.16	Rooms - Early Check In	emc	9,600.00	
30.09.16	Luxury Tax Room Revenue		1,875.00	
30.09.16	Service Tax on Room		835.20	
30.09.16	KKC On ROOM		28.80	
30.09.16	Spa Treatments	422112	3,500.00	
30.09.16	Service Tax Bqt Hall / Equip Rental	422112	525.50	
30.09.16	Internet Charges - Room	Room# 630 : 24 Hours - 0	900.00	
30.09.16	Service Tax WiFi		130.50	
30.09.16	KKC On Others PMS .50%		4.50	
30.09.16	Chipstead - Areated Beverages	130127	293.03	
30.09.16	Chipstead - Liquor	130127	460.30	
30.09.16	VAT Food & Juice	130127	42.49	
30.09.16	VAT Imp. Liquor	130127	266.97	
30.09.16	Service Tax Restaurant (AC)	130127	45.20	
30.09.16	Southern Spice - Food/Juices	311639	3,300.00	
30.09.16	Southern Spice - Areated Beverages	311639	373.45	
30.09.16	VAT Food & Juice	311639	532.65	
30.09.16	Service Tax Restaurant (AC)	311639	220.41	
30.09.16	Southern Spice - Liquor	341641	2,103.62	
30.09.16	VAT Imp. Liquor	341641	1,220.10	
30.09.16	Service Tax Restaurant (AC)	341641	126.22	
30.09.16	Chipstead - Areated Beverages	130184	293.03	
30.09.16	Chipstead - Liquor	130184	1,104.70	
30.09.16	VAT Food & Juice	130184	42.49	

Original Invoice :  
Original Invoice date :

**COPY OF INVOICE**

GST ID & State :

**Dr. Richard John Beale**  
**Tamilnadu Medical Services Corporation**  
**No 134 Mint Street Opposite Ramar Temple,**  
**Sowcarpeth**  
**Chennai TN 600079**  
**India**

Guest Name : Dr. Richard John Beale  
Travel Agent :  
Company : Apollo Hospitals Enterprise Ltd  
Booked By :  
Billing : Entire Bill to Company / BB /LCO Till 17:30 Ref Ronald

Invoice No. : 100434862 Date : 02.10.16  
Page : 2 of 3 Reverse Charge : No  
Rate Code : N3T7 Segment : CON  
Rate : 9600 INR Package :  
Room No /Type : 630 TKX Guests : 1  
Confirmation No : 60735624  
Arrival : 30-SEP-16 04:37:00  
Departure : 02-OCT-16 06:00:00  
Membership :  
PAN :  
E-Mail :  
Printed By / On : 105-001930 17-JUL-18 13:56:11

Date	Description	Reference	Debit	Credit
30.09.16	Service Tax Restaurant (AC)	130184	83.87	
30.09.16	Package Charges		9,600.00	
30.09.16	Service Tax on Room		835.20	
30.09.16	Luxury Tax Room Revenue		1,875.00	
30.09.16	KKC On ROOM		28.80	
01.10.16	Package Charges		9,600.00	
01.10.16	Service Tax on Room		835.20	
01.10.16	Luxury Tax Room Revenue		1,875.00	
01.10.16	KKC On ROOM		28.80	
02.10.16	City Ledger	B2C		53,226.76
			<b>Total</b>	<b>INR</b>
				53,226.76
			<b>Balance</b>	<b>INR</b>
				0.00
			<b>VAT</b>	<b>INR</b>
				2,127.80

HSN CODE	DESCRIPTION	SALES	CGST TAX	SGST TAX	IGST TAX	CESS TAX
LIQUOR	Others	3,668.62	0.00	0.00	0.00	0.00
998422	WiFi/Internet	0.00	0.00	0.00	0.00	4.50
996332	F&B	4,259.51	0.00	0.00	0.00	0.00
999723	SPA	3,500.00	0.00	0.00	0.00	0.00
996311	Rooms	0.00	0.00	0.00	0.00	86.40

Original Invoice :  
Original Invoice date :

**COPY OF INVOICE**

GST ID & State :

**Dr. Richard John Beale**  
**Tamilnadu Medical Services Corporation**  
No 134 Mint Street Opposite Ramar Temple  
Sowcarpeth  
Chennai TN 600079  
India

Guest Name : Dr. Richard John Beale

Travel Agent :

Company : Apollo Hospitals Enterprise Ltd

Booked By :

Billing : B2CEM Awaited / BB

Invoice No. : 100435620 Date : 08.10.16  
Page : 1 of 3 Reverse Charge : No  
Rate Code : N3T7 Segment : CON  
Rate : 9600 INR Package :  
Room No / Type : 614 TKX  
Confirmation No : 61287202 Guests : 1  
Arrival : 06-OCT-16 09:12:00  
Departure : 09-OCT-16 06:00:00  
Membership :  
PAN :  
E-Mail :  
Printed By / On : 105-001930 17-JUL-18 13:55:24

Date	Description	Reference	Debit	Credit
06.10.16	Spa Treatments	422167	3,500.00	
06.10.16	Service Tax Bqt Hall / Equip Rental	422167	525.50	
06.10.16	Southern Spice - Food/Juices	325299	1,800.00	
06.10.16	Southern Spice - Areated Beverages	325299	373.45	
06.10.16	VAT Food & Juice	325299	315.15	
06.10.16	Service Tax Restaurant (AC)	325299	130.41	
06.10.16	Southern Spice - Liquor	355303	1,554.87	
06.10.16	VAT Imp. Liquor	355303	901.82	
06.10.16	Service Tax Restaurant (AC)	355303	93.29	
06.10.16	Package Charges		9,600.00	
06.10.16	Service Tax on Room		835.20	
06.10.16	Luxury Tax Room Revenue		1,875.00	
06.10.16	KKC On ROOM		28.80	
07.10.16	Laundry - Washing	281396	1,375.00	
07.10.16	Service Tax Bqt Hall / Equip Rental	281396	205.88	
07.10.16	Southern Spice - Food/Juices	325311	3,150.00	
07.10.16	Southern Spice - Areated Beverages	325311	373.45	
07.10.16	VAT Food & Juice	325311	510.90	
07.10.16	Service Tax Restaurant (AC)	325311	211.41	
07.10.16	Southern Spice - Liquor	355314	3,963.41	
07.10.16	VAT Imp. Liquor	355314	2,298.78	
07.10.16	Service Tax Restaurant (AC)	355314	237.81	
07.10.16	Chipstead - Liquor	130560	670.73	
07.10.16	VAT Imp. Liquor	130560	389.02	



Original Invoice :  
Original Invoice date :

**COPY OF INVOICE**

GST ID & State :  
Dr. Richard John Beale  
Tamilnadu Medical Services Corporation  
No 134 Mint Street Opposite Ramar Temple,  
Sowcarpeth  
Chennai TN 600679  
India

Guest Name : Dr. Richard John Beale  
Travel Agent :  
Company : Apollo Hospitals Enterprise Ltd  
Booked By :  
Billing : B2C EM Awaited / BB

Invoice No. : 100435620 Date : 08.10.16  
Page : 2 of 3 Reverse Charge : No  
Rate Code : N3T7 Segment : CON  
Rate : 9600 INR Package :  
Room No /Type : 614 TKX  
Confirmation No : 61287202 Guests : 1  
Arrival : 06-OCT-16 09:12:00  
Departure : 09-OCT-16 06:00:00  
Membership :  
PAN :  
E-Mail :  
Printed By / On : 105-001930 17-JUL-18 13:55:24

Date	Description	Reference	Debit	Credit
07.10.16	Package Charges		9,600.00	
07.10.16	Service Tax on Room		835.20	
07.10.16	Luxury Tax Room Revenue		1,875.00	
07.10.16	KKC On ROOM		28.80	
08.10.16	Package Charges		9,600.00	
08.10.16	Service Tax on Room		835.20	
08.10.16	Luxury Tax Room Revenue		1,875.00	
08.10.16	KKC On ROOM		28.80	
08.10.16	City Ledger	BTC		59,638.12

Total	INR	59,638.12	59,638.12
Balance	INR	0.00	
VAT	INR	3,589.62	

HSN CODE	DESCRIPTION	SALES	CGST TAX	SGST TAX	IGST TAX	CESS TAX
999712	Laundry	1,375.00	0.00	0.00	0.00	0.00
LIQUOR	Others	6,189.01	0.00	0.00	0.00	0.00
996332	F&B	5,696.90	0.00	0.00	0.00	0.00
999723	SPA	3,500.00	0.00	0.00	0.00	0.00
996311	Roots	0.00	0.00	0.00	0.00	86.40

Original Invoice :

Original Invoice date :

**COPY OF INVOICE**

GST ID & State :

Dr. Richard John Beale  
Tamilnadu Medical Services Corporation  
No 134 Mint Street Opposite Ramar Temple,  
Sowcarpath  
Chennai TN 600079  
India

Guest Name : Dr. Richard John Beale

Travel Agent :

Company : Apollo Hospitals Enterprise Ltd

Booked By :

Billing : Entire Bill to Company / RO - Ref EM Dtd 13/10

Invoice No. : 100436167 Date : 16.10.16  
Page : 1 of 3 Reverse Charge : No  
Rate Code : N3T7 Segment : COT  
Rate : 9600 INR Package :  
Room No / Type : 622 TKX Guests : 1  
Confirmation No : 61777689  
Arrival : 14-OCT-16 16:04:00  
Departure : 16-OCT-16 16:37:00  
Membership :  
PAN :  
E-Mail :  
Printed By / On : 105-001930 17-JUL-18 13:54:41

Date	Description	Reference	Debit	Credit
14.10.16	Internet Charges - Room	Room# 622 : 24 Hours - 0	900.00	
14.10.16	Service Tax Wifi		130.50	
14.10.16	KKC On Others PMS .50%		4.50	
14.10.16	Golden Dragon - Liquor	291588	4,025.50	
14.10.16	VAT Imp. Liquor	291588	2,334.79	
14.10.16	Service Tax Restaurant (AC)	291588	241.53	
14.10.16	Golden Dragon - Food/ Juices	241586	3,350.00	
14.10.16	Golden Dragon - Arented Beverages	241586	396.04	
14.10.16	VAT Food & Juice	241586	543.18	
14.10.16	Service Tax Restaurant (AC)	241586	224.76	
14.10.16	Chipstead - Liquor	130996	518.29	
14.10.16	VAT Imp. Liquor	130996	300.61	
14.10.16	Service Tax Restaurant (AC)	130996	31.10	
14.10.16	Package Charges		9,600.00	
14.10.16	Service Tax on Room		835.20	
14.10.16	Luxury Tax Room Revenue		1,875.00	
14.10.16	KKC On ROOM		28.80	
15.10.16	Laundry - Washing	281517	1,045.00	
15.10.16	Service Tax Bqt Hall / Equip Rental	281517	157.23	
15.10.16	Southern Spice - Liquor	355441	3,871.94	
15.10.16	VAT Imp. Liquor	355441	2,245.73	
15.10.16	Service Tax Restaurant (AC)	355441	232.31	
15.10.16	Southern Spice - Food/Juices	325438	7,725.00	
15.10.16	Southern Spice - Arented Beverages	325438	1,126.90	

Original Invoice :

Original Invoice date :

**COPY OF INVOICE**

GST ID & State :

Dr. Richard John Beale  
Tamilnadu Medical Services Corporation  
No 134 Mint Street Opposite Ramnar Temple,  
Sowcarpeth  
Chennai TN 600079  
India

Guest Name : Dr. Richard John Beale

Travel Agent :

Company : Apollo Hospitals Enterprise Ltd

Booked By :

Billing : Entire Bill to Company / RO - Ref EM Dtd 13/10

Invoice No. : 100436167 Date : 16.10.16  
Page : 2 of 3 Reverse Charge : No  
Rate Code : N3T7 Segment : COT  
Rate : 9600 INR Package :  
Room No / Type : 622 TKX  
Confirmation No : 61777689 Guests : 1  
Arrival : 14-OCT-16 16:04:00  
Departure : 16-OCT-16 16:37:00  
Membership :  
PAN :  
E-Mail :  
Printed By / On : 105-001930 17-JUL-18 13:54:41

Date	Description	Reference	Debit	Credit
15.10.16	Service Tax Restaurant (AC)	325438	531.11	
15.10.16	Package Charges		9,600.00	
15.10.16	Service Tax on Room		835.20	
15.10.16	Luxury Tax Room Revenue		1,875.00	
15.10.16	KKC On ROOM		28.80	
16.10.16	City Ledger	B2C		55,897.55
			Total INR	55,897.55
			Balance INR	0.00
			VAT INR	4,881.13

HSN CODE	DESCRIPTION	SALES	CGST TAX	SGST TAX	IGST TAX	CESS TAX
999712	Laundry	1,045.00	0.00	0.00	0.00	0.00
LIQUOR	Others	8,415.73	0.00	0.00	0.00	0.00
998422	WiFi/Internet	0.00	0.00	0.00	0.00	4.50
996332	F&B	12,597.94	0.00	0.00	0.00	0.00
996311	Rooms	0.00	0.00	0.00	0.00	57.60

Original Invoice :  
Original Invoice date :

**COPY OF INVOICE**

GST ID & State :

Dr. Richard John Beale  
Tamilnadu Medical Services Corporation  
No 134 Mint Street Opposite Ramar Temple,  
Sowcarpeth  
Chennai TN 600079  
India

Guest Name : Dr. Richard John Beale

Travel Agent :

Company : Apollo Hospitals Enterprise Ltd

Booked By :

Billing : Entire Bill to Company / BB - Ref EM Dtd 22/10

Invoice No. : 100436878 Date : 23.10.16  
Page : 1 of 3 Reverse Charge : No  
Rate Code : N3T7 Segment : COT  
Rate : 9600 INR Package :  
Room No / Type : 634 TKX Guests : 1  
Confirmation No : 62845442  
Arrival : 22-OCT-16 16:59:00  
Departure : 23-OCT-16 19:02:00  
Membership :  
PAN :  
E-Mail :  
Printed By / On : 105-001930 17-JUL-18 13:53:21

Date	Description	Reference	Debit	Credit
22.10.16	Internet Charges - Room	Room# 634 : 24 Hours - 0	900.00	
22.10.16	Service Tax Wifi		130.50	
22.10.16	KKC On Others PMS .50%		4.50	
22.10.16	Southern Spice - Food/Juices	312043	3,400.00	
22.10.16	Southern Spice - Areated Beverages	312043	373.45	
22.10.16	VAT Food & Juice	312043	547.15	
22.10.16	Service Tax Restaurant (AC)	312043	226.41	
22.10.16	Southern Spice - Liquor	342047	2,987.81	
22.10.16	VAT Imp. Liquor	342047	1,732.93	
22.10.16	Service Tax Restaurant (AC)	342047	179.27	
22.10.16	Chipstead - Liquor	131676	1,554.87	
22.10.16	VAT Imp. Liquor	131676	901.82	
22.10.16	Service Tax Restaurant (AC)	131676	93.29	
22.10.16	Package Charges		9,600.00	
22.10.16	Service Tax on Room		835.20	
22.10.16	Luxury Tax Room Revenue		1,875.00	
22.10.16	KKC On ROOM		28.80	
23.10.16	Anise - Food/Juices	308354	2,511.73	
23.10.16	VAT Food & Juice	308354	364.20	
23.10.16	Service Tax Restaurant (AC)	308354	150.70	
23.10.16	Spa Treatments	422290	3,500.00	
23.10.16	Service Tax Bqt Hall / Equip Rental	422290	525.50	
23.10.16	Rooms - Late Check Out	HDC	4,800.00	
23.10.16	Luxury Tax Room Revenue		1,875.00	



Original Invoice :

Original Invoice date :

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 PAN :  
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 Printed By / On : 105-001930 17-JUL-18 13:53:21

Date	Description	Reference	Debit	Credit
23.10.16	KKC On ROOM		14.40	
23.10.16	City Ledger	BTC		39,530.13
<b>Total</b>			<b>INR 39,530.13</b>	<b>39,530.13</b>
<b>Balance</b>			<b>INR 0.00</b>	
<b>VAT</b>			<b>INR 2,634.75</b>	

HSN CODE	DESCRIPTION	SALES	CGST TAX	SGST TAX	IGST TAX	CESS TAX
LIQUOR	Others	4,542.68	0.00	0.00	0.00	0.00
998422	WiFi/Internet	0.00	0.00	0.00	0.00	4.50
996332	F&B	6,285.18	0.00	0.00	0.00	0.00
999723	SPA	3,500.00	0.00	0.00	0.00	0.00
996311	Rooms	0.00	0.00	0.00	0.00	43.20

**23.13.** It is pertinent to point out that Dr.Richard Beale conveyed to C.W.17 that, on 01.10.2016, on seeing late C.M., he stated that she can be airlifted for her treatment and he himself was prepared to accompany her in the air ambulance. When asked for the second time, he said that late C.M. was improving and the same treatment could be continued. On 25.11.2016, when Dr.Samin Sharma, from USA, arrived and was prepared to do angio, C.W.106-Dr.Babu Abraham finds a shortcut to postpone the surgery by contacting Dr.Richard Beale, UK Doctor, who in turn conveys to the US Doctor that "now only she is improving". Hence, the UK Doctor suggested to postpone the angio. ***In this manner, C.W.106-Dr.Babu Abraham played a trick to postpone the angio treatment of late C.M. under the pretext of Dr.Richard Beale, but, which is not found anywhere in the Medical Records, and because of this, late C.M. was deprived of this critical treatment and at a later stage her clinical condition deteriorated which later led to her unfortunate demise.***

**23.14.** For the purpose of completion, the fees details as given by the R.2 hospital, are reproduced hereunder: (These Doctors treated late C.M., fees was paid but they were not Examined).

Sl. No.	Name of the Doctor	Not Examined	Fee
1.	Dr. Ravi Varma, Critical Care Consultant	Summons issued; sought exemption as he was in Australia	Rs.2,00,000/-
2.	Dr. N. Ashok *Fee paid Not in the list of doctors served in Apollo Hospital	Not Called for	Rs.1,00,000/-
3.	Dr. P.V.Chandrasekaran Cardiologist	Not Called for	Rs.20,000/-
4.	Dr.K.Shanthi, Cardiologist	summoned but not examined	Rs.1,00,000/-
5.	Dr. Richard Beale,	email sent for appearance. Not examined.	Rs.92,07,844/-
6.	Mount Elizabeth Orchard Hospital	Dr.Richard Beale	Rs.1,29,09,319/-
7.	Dr.A.K.Sitaraman	Cardiac Anaesthesia	Rs.1,00,000/-

**Consultants Outside Apollo Hospital who  
treated former Chief Minister**

Sl. No.	Name of the Doctor	Specialisation	Name of the Hospital
1.	Dr. Rajiv Narang	Cardiologist	AIIMS
2.	Dr. Suneetha Nareddy	Infectious disease	Apollo Hyderabad
3.	Dr. Jigidivatia	HOD Anaesthesia and Intensive care Medicine	TATA Memorial Hospital, Mumbai
4.	Dr.O.C.Abraham	Professor Infectious Disease	CMC Vellore
5.	Dr. Rajeev Soman	Professor Infectious Disease	PD Hinduja Hospital, Mumbai
6.	Dr. Rajeev Mehta	Pulmonology and Critical care	Apollo Hospital, Bangalore
7.	Dr.K.M.Cherian	Senior Cardiothoracic Surgeon	Front Line Life Hospital, Chennai
8.	Dr. Stuart Russell	Cardiologist	John Hopkins Hospital, USA
9.	Dr.Jayan Parameswaran	Heart Failure, Heart Transplantation	Pap worth U.K
10.	Dr. Samin Sharma	Cardiologist	Mount Sinai Hospital, New York, USA
11.	Dr. Venkat S.Ram	Director	Texas Blood Pressure Institute, USA
12.	Ms. Cheema	Physiotherapist	Mount Elizabeth Hospital, Singapore
13.	Ms. Marie	Physiotherapist	Mount Elizabeth Hospital
14.	Ms. Judie	Physiotherapist	Mount Elizabeth Hospital

## **24. VISITS OF THE GOVERNOR**

**24.1.** The very next day of admission of late C.M. in the R.2 hospital on 22.9.2016, Raj Bhavan presented bouquets on behalf of the Hon'ble Prime Minister and His Excellency, the Governor, for which she sent thanks giving letters. The Governor visited Apollo Hospitals thrice to see the late C.M.. This is spoken to by **C.W.91**-Ramesh Chand Meena, Secretary to the Governor. He stated that he read in the newspaper, about the arrival of the AIIMS Doctors. The AIIMS Doctors report was never sent to the Governor at Raj Bhavan. The Apollo Bulletin dated 04.10.2016 alone had stated that she should be under continuous treatment. The Governor came to Chennai on 01.10.2016 and met Dr. Pratap C. Reddy. After arrival of the AIIMS Doctors, it was informed to the Governor, who came to Apollo Hospital on 01.10.2016.

**24.2. C.W.91** further stated that, on 01.10.2016, at about 06:45 P.M., they both went to **R.2** - Apollo Hospital and the Governor saw late C.M. and came out. The Governor told him that late C.M. was lying in the midst of many tubes, (page 3) and the Governor issued press release by way of **Ex.C19** dated 01.10.2016 about the health condition of the late C.M..

*"Further, In his evidence, **C.W.91** – Ramesh Chand Meena stated that, on 23.09.2016, when it came to his knowledge that late C.M. was admitted in the hospital on 22.09.2016, two bouquets had been given to late C.M. on behalf of the Governor as well*

*as the Prime Minister of India for which late C.M. replied at 06:45 P.M.*

**24.3.C.W.91** stated that, in the letter dated 6.10.2016 written by the Governor, addressed to the Hon'ble President of India, which is enclosed along with Ex.C.40, it is stated that the Governor visited the Chief Minister in the Ward where she was being treated and she was on sedation, and that she would require to be in the hospital for a few more days; but the Governor has not mentioned that she was in **a critical condition**. **C.W.91** would further depose that everything was communicated by the Governor to the President, by Ex.C.40 letter dated 06.10.2016.

**24.4.** After reaching the Raj Bhavan, the Governor informed **C.W.91** that, as soon as he went to the room where late C.M. was lying, doors were opened and the Governor had seen her from some distance, because she should not get any infection. The Governor understood that late C.M. was lying on the bed in the midst of tubes, and she was in a critical condition. Further, **C.W.91** stated that, this fact had been informed to the President. The Raj Bhavan Press Releases are: Ex.C.19 dated 01.10.2016, Ex.C.20 and Ex.C.22 two reports dated 11.10.2016, Ex.C.21, report dated 07.10.2016 and Ex.C.23 report dated 22.10.2016. The Governor, as well as Dr.Pratap C. Reddy have gone inside in their normal costume and from there, they have returned to their place. At the time of visiting the patient, they have not taken any precautions to use sanitised

robes. Raj Bhavan was also not informed about the admission of late C.M. initially by the Government.

**24.5.** The second time, the Governor visited her on 22.10.2016 at 11:30 AM. This also was just like the first visit. They have been received and taken to the second floor treatment room of late C.M. At that time, she was sitting leaning on the bed. **C.W.91** – Ram Chand Meena was not aware at this time as well, as to whether the Governor had gone inside the treating room of late C.M. or seen through the glass door.

**24.6.** From the evidence of **C.W.91**, *it is very clear that the Governor has not mentioned in the letter addressed to the Hon'ble President of India that late C.M. was in a critical condition, even though it was conveyed to C.W.91.* under Ex.C.41 dated 07.12.2016, he had not mentioned the important information that she was in critical condition, but elaborated about the political scenario and merely stated that she was in sedation.

**24.7.** **C.W.91**-stated that the Governor enquired **R.2**-hospital four or five times and enquired about the health condition of late C.M. through **C.W.7**-Dr. P. Balaji. But Dr.Balaji had not stated so.

**24.8.** **C.W.17**-Dr.Sivakumar, stated that the Governor was received at the entrance of the **R.2** - Hospital by the then Chief Secretary, **C.W.149**-Thiru O.Panneerselvam and Dr.Prathap C.Reddy, Chairman of the Apollo Hospitals. They took the Governor to the treating room of late C.M. which was on the second floor, through

the Veranda, where she was taking treatment. **R.1** was standing outside the room, and she received the bouquet given by the Governor and according to the evidence of **C.W.17**, the Governor had enquired **R.1** about her improvement. ***This visit of the Governor should be normally informed to the Chief Secretary and the Secretaries, but unfortunately, this not being informed to late C.M. was clear from C.W.17's evidence.***

**C.W.17** also stated that the Governor came thrice to **R.2** – Apollo Hospital to visit late C.M. On the first occasion, he saw her through the glass door when **C.W.17** was there, and during his second visit, she was seen doing physiotherapy by catching the ball thrown to her and throwing it back and this was seen by the Governor, but late C.M. did not appear to have seen the Governor. **C.W.17** was present when the Governor presented the bouquet to **R.1**. Late C.M. was not aware of the Governor's visit and was doing physiotherapy. The nurses also did not inform late C.M. about the Governor's visit.

**24.9. C.W.17** - Dr. K.S. Sivakumar, in his evidence at Page No. 14, 10th line from top stated that:

*"While late C.M. was sitting in lean position on the bed and caught the ball thrown by a nurse and again threw it back while doing physiotherapy, the Governor watched the same, but it seems that late C.M. did not see the Governor. The witness states probably this could have happened when the*



*Governor visited second time and the visiting of the Governor was known earlier itself, but I do not know whether **R.1** informed late C.M. or not."*

**24.10.** **C.W.136**—the then Health Secretary had said that, after the visit of the Governor, she continued her physiotherapy, and instead of making the Governor to wait, she had shown her thumb, indicating that the Governor need not wait for her. The Singapore Physiotherapists were giving training to her, and she was repeating the physiotherapy exercises, which were shown to her, at the time of the visit of the Governor.

**24.11.** **C.W.14**—Dr.J.Krishnapriya, who is the daughter of **C.W.148**- Ilavarasi, stated that the Governor visited late C.M. twice, and on the second occasion, late C.M. lifted and showed her hand. ***It is very clear from the evidence of C.W.72-Rajeswari, Apollo Nurse, as well as C.W.17, that late C.M. had not seen the Governor and they had also not informed her about it.***

**24.12.** **C.W.9**—J.Deepak, **C.W.17**-Dr.K.S.Sivakumar, **C.W.20**—K.N.Venkataramanan and **C.W.72**-Rajeswari, have stated that Singapore Doctors were brought for physiotherapy treatment for late C.M. When the Governor came to see late C.M. for second time, late C.M. was doing physiotherapy, under the guidance of Singapore Physiotherapists. She stated that late C.M. was stretching her hands up and folding sideways, as done by the physiotherapist, and that the Governor was watching through the glass door.

**24.13.** During cross-examination **C.W.72**- Nurse, stated that

the Governor, visited at 11.00 a.m. and at that time Physiotherapists were giving physiotherapy treatment to late C.M., **C.W.72** was standing by the side of late C.M. She had seen the Governor and the doctors standing outside the glass, **late C.M. had not seen the Governor** and that she and **others had not informed late C.M. about the visit of the Governor.**

**24.14.** During the cross-examination, **R.1** counsel suggested that late C.M. had raised her thumb on seeing the Governor. **C.W.72 denied the suggestion by saying that at that time late C.M. was doing physiotherapy,** and she was standing by her side and two Singapore Physiotherapists were giving treatment to late C.M. by standing in front of her.

**24.15.** It is clear from the evidence of **C.W.92** – Dr. M. Raj Prasana and **C.W.97**–Dr.Rajiv Annigeri, that she was doing physiotherapy exercise alone and that **late C.M. was not aware of the arrival of the Governor and under such circumstances, it is difficult to believe that she would have shown her thumb to the Governor during the second visit.**

**24.16.** **C.W.92**-Dr.Raj Prasanna, stated that she was given physiotherapy for 59 days with a gap of 45 minutes and it was about 129 times. To ensure that she did not develop bedsores, she was made to lie on a special bed so that her lungs would function well, because of the massage caused by the movements of the bed. On 13.11.2016, physical exercise was given to her and there was

some improvement in her health, on account of that physiotherapy.

**24.17. C.W.46** - Dr. K. Archana, stated that she was on duty at that time, but she did not know whether late C.M. had seen the Governor and that the visits of Thiru. Rahul Gandhi and Thiru. Venkaiah Naidu were not known to her.

**24.18. C.W.16** - Dr.Sathyabhama stated that during the Governor's first visit, late C.M. was under sedation and **R.1** and the Chief Secretary were there. During the second visit, when the Governor met **R.1**, **C.W.16** was not there, and the Governor saw late C.M. through the glass door. According to **C.W.16**, the Governor and **R.1** spoke together in the room.

**24.19. C.W.31-R.Veeraperumal**, PSO of late C.M., stated that the Governor saw her through the glass door when he was on duty and, on the second occasion, **late C.M. did not see the Governor** and further when Thiru.Rahul Gandhi and the Vice President Thiru. Venkaiah Naidu visited, they too did not see her through the glass door but spoke to **R.1** and left.

**24.20.** There is also some oral evidence; it is seen that even though the Governor was available during November 2016 and between 02.12.2016 and 03.12.2016 at Chennai, participating in a function of Apollo Hospitals, he had not made any visit to hospital or to see the ailing Chief Minister. Likewise, there is no evidence in this regard, whether the Governor had even enquired any doctor or through **C.W.91**, about the health condition of late C.M..

**24.21.** As regards the third visit, the Governor came to Apollo on 04.12.2016, 11.45 p.m. and asked the Chairman about the health condition of late C.M. and, as he came to know that she was in ECMO, the Governor returned from the ground floor itself. Thus, it is obvious that though His Excellency, visited the hospital on the third occasion, he did not enter into the room, where the late C.M. was undergoing ECMO treatment. After the Governor came to know the fact that she had heart failure, he did not go to the second floor to see her. From this it is clear that the Chairman must have informed that there is no question of revival of her health condition and so he left.

(a) During his first visit he had seen she was in the midst of tubes. Even though he addressed a letter to the Hon'ble President of India, he had mentioned even that she was put in ventilator, and he has not specially mentioned that she was in critical stage.

(b) During his second visit he had seen the late C.M. through glass door when late C.M. was doing physiotherapy, but his visit was not informed to her, as seen from the evidence of Physiotherapists R.2 hospital Nurse, as well as C.W.17.

(c) Even though he was available during the month of November, 2016, and on 2.12.2016 and 3.12.2016, at Chennai and attended a function, he had not seen the ailing Chief Minister and there is absolutely no evidence to show

that at least he had enquired about her health.

(d) During the third visit on 4.12.2016 at 11.45 p.m. he met the Chairman on the ground floor and after discussion he left the room, without seeing the late C.M., who was undergoing ECMO treatment.

(e) By way of the above, the Governor incharge completed the *formalities of visiting R.2-hospital to see the ailing C.M.*

## **25. AIIMS DOCTORS' FIRST VISIT**

**25.1.** The State Government sent a request to the Central Government, which in turn deputed a team of experts from the All India Institute of Medical Sciences (AIIMS) to come to Chennai and treat the late C.M. It is pertinent to note that the Health Secretary, after discussing with the Director of AIIMS, selected the names of the Doctors and thereafter, he addressed a letter dated 05.10.2016, Ex.C.44A and AIIMS Doctors visited the Apollo Hospitals. Accordingly, the following doctors were deputed:

- (1) **C.W.84** - Dr. Nitish Naik, Professor, Department of Cardiology.
- (2) **C.W.85** - Dr. G.C. Khilnani, Professor, Department of Pulmonary Medicine, and Sleep Disorders.
- (3) **C.W.86** - Dr. Anjan Trikha, Professor, Department of Anaesthesia, Critical Care and Pain Medicine.
- (4) **C.W.141** - Dr. Nikhil Tandon, Professor, Department of Endocrinology.

**25.2.** The AIIMS Doctors visited Apollo Hospital and they assessed late C.M. and submitted reports for their every visit to the Director of AIIMS, New Delhi and these have been received by **C.W.136** - the then Health Secretary, Government of Tamil Nadu, on 17.03.2017, from New Delhi, after her demise.

**25.3.** The above said AIIMS Doctors **C.W.84**, **C.W.85**, **C.W.86** and **C.W.141**, saw late C.M. from 05.10.2016 to 07.10.2016, 9.10.2016 and 10.10.2016, 12.10.2016, 13.10.2016 and 03.12.2016. **C.W.142**-Dr.Deva Gourou Velayoudam, on being called, after late C.M.'s Cardiac failure, visited her on 05.12.2016. From these, it is

learnt that AIIMS Doctors had visited Apollo Hospitals in connection with the treatment of late C.M. five times. During the visit on 05.10.2016, **C.W.85**-Dr.G.C.Khilnani, Pulmonary specialist, headed the team of AIIMS Doctors.

**25.4. C.W.85** - Dr.G.C.Khilnani, stated that they came to the Hospital in an "advisory capacity" on the orders of the Government of India, and in turn issued by the Director of AIIMS, New Delhi.

*"I was the Leader of the team of Doctors deputed to oversee the treatment rendered at Apollo Hospital to Late Hon'ble C.M." (Page No.1, 5th line)*

**25.5.** When they visited the Hospital, he understood that late C.M., was admitted in a critical condition with multiple disorders. On 05.10.2016, when he saw her in the Hospital she was on full life-support system and her blood-pressure was maintained and supported by medicines. He further asserted that he had physically examined her nine times during his visits.

*"On seeing her for the first time, my opinion was that she was critically ill suffering from multiple diseases. Though, her mortality rate was high, recovery chances were there."(Page No.2, 1st line)*

**25.6.** Most of the co-morbidity diseases were prevailing for several years. She was suffering with a urinary infection for the past few days and that was the beginning cause for septicaemia.

**25.7.** The Health Secretary-C.W.136 has addressed a letter to the Director of AIIMS on 5.10.2016, requesting to depute doctors to assist R.2 hospital doctors in connection with the treatment of late

C.M., and they arrived in the evening itself. During their visits, AIIMS Doctors have taken note of the endorsements already made in the R.2 hospital case sheet by R.2 hospital doctor **Dr.Ram Gopalakrishnan and Dr.Rajeev Soman and Dr.Jigitivatia** from Bombay and the UK Doctor **Dr.Richard Beale**, who have all suggested for early valve surgery. From their evidence it is very clear that the AIIMS doctors have not taken enough care to consider the cardiac ailment of late C.M. during their first visit and it is not indicated in their report also.



## **26. TRACHEOSTOMY (07.10.2016)**

**26.1.** After Cauvery meeting which had been held on 27.9.2016, during night and early hours of the next day, she had cough and severe setback, and she felt difficulty in breathing and heavy wheezing; thereafter she had been connected with a ventilator. As she was on ventilator support for more than seven days, **C.W.74-** Dr.Babu Manohar, did tracheostomy surgery for late C.M. on 7.10.2016 early morning and she was under sedation and after 14.11.2016, she could speak. Even after tracheotomy, she took oral food and after 14.11.2016 training was given to enable her to speak. He stated in the cross-examination that there was nothing wrong if she had taken ice-cream at that time and, after surgery, she could not speak for more than four or five days and thereafter training was given to her to speak. If tracheostomy was not done after nine days, functioning of the lungs would get reduced and consequently other organs would have got damaged. There was possibility for cardiac failure also. If the treatment to be given on 7.10.2016, was delayed, her vocal cord would have got damaged and only on account of that tracheostomy was done. At that time AIIMS Doctors were also there and it was done as per their advice. On 14.11.2016 in his presence when late C.M. was asked to speak, she mentioned the name of Namakkal Anjaneyar and other Gods.

**26.2. C.W.82-**Dr.Baskaran, Anaesthesia expert, stated that on 07.10.2016, at 4.15 a.m. late C.M. was brought for tracheostomy

treatment and he gave anaesthesia and at 6.15 a.m., she was brought back to her room and within one-and-a-half hours she regained consciousness. He also stated that **C.W.74-Dr.Babu Manohar** had performed the tracheostomy in the CCU room and at that time Government Officials were waiting outside. From these evidence, the Commission wish to point out that R.2 treating doctors had failed to notice the heart ailment and they had given treatment only to sepsis and C.W.120-Dr.Ram Gopalakrishnan suspected vegetation only on 26.9.2016 and the late C.M. had setback of wheezing and breathing problem on 27<sup>th</sup> night and she had put on ventilator the size of the vegetation had been confirmed 28.9.2016 at 10.30 a.m. Since she had been ventilated for more than seven days after taking adequate precautions Tracheostomy was done on 7.10.2016.

## **27. AIIMS DOCTORS' SECOND AND THIRD VISITS**

**27.1. C.W.85**-Dr.GC.Khilnani, after his visit on 12.10.2016, stated that, now and then the ventilator support was withdrawn, depending upon her improvement. Generally, during night-time between 10:00 p.m.. and 06:00 a.m., she was under the support of ventilator. He stated that:

*"During the hospitalisation she never breathed on her own."(Page No.2, 9th line)*

**27.2.**For a question of how she breathed, **C.W.85** said that not by the help of ventilator but by the support of Oxygen. He had noticed that infection was inside the Lungs and fluid secretion was outside the lungs (Pleural Effusion). (Page No.2-12th line) He volunteers that the fluid was not infected. Of course, to drain the fluid, tapping (removal) by tube was made. He was told that the draining of fluid was continued now and then. They visited the Hospital and discussed with the Apollo Doctors' Team. He stated:

*"We came in an advisory capacity", and "we had seen the treatment given to late C.M.".(Page No.2, 17th line)*

*During the day-time she was on Oxygen and during night-time she was on ventilation.*

*"During his third time visit (13.10.2016 to 15.10.2016) I have noticed that she was in sedation because she was on ventilation."(Page No.3 first line)*

*"According to me, the fluid collection in the Lungs (Pleural effusion) occurred due to fluid overload."(Page No.3, 5th and 6th lines)*

**27.3.C.W.84-**Dr.Nitish Naik, AIIMS Doctor, physically examined Late Hon'ble C.M., by examining her pulse-rate, heart-beat, and both were intact. He stated that she was suffering from multiple ailments, like, Uncontrollable Sugar, Lung Injury, Irritable bowel syndrome, Urinary Infection, Septicaemia, Obesity, L.V. Failure (Diastolic Dysfunction). In the Apollo Treatment summary released to Press after her demise, the size of the vegetation also was mentioned and it was found to be correct. Generally, in the heart right-side, the deoxygenated blood is carried to the Lungs, where it is oxygenated and it reaches heart's left-side, through the left-atrium to the left ventricle and it has to pass through the Mitral valve. That valve generally flows 130 ml. blood in which 70 ml. is taken through Aortic Valve and 60 ml. will be in the left-ventricle chamber. It is the general function. Generally, if the mitral valve is not functioning properly and is not closing effectively, then the blood which has to go through Aorta valve will return to left atrium which is called regurgitation. So far in this case, there is a vegetation in the mitral valve, as detected by Apollo Hospitals.

**C.W.84-**Dr.Nitish Naik, stated that (page No.2, 15th line), on examination of late C.M., surgery was not required.

**27.4.**On showing the Book '2015 ESC Guidelines for the management of infective endocarditis', at Page No.3083, he stated that he is agreeing with the proportion laid down in the Book and even in this Book, early surgery is recommended. According to

him, specific indication of a patient who is more than 40 years, if planned for Cardiac-surgery, should undergo angiography as a part of the pre-surgical evaluation.

**27.5.** He is a "Cardiology Physician". Though it was ordered by the Director of AIIMS, followed by Government of India's direction to be a part of the team in the medical treatment rendered to late C.M., after each visit, they claim that they have prepared the Report and submitted it to the Director of AIIMS. After an issue arose regarding suspicion on the death of the late C.M., the then Chief Minister, Edappadi K.Palaniswamy, deputed Health Secretary and obtained report from AIIMS, which was then handed over by the AIIMS Director to **C.W.136** – the then Health Secretary on 17.3.2017.

**27.6.** After analysing the same with team doctors, they gave reports. On questioning, C.W.84, why a Cardio-Surgeon was not included, in the AIIMS team, it was said, "because, in Apollo Hospital itself cardio surgeons were available, to look after her " (Page No.2, 19th line).

**27.7. C.W.86-**Dr.Anjan Trikha, Anaesthetist, stated that, on seeing the patient as well as the case study, he understood that late C.M. was a critical patient. In Page No.1, he stated that in his presence, either himself or his team of doctors, or Apollo Team of Doctors had explained what are the diseases late C.M. was suffering from (because she was on the ventilator). In page No.2, he opined that

Surgery can be advised, depending upon the patient's condition and vegetation measurement.

*"Generally, above 65 years the diastolic dysfunction is not uncommon. Symptoms may not be there. There could be symptoms if vegetation is on the valve. Surgery can be advised but it depends upon the patient's condition and vegetation measurement."*

**27.8.** AIIMS Doctors were aware that she was suffering from two vegetations. Two thoracic surgeons and also two Intensivists had recommended for early valve surgery. Thereafter only, AIIMS team had seen the patient with pleural effusion and pulmonary oedema. Because of the ventilation, she had undergone Tracheostomy. Even thereafter, it is not known, what symptom was expected by the AIIMS Doctors to advise surgery? The peculiarity is that no surgeon was invited, whereas Anaesthetist had been called and he came. Further, the Commission wishes to mention that AIIMS Doctors would merely say that they came here only to supervise the treatment of R.2 hospital. Because they are aware if they say that they treated the late C.M. they will come within the ambit of investigation. What is the meaning of "supervise"? Dictionary gives the meaning as *"to watch somebody/something to make sure that work is being done properly or that people are behaving correctly."* *Supervise means "they should ensure that correct treatment is given"* . While looking at it, they have utilized executive class Air

ticket and star hotel comforts even though Centralized A.C. State Guest House was available, why the Health Secretary arranged all these things under the head of hospitality and serving food all along for 75 days incurred more than a Crore Rupees all these are have to be answered at the time of investigation. (they are only doctors, whether they are eligible for Executive Class?)

**27.9.C.W.141**-Dr.Nikhil Tandon, AIIMS, Professor HOD Department of Endocrinology and Metabolism, stated that, during the hospitalisation of late C.M. at Apollo Hospital, he had visited her once on 04.12.2016 morning before 09:00 A.M. Before going to her room, he had gone through her case-sheets and had discussions with the Endocrinology Doctor in Apollo Hospital.

In page No.1 and 2, he stated:

*"I have seen the patient and I have not clinically examined her. I have not given any treatment to her.".....*

*"I have not made any intervention in their line of treatment." .....*

*"I was not familiar with surgery aspects, since I am not a CCU or Critical Care doctor"..... I was there for a maximum of seven minutes in her room.*

**27.10. C.W.7**-Dr.Balaji, Liaison Officer, made arrangements for the stay of the visiting doctors in the star hotels, after incurring a sum of Rs.2,20,976/- towards one way executive Air fare from New Delhi to Chennai for four AIIMS doctors, as per letter dated 5.8.2022 received from Tamil Nadu Medical Services Corporation

Limited, Chennai-8. In fact, during the examination of **C.W.136**-Health Secretary, he would say that they had gone to the hotel and conveyed thanks to the AIIMS doctors, who had claimed that they had just then supervised the treatment, though not prescribed medicines to the late C.M. From a reading of the evidence, it is seen that the AIIMS doctors treating team gave certificate to **R.2** hospital that their line of treatment was correct. Incidentally, it may be mentioned that the Commission is not able to understand why **C.W.136** did not provide/use the State Guest House for the use of the AIIMS Doctors and why they were taken at all times only to star hotels. This is an issue to be answered by the then Health Secretary and with so much of hospitality rendered, they were able to only get "no surgery needed" report from the AIIMS Doctors.

**27.11.** As per the evidence, AIIMS doctors have visited second and third times, but they have stated only on 3.12.2016 for the first time that surgery intervention is not necessary. But there is no indication in the report as well as from the evidence whether they have considered the opinions given by Dr.Ram Gopalakrishnan, R.2 hospital doctor, Dr.Samin Sharma from USA and Dr.Jigidivatia from Bombay as well as UK Doctor Dr.Richard Beale. Thereafter, Dr.Stuart Russel was consulted through Video conference and Dr.Samin Sharma, thoracic surgeon, came in person on 25.11.2016 and after seeing the patient and case sheet, agreed to do angio. It is not known why Dr.Nitish Naik, C.W.84 had written for the first



time on 03.12.2016 that there is no need for surgery intervention. Even though he said in the report which had been received by the Government on 17.03.2017, and marked as Ex.A.1 series, as per the report, they would not say the reason therefor.

**27.12.** The AIIMS team of doctors said they visited the R.2 hospital to supervise the treatment provided to late C.M. After recording in the report on 03.12.2016 that surgical intervention is not needed, within 24 hours late C.M. had suffered cardiac failure. Therefore, it is clear that AIIMS doctors have miserably failed to note the opinions of the above said doctors. The Commission feels very much and the unhappiness is strongly recorded.

## **28. AIIMS DOCTORS' REPORTS**

### **05.10.2016 TO 07.10.2016**

**28.1.** A team comprising of Dr.G.C.Khilnani, Dr. Anjan Trikha and Dr. Nitish Naik had visited the Apollo hospitals and had a meeting with all the specialists treating the late C.M. The report prepared by them with regard to their visit from 05.10.2016 to 07.10.2016 traces the medical history and the details of co- morbidities of late C.M. The report records that during her admission on 22.09.2016, she was uneasy having altered level of consciousness and low blood pressure. She was stated to have had fever for the past 7 days, diagnosed with a urinary tract infection, and treated with oral antibiotics. It is further recorded that she had received systemic cortico-steroids for atopic dermatitis. The details of treatments she had undergone at the time of admission is also recorded, along with the details of antibiotics administered to her, and anti-fungal treatment which was received by her. Her TTE revealed mitral annular calcification and mild mitral regurgitation. While left ventricular systolic function was normal, there was evidence of diastolic dysfunction. Bilateral pleural effusion is also recorded.

**28.2.** It is further recorded that on 28.09.2016, she had severe breathlessness and altered level of consciousness, and she did not respond to broncho dialysis and non-invasive ventilation, so had to be intubated and put on mechanical ventilation. On the day of the visit of the AIIMS team, late C.M. was on full ventilator support, and

from the chest x-rays, there was evidence of bilateral pleural effusion and bilateral pulmonary infiltrates, suggestive of pulmonary oedema. The AIIMS team examined her and suggested tracheostomy for further management and recommended the procedure should be performed by an ENT surgeon in the operation theatre. The Cardiologist had opined that surgical intervention for mitral regurgitation immediately at that point of time was not preferred, due to high operative risk, incomplete therapy of infective endocarditis and the mild regurgitation having not increased compared to last year. However, he recommended close observation for any other development, which may prompt an indication for surgery for infective endocarditis. She was examined at 4.30 A.M. on 07.10.2016 and tracheostomy was performed, which was uneventful, and by 11 A.M., she was responding to verbal commands. Late C.M. was on full ventilatory support and other medications. The AIIMS team was of the opinion that she continued to be critically ill and it would take quite some time for recovery from her then existing condition.

**09.10.2016 AND 10.10.2016**

**28.3.C.W.85-**Dr.G.C. Khilnani noticed a change in health condition in the form of increase in lung shadows on the x-ray of the chest. After consulting the treating doctor, Dr.G.C.Khilnani opined that the change in her health condition was due to the collection of pleural

effusion on both sides of the lungs, due to which there was a change in her respiratory parameters. It was decided to intensify therapy in the form of achieving negative fluid balance and drain the fluid.

**28.4.** The urinary tract infection continued and the same bacteria were cultured from the tracheal aspirate (secretion from lungs), and appropriate antibiotics were started, which was decided to be continued for seven days. She was on full mechanical ventilation, and it was discussed and agreed to reduce the sedation to hasten recovery from life support. The Health Minister and Secretary were briefed about her present condition. late C.M. was slowly progressing but was stable on life support and would require longer hospitalisation depending upon response to the treatment administered.

### **13.10.2016 TO 15.10.2016**

**28.5.** The Doctors who first visited late C.M. came back again. She was still on life support, and there was a collection of fluid in the pleural cavity which was drained by pigtail catheter. She was responding to verbal commands and was communicating through lip movements and was able to move her legs and feet on her own. After the CT scan, the AIIMS team, as well as specialists met and decided not to do any active intervention for pleural effusion and continue the same treatment with negative fluid balance and life

support. There was a video conference with **Dr. Stuart Russell on 11.10.2016**. On 15.10.2016 late C.M. was better and her blood oxygen parameters were improving. The Ministers and Government Officials were met and briefed that her complete recovery was going to take some time. The Report observes that the clinical progress before the team of doctors left on 15.10.2016, was encouraging.

### **03.12.2016**

**28.6.C.W.141**-Dr.Nikhil Tandon, Department of Endocrinology, AIIMS, came along with the three Doctors who had visited late C.M. on previous occasions. The team was informed that she was progressing well and undergoing physiotherapy regularly. She was on tracheostomy and required minimal care at night. She was on low flow oxygen during the day and fully conscious. She could sit in the chair for 20 minutes but could not stand due to neuromuscular weakness. The opinion of a neurologist on an electrophysiological study done two days ago was discussed. The team had opined that she will require physiotherapy, but considering the critical illness and polyneuropathy, it will take at least weeks to months for complete recovery. The fluctuation in blood pressure was opined to be unlikely due to an endocrine pathology and that non-invasive cardiology investigation or intervention was indicated in the present condition.

Here they have stated that Angio should not be done. It is indicated

in between the lines (in File No.4, page No.566) in the case sheet, as if it was said by the AIIMS doctors on 03.12.2016:

*"S/B AIIMS doctor –  
no plan Coronary angio or MIBG/PET".*

### **05.12.2016**

**28.7.** Dr.Khilnani, Dr.Anjan Trikha, Dr.R.K.Narang, Dr.Devagourou, (Cardiothoracic and Vascular Surgery) visited the Hospital. The team had a discussion with Dr. Pratap C Reddy and the leading team of doctors, who informed them about the cardiac arrest and the cardiopulmonary resuscitation she received thereafter and about her being put on ECMO. The Neurologist opined that, due to hypothermia, her neurological statuses could not be assessed. The body temperature was brought to normal and at about 10 P.M., on clamping of the ECMO tube, switching off the pace maker etc., it indicated that there was no heart function, and no neurological improvement was found, with all parameters denoting futility of life support. Subsequently, the meeting was held under the chairmanship of Dr. Pratap. C.Reddy and it was decided that the treating team will discuss the present clinical condition regarding the futility of life support with the family members of late C.M. and take further course of action.

**28.8.** Apollo hospital sought the help of **C.W.142 - Dr.Devagourou Velayoudam**, Professor, Department of Cardiology. He was called

to visit late C.M. **after her heart failed at 4.30 P.M. on 04.12.2016** and after she was given CPR for 45 minutes and then connected with ECMO, to clarify as to whether the ECMO treatment could be continued, and if so for how many days, it could be extended. The Apollo Doctors themselves decided that there would be no use in continuing the ECMO, and he too agreed. He further stated that ***they had called him at the last minute as a surgeon to say when ECMO could be discontinued.*** He came to the Hospital at 5.00 p.m. on 5.12.2016. He stated that, just because of connecting to ECMO, it will not give life to a person. Further, he asserted that, once CPR had been given for 45 minutes and even thereafter if there was no response, they would immediately declare the patient. Connecting to the ECMO is an effort to revive the heart.

In page No.2, he stated:

*"Normally, if there was no recovery, even after 45 minutes CPR is done, we would declare."*

The witness came on 5.12.2016 along with the AIIMS team and first time he visited R.2 hospital and saw the patient after 5.00 p.m. (death declared at 11.30 p.m.). In his cross-examination by Apollo Hospital (File No.23 ECHO Cardiogram and after seeing the Holter Monitor test report), he stated that her heart condition was good; surgery is not necessary. While considering the evidence of this witness, it is learnt that Apollo Hospital informed the AIIMS that late C.M. had been connected with ECMO and he was requested to find

out whether the ECMO treatment can be continued or not and only for this purpose, he was called for. ***As per the theory of R.2 hospital, no Thoracic surgeon was essential and then why was this last minute summoning of C.W.142. This alone exposes the mind of R.2 hospital.***



## **29. DIET OF LATE C.M. IN R.2 – APOLLO HOSPITAL**

**29.1. C.W.7-**Dr.P.Balaji, Physician, Rajiv Gandhi Government hospital, part-time doctor at Apollo Hospital, engaged in Liaison work at the **R.2** – Apollo Hospital by the Government at the time of late C.M.'s treatment, stated that only hospital food was given to late C.M. and no outside food was given to her and she used to change the menu often. **C.W.11-**Sheela Balakrishnan, stated that she was given oats and custard apple, in small quantities, when briefing was done everyday morning. **C.W.14-**J.Krishnapriya, stated that she took tomato rice, idly, white pongal and ice-cream and that, once when she took grapes, she developed cough. **C.W.16-**Dr.Sathyabhama, incharge of Medical Administration at **R.2** hospital, stated that from 28.09.2016, she was under sedation and from 07.10.2016, she was connected with ventilator, reducing her sedation and from 15.10.2016, she took food orally on her own. **C.W.17-**Dr.K.S.Sivakumar, stated that she did not avoid taking cake or sweets and even in the hospital, she continued to take them occasionally. Her cook prepared food for her in the catering section of the hospital which she took. Fruits and sweets were consumed by her, though under the control of the hospital. She took high quality ice-cream of chocolate colour and took rice only in very small quantities. On some occasions, she took more cakes and sweets, relaxing the food restrictions suggested. The food pipe kept for her in November 2016 was removed and she took food orally. Though

doctors had given food restrictions, she did not follow them completely, the reason being that taking food that she relished, was one of her only pleasurable activities.

**29.2. C.W.22**–K.T.Karthikeyan and **C.W.26**–M.Ayyappan, stated that food was prepared for her in the kitchen of the hospital. **C.W.31**–R.Veeraperumal, stated that outside food was not permitted and only hospital food was taken by her. **C.W.39** - Dr.Jayashree Gopal, stated that milkshake was given to her without sugar. **C.W.49** – C.V. Sheela, stated that she did not take more than one spoonful of rice generally and that she would take the second spoonful, only if the nurses compelled her. **C.W.47** – Dr.M.V.Renuka, stated that Late C.M. took only hospital food, as per the advice of the dietician, and generally food was not permitted from outside. **C.W.47** was not aware whether outside food came to the place where food was prepared. **C.W.60**-Dr.M.Rama Devi, stated that she took food as suggested by the dietician and often on her special request she took food liked by her.

At Page No. 12, 18th Line from bottom, **C.W.17**–Dr. K.S. Sivakumar stated that:

*"The house cook of Amma was in the Hospital kitchen exclusively for the purpose of preparing food required for Amma. Amma had taken fruits and sweets against the diet restrictions of the Hospital. It is correct to say that since Amma had taken food against the food restrictions in the Hospital, there*

*was no chance to decrease the nature of ailments of Amma. I also explained to Amma about the importance of food restrictions and not only Amma was aware about the food restrictions but understood its significance."*

**29.3.C.W.63** - Helena, Nurse, stated that she had not seen her taking sweet, cake or fruits. But in the curd rice, pomegranate pearls would be sprinkled and, in the night, mini idly or upma items would be taken. At 11:00 AM, milkshake would be taken instead of coffee and on some occasions, at night time, she did not take food items like milk, coffee, and fruits. She has not seen her taking any bakery items.

**29.4.C.W.73** - Dr.Bhuvaneswari Shankar, stated that she had coffee in the morning and thereafter soup and breakfast, followed by lunch. Sweet was given once or twice but bakery items were not taken. She used to have sugarless milkshake and outside food was not allowed. Twice sweets were given, once on Deepavali day and the other, after her party's victory in the elections. Apart from that, she used to take hill plantain, seedless grapes and mangoes as desired, which the Dietician agreed in her evidence. R2 Apollo administration permitted her cook to prepare food for her, and Apollo's cook supervised the same.

At Page No. 8, 8th Line from bottom, **C.W.73** stated:

*"It is correct to say that on 06 and 07.11.2016, bread, apple, tender coconut-70 ml, sambar rice at 11.00 AM. curd rice, potato one cup at 12 'O' Clock,*

*pista ice cream at 12.25 vanilla strawberry ice cream each 1 spoon and tender coconut 100ml and black tea 10 ml at 2.30 and curd rice, potato and hill banana 4 spoons at night and on 07 and 08.11.2016 also similar kinds of foods were mostly given to Amma as usual."*

**29.5.** In the morning she was given kichadi, tender coconut, apple pieces, grapes, potato finger chips, rice, ice-cream, and potato fry often, but was restricted to 1200 calories. On 06.11.2016 and 07.11.2016, she was given sambar rice, potato and, pista, vanilla and strawberry ice-cream, and the doctors had permitted her to take these items. She was given bread toast dipped in butter and potato chips in small quantities. She only decided the food that was to be given. As per doctors' advice, she was given the required quantity of food. **C.W.73** stated that the food she took had no connection with her cardiac failure and the quantity of food given to her was as per her own desire. **C.W.73** was the Head Dietician and she used to prepare the food chart for her.

**29.6. C.W.77** - Josnamol Joseph, Nurse, stated that she would tell the menu and Apollo canteen would send the same. She further stated that late C.M. used to order different varieties of food and get milkshake, hill plantain, potato fry, tender coconut, and curd rice, but she did not take cake or sweet; however, took Halva once.

**29.7. C.W.106** - Dr. Babu K. Abraham, stated that she was given food as per her desire and she would decline other foods and so

they gave her the foods she asked for.

**29.8.C.W.107** - Dr. R. Narasimhan, stated that he advised Late C.M. to take grapes, pineapple, tomato, hill plantain and milk items in reduced quantities, so that her ailments and fever would get reduced and Late C.M. accepted the same.

**29.9.**The important aspect to be highlighted is that, though potassium and sugar intake had to be restricted considering her health issues, without any restriction, these foods had been given to her regularly, as could be seen from the above narrations and the food chart, File No.A-17. On a careful scrutiny and perusal of the above varied evidence pertaining to the food that she had during the course of her hospitalisation at **R.2** – Apollo Hospital, it is clear they were not in line with the norms prescribed for her by the Dietician /Nutritionist, and this had a real impact on her progressive deterioration of her health.

**29.10.** The Commission is reminded of the evidence of C.W.106-Dr.Babu Abraham what he stated that if late C.M. had gone abroad, she would have been a normal patient like others in that Hospital and the nurses would have been more authoritative to the late C.M. Since she was in R.2 hospital diet restriction could not be insisted upon by the Dietician.

### **30. EVIDENCE REGARDING CCTV CAMERA**

**30.1.** This Commission initially felt that the CCTV footages of the Apollo hospital may provide some vital clue to decide the chain of events. But during the course of the proceedings it was brought on record that the CCTV cameras covering the second floor of the hospital where the Late C.M. was treated were made dysfunctional deliberately; thus there was no CCTV footage made available.

**30.2. C.W.** 96-Mr.S.M.Mohan Kumar, the Legal Manager of **R.2** - Apollo Hospital, stated that the Commission sent a letter (Ex.C.38) to **R.2** - Hospital to produce the CCTV camera footage from the date of hospitalisation of Late C.M., i.e., from 22.09.2016, 09:00 P.M.. till her demise. He replied (Ex.C.39) stating that the CCTV camera would not record beyond 30 to 45 days and the earlier recordings would get erased automatically and that neither the officials of the Police Department nor the Court had asked them to preserve the CCTV camera footages.

**30.3.** A PIL was filed by **P.W.4** - P.A. Joseph, before the Hon'ble High Court of Madras, in which photos and videos of Late C.M., at the time of hospitalisation have been sought for to know about her health condition. **R.2** - Apollo Hospital filed its counter before the Hon'ble High Court of Madras, marked before this Commission as Ex.P8, wherein, it is stated that Late Ilango, the Chief Security Officer, **R.2** - Apollo Hospital, mentioned as per the request of the police officials, he had switched off the CCTV cameras on the second

floor. In a PIL filed by late Traffic Ramasamy, he sought to publish the photographs, video footages and the related complete information about the treatment meted out to late C.M. Both the Writ Petitions have been dismissed by the High Court. In the said Writ Petitions, no direction has been sought to preserve the CCTV Camera footages. It is stated that there was no information from the Police Department to preserve the CCTV footage. He said that CCTV cameras were not removed.

**30.4. C.W.12**-Chief Secretary said that he was not informed about switching off of the CCTV camera and he had not given any such orders. When questioned about the affidavit filed by **C.W.36** on behalf of **R.2**-Hospital, **C.W.12** disowned the affidavit and stated that this would reflect **R.2's** complacence and irresponsibility, in filing counter in such a manner. **C.W.96**, in para 7 of his affidavit stated that, only as per the directions of the Police officials, CCTV in the second floor had been switched on and switched off and that he did not consider this wrong, and he was of the considered opinion that it was operated as per the direction of the Government Officials. At the same time **C.W.96** stated that Police or Court have not asked them preserve the same. **C.W.12** has not taken a consistent stand.

**30.5. C.W. 55**- Thiru.K.N.Sathyamurthy, IG, stated that one of his duties was to supervise the security arrangements for Late C.M right from the commencement of her hospitalisation. On the second

floor of **R.2**-hospital, as well as near the lift, and other places, Police personnel were deployed. Hence he did not deem fit to place Cameras there, as it was a private hospital and so he did not insist for the same. To a question, whether he did not notice, if the CCTV Cameras on the second floor were removed or were operated, he answered that he did not notice the same, and it was the duty of his subordinate officials. He stated that he had not instructed the hospital authorities to remove the CCTV cameras or to not record.

**30.6. C.W.16**-Sathyabhama, stated that CCTV cameras have been maintained properly as per norms and there is a separate wing to supervise it. She also said that nobody has requested to remove the CCTV cameras. ***It is not the case of R.2 that these cameras were switched off only when late C.M. was taken for CT Scan etc., Then why the cameras were switched off at all times, remains unanswered.***

**30.7. C.W.24**.Manoj Pandian stated that he noticed that there was no CCTV camera in the hospital. Only 27 cameras had been switched off, according to the staff of **R.2**-Hospital, but it appeared that the cameras were removed from the walls and he was not aware of the same. ***C.W.31-Veeraperumal stated that the CCTV cameras were removed after the hospitalisation of the Chief Minister, but he did not know on whose instruction those cameras were removed and when they were removed.***

**C.W.33**-Ramalingam stated that he did not give any instructions to



switch off the CCTV cameras. **C.W.46** Dr.Archana stated that there was a special room to monitor the operation of the CCTV Cameras. **C.W.61-K.Vijayalakshmi** stated that there were no cameras facing the front side of the corridor. **C.W.144-Perumalsamy** ASP stated that no CCTV camera was outside the late C.M.'s room and that he had not given instructions to remove the same, nor to stop recording. Further, there was no CCTV camera outside the late C.M.'s house. **C.W.145-Dr.M.Sudhakar**, Police Officer, stated that the 2nd floor was under his supervision and he did not know if there was camera there, but he saw one CCTV camera in the corridor.

**30.8.C.W.** 88-Thiru.Subbaiah Viswanathan, stated that there was CCTV camera facility in their hospital, and that CCTV cameras were not removed. The Cameras were not operated with the due consent of the Government. The cameras would be switched off when Late C.M was taken for Scan, etc., or when she was shifted from one room to another in the stretcher and it was functioning at all other times. As per the petition, the Chief Security officer, Late Ilango, informed him that the cameras in the second floor would be switched off and switched on, at regular intervals in accordance with the instructions of the police officials.

**30.9.**From the foregoing evidence, it is very clear that the statement of **C.W.96**, Mohankumar, that CCTV cameras have been switched off as per the instructions of the Government Officials, viz., the Health Secretary-**C.W.136** and the then Chief Secretary-

**C.W.12**, cannot be ignored. However, the Chief Secretary and the Health Secretary denied the statements they affirmed for the first time before this Commission and they have not taken any action or given any statement in this regard against **R.2**-hospital. The other witnesses **C.W.16**, **C.W.24**, **C.W.31**, **C.W.33** and **C.W.44**, stated that CCTV cameras were there, but were not operated and on instructions, they were switched off. **C.W.55**, stated that he did not notice the CCTV cameras. By this act of switching off of the CCTV cameras alone, it cannot be concluded that there was a lapse in the security measures. From the evidence of **C.W.55**, it is seen that tight security had been provided. Therefore, as per the instructions of the officials only, the CCTV cameras appear to have been switched off by the hospital.

**30.10.** There is no valid reason for **R.2** to remove CCTV cameras. The evidence of **C.W.55** and **C.W.136**, is elusive and the affidavit of **C.W.96** must be correct in this regard. It is clear that CCTV cameras were seen on the 2nd floor and they were made dysfunctional, as instructed by the Government/Police Officials, to prevent images of CCTV being published. ***The Commission concludes that tight security was present and the entry of persons on the floor where late C.M. was treated, was monitored and removal of CCTV cameras had not affected the security measures in any adverse manner.***

### **31. EVIDENCE REGARDING THUMB IMPRESSION**

**31.1.** The Election Commission announced the by-election for the Tiruparankundram, Aravakurichi and Thanjavur Assembly Constituencies. As Late C.M. was the AIADMK General Secretary, she was expected to issue symbol certificate in which she had to affix her signature, nominating the name of the candidate who contested and it had to be forwarded to the Election Officer. Since she had been hospitalized, steps were taken to obtain her thumb impression instead of signatures, in Forms A and B, for which he obtained the permission from the Election Commission of India.

**C.W.7** is also one of the attestors in the Election Commission A & B forms which attestation took place at 6.30 p.m.. on 27.10.2016. As per the sleeping chart, it is seen that from 6.00 to 7.00 p.m. she was sleeping, and that entry also has been made. According to **C.W.7**, thumb impression was affixed by Late C.M. at 6.30 p.m. on 27.10.2016, but, after his cross-examination, he had corrected 6.30 p.m. as 6.00 p.m. at the time of putting his signature in the deposition.

**31.2.** It appears that, at the time of **C.W.7** giving evidence before this Commission, **C.W.136**-Health Secretary was camping at New Delhi. After seeing the news, **C.W.136**, in his interview in the media, denied such incident and objected to **C.W.7**'s statement that he obtained permission from him over phone, before his attestation. But the very next day, he appeared before the Commission and

stated that he wanted to correct that one sentence and therefore he was permitted to depose. On that day, he said that he had not communicated to the Health Secretary and it was by mistake and he wanted to rectify the evidence given earlier, which was permitted. It shows how C.W.136 as Health Secretary dominated the Government Doctors.

**31.3.C.W.11**-Sheela Balakrishnan stated that she should have been informed in advance, before the thumb impression from Late C.M. was obtained, but it was not done. **C.W.12**-Rama Mohan Rao stated that, it is the responsibility of the Secretary Ramalingam to get the signature from Late C.M. and that the Government had not given any order for getting the thumb impression from Late C.M. and he had not given any permission in writing.

**31.4.C.W.18**-Poongunran stated that he had asked the Apollo doctor Dr.Babu Abraham to get the thumb impression. **C.W.20**-K.N.Venkataramanan, IAS, stated that, as per protocol, whenever a Chief Minister puts the thumb impression while undergoing treatment at the hospital, the recipients should inform the Chief Secretary or the Chief Minister's Private Secretaries who are Government officials, but such permission was neither sought, nor obtained. **C.W.33**-Mr. Ramalingam, IAS, stated that no one has informed him, while getting Late C.M.'s thumb impression at the hospital. **C.W.147**-Dr. M. Thambidurai stated that there is no need to get permission as the thumb impression was obtained in Forms A

and B on the basis of her being the Party leader.

**31.5.P.W.1**, filed an Election Petition before the High Court, Madras, in O.P.No.2 of 2017, alleging that the late C.M. would not have been alive, while her thumb impression was obtained and the same should be compared with the one available in the Bengaluru Jail Records. The scope of this Commission is very limited, and this need not be gone into elaborately. Likewise even though **C.W.12**, **C.W.11** and **C.W.20**, objected about getting thumb impression while she was in the hospital without their knowledge, it is clear that she affixed her thumb impression being the party General Secretary. Hence, this issue need not be gone into very elaborately.

## **32. WHETHER ANGIO AND SURGERY – NECESSARY OR NOT**

**32.1.** Late C.M. was admitted on 22.9.2016 after becoming unconscious and **R.2** hospital doctors have diagnosed that she was afflicted with so many diseases. After blood test report **R.2** hospital doctors, who perused the records, confirmed that she was suffering with L.V. failure and infection and suspected vegetation. Dr.Y.V.C.Reddy–**C.W.99** Cardiologist, in his evidence, stated that she had mild regurgitation and L.V. Diastolic Dysfunction diagnosed on ECHO done, minor form of heart disease. But on the date of admission, they were concentrating on her sepsis infection, diabetes, fluctuation of BP, etc., and the doctors confirmed her heart ailment after four or five days of her admission. It is very significant that **C.W.103**-Dr.Karthigesan, was invited along with other cardiac physicians, and **C.W.120**-Dr.Ram Gopalakrishnan, diagnosed and advised to fix a pacemaker as a precautionary measure and to get a second opinion. Dr.Y.V.C. Reddy got the opinion of Dr.Karthigesan, Rhythmist of **R.2**-hospital, and he stated that there is no need to fix pacemaker. **C.W.120**-Dr.Ram Gopalakrishnan implanted pacemaker as standby but did not activate it. Even in the report by the Apollo Hospital, at File No. 5 Page No.47 to 56, it has been specifically stated that at the time of admission, she was admitted for cardiac problem and after treatment, she became stable. From this evidence, it is seen that she was also having a heart ailment and she had been given

treatment as per the case sheet produced by Apollo. The subsequent date registers show entries that she had complained of chest pain a few times on different dates. She was suffering from vegetation, perforation and LV failure and these have been diagnosed by the **R.2** Hospital Doctors.

**32.2.C.W.120**-Dr.Ram Gopalakrishnan, Doctor (Infectious disease Physician), saw Late C.M. for treatment on 24.09.2016, since Dr.Ramasubramaniam was on leave till 01.10.2016. Late C.M. was being treated for fever and lack of oxygen in her breathing. When he saw Late C.M. for the first time, it was for the treatment that she might have a urinary tract infection. Then he diagnosed that **"there was Endocarditis infection in her heart."** He came to know that Late C.M. was hospitalized in sepsis condition due to septic shock. He felt that due to urinary tract infection, pneumonia fever and Endocarditis, there was septic shock for Late C.M. **"After two days of treatment, he decided that the root cause for this was Endocarditis. It was diagnosed that there was also vegetation measuring 14 mm in size in the heart of Late C.M., but that infection may have occurred a few days before it reached the heart."** To cure Endocarditis, antibiotics had to be given to Late C.M. and they gave it. The germs called "Enterococcus" might have entered into the heart of Late C.M. through blood stream only. He had given treatment to Late C.M. for one week from 24.09.2016 continuously and thereafter twice during

the absence of Dr.Ramasubramaniam-**C.W.98**. In the treatment given to Late C.M., the Germs ***Enterococcus*** was removed. **C.W.120**-effectively treated late C.M. for Endocarditis and she was cured.

**32.3.C.W.120**-Dr.Ram Gopalakrishnan, on 28.9.2016 at 10.30 a.m., has made an endorsement in the case sheet (File No.5, page No.48 and 47 from reverse) as under:

- (1) No evidence of new sepsis episode at this point.....Valve Perforation.*
- (2) Endocarditis cultures have cleared on an optimum medical regimen, has a valve perforation and pulmonary oedema, which are both indications for surgery.*
- (3) .....Recommended valve surgery at the earliest suitable moment.*



The exact noting is extracted hereunder:

FILE NO. 05  
= 48

(B)


AH-QF-NSG-12

**Apollo**  
HOSPITALS  
TOUCHING LIVES

**IP CONSULTATION REQUEST**

Date: 28/9/16 Time: 10<sup>30</sup> AM

Ms. JAYALITHA J  
68 Years Female IPHO:CMHP152162  
Bed No. 2006 MD CCU Ward  
UHD:AC01.0002081666  
Dr. CRITICAL CARE CONSULTANTS QRI



Referred to Dr. R.G.K. Speciality: ID.

Reason for Referral (Continuation ->)

- Inj FLUCONAZOLE 400 mg IV sta q 24h
- ~~Cont~~ Cont leftriaxone / ampicillin.

1230  
Serum

- US both sides - chest
- Urine c/s
- Daily PCT

Ref

[Signature]

29/9/16  
0430

Afebrile.  $PO_2$  reqmt = 30-40%  
Minimal norad  
All vitals wgs so far  
WBC = 13K ↓

→

+7

14

A (1) No evidence of a new sepsis episode at point. The clinical deterioration is probably due to a flash pulm edema episode (CHF / MR / valve perforation).

Will retain single broad spectrum agent til cultures neg at 48h.

(2) Enterococcal endocarditis: cultures have cleared, on an optimum medical regimen, has a valve perforation and pulmonary edema which are both indications for surgery.

(3) Retain fucanazole for Candida Wc/ in table

work

- Minimize dose of hydrocortisone
- Daily PCT-Q
- NT-pro BNP today
- STOP POLYMYXIN
- Continue foscarnin / amphotericin / ceftazidime

Recommend valve surgery at the earliest suitable moment.

Ⓢ

*[Signature]*

**32.4.** After the order of the Hon'ble Supreme Court **C.W.99-** Dr.Y.V.C.Reddy was examined by the Apollo Hospital. He was questioned by the Commission, **Dr.Soman on 28.9.2016 itself, suggested to go for early valve surgery** for her and he has written it in the case sheet itself. When asked, **C.W.99-replied that Dr.Soman is not a Thoracic surgeon and he is only an Intensivist.** When Dr.Samin Sharma, was taken to see the late C.M., after assessing her, he discussed the need of CAG with C.M. Madam and proposed that "**he himself was prepared to do angio and thereafter a surgery in the hospital, but the hospital had not taken any steps nor allowed him to do surgery for her.**" When it was questioned, **C.W.99** stated that the reason for it being postponed was **due to the intensivist, Dr.Richard Beale who opined that, since she was showing signs of improvement, he suggested postponement of surgery. No doubt Dr.Richard Beale was not a Thoracic surgeon and he was an intensivist,** and this is beyond dispute. He is working in the UK Hospital and they have not taken angio, after Dr.Soman advised for it, even though it was as early as on 28.9.2016, soon after her admission. When questioned **C.W.99** casually says that he is not concerned and that he was only an intensivist Dr.Samin Sharma's opinion was not implemented on account of Dr.Richard Beale and angio was postponed, for which there would not be any explanation. Dr.Rajeev Soman's medical notes (File No.5, page No.220 and 219, dated

28.9.2016 at 5 p.m.), show an endorsement **perforation seen After-noon. Suggested early valve surgery.** The same is extracted below:

220

①

Dr. Soma

F-NSG-12

Apollo HOSPITALS TOUCHING LIVES

**IP CONSULTATION REQUEST**

Date: 28/9/16 Time: 5pm

Referred to Dr. Dr. Suman Speciality:

Reason for Referral: 28/9/16 Thanks for ref.

History reviewed.

22/9 - fever. brief use of steroids.

- collapse, bradycardia ( ? due to

- stabilized 102 temp at home double Beta

- BDG 9.180 → 360

8/8 cultures (E. faecalis pansusceptible)

WBC reduced with R

TEE 1st time PCT ↑ → ↓

1.9 → 1.4 → .28

today morning

↓ No perforation seen

TEE now

↓ perforation seen after noon

Xray chest Fluctuating shadows more likely fluid

Ms. JAYALAKSHI  
88 Yrs - Female  
Bed No. 200812  
UHID/AC/000201586  
Dr. CRITICAL CARE CONSULTANTS GR:

Amp. Ceftriaxone  
meropenem  
Anidulafungin

Every Entry to be Signed, Dated & Timed.

Imp: ① IE: Infective Endocarditis  
E. faecalis.

Serial echo shows  
valvular  
along  $\bar{c}$   
the  
hemodynamic  
status.

with mechanical disruption

- Which can explain hemodynamic deterioration in the
1. ~~with~~ ~~the~~ ~~fact~~ of normalizing ~~the~~ ~~status~~; PCT; BNP  $\rightarrow$   $\rightarrow$
  2. appropriate tidal therapy
  3. very broad coverage for other organisms which could be considered - such as GNB, CRE, fungi;

② Less likely GNB as a 2<sup>nd</sup> infection for the above reasons.

③ Rickettsial inf etc seem very unlikely.

regarded

stabilization & early valve surgery asap.

M. Karan

Step up Fosfomycin 4g x 4 times a d



**32.5.** They have to do the procedure, but they have not done it. Surprisingly, this has also not been explained.

**32.6. C.W.112-**Dr.Ramakrishnan, states that, if a person has 14mm vegetation in the heart, surgery is the only solution and generally, the other diseases and the treatments therefor should also be known. It is correct if it is stated that normally, if vegetation of 14mm occurs in the heart and if it cannot be cured by antibiotic medicines, then surgery alone is the next option treatment. It is correct to say that if it explodes its after effects are likely to lead to cause stroke or heart attack. This surgery is stated as crucial in the Guidelines of the European Society of Cardiology (ESC), but, the witness says that risk benefit has to be looked into. If it is said that there is meaning in the words of the American Doctor, Dr.Sharma, to go for surgery, ***it should be said only on seeing the condition of the patient.*** A speculation arose in the Hospital about taking late C.M. abroad for treatment. If the appropriate procedure for angio was done at the right time followed by surgery, if necessary, no vulnerability might have probably occurred.

**32.7. C.W.90-**Dr.Sai Satish-after examining her on 28-09-2016, stated by an oral ECHO, that the infection was about 13 m.m., on the left mitral valve of the heart of late C.M. (TEE) taken very close to the heart. He found out from late C.M's blood test on 05.10.2016 that there was bacteria and it was increasing in high levels in the bloodstream and therefore late C.M. had an infection,

and that is why late C.M. had difficulty in breathing and there was retention of fluid outside of the lungs. On seeing ECHO, he wrote that, due to ageing, there was calcium around the two valves. It was found out on 28-09-2016 that late C.M. had vegetation measuring about 12-14 mm on the mitral valve. It is correct to say that generally, for these kind of patients, antibiotics should be given for two to four weeks and if it is not cured, then surgery is the only alternative. The witness adds that the surgery varies from patient to patient.

**32.8.** Dr. Babu Abraham had a telephonic conversation with Dr. Stuart Russell, USA Doctor, at 11.00 P.M.. Indian Standard Time **on 11.10.2016, wherein Dr. Stuart Russell suggested for angio.** It has been recorded by Dr. Babu Abraham in File No.4 Page 235. He had also written that he gave a brief history to the USA Doctor and (1) the possibility of Mitral Regurgitation (MR) being the cause for her recurrent pulmonary oedema and also explained that the repeated ECHOs, TTE and TEE had ruled out worsening MR during episodes of flash Pulmonary oedema and (2) the possibility of worsening diastolic heart failure even though there were no overt features. He advised a CAG at some point of time, once she is stable and clinically fit for the procedure. Dr. Richard Beale from U.K. and the **R.2** Hospital Doctors said that **she was improving and they wanted to postpone it,** for which Dr. Stuart Russell initially said that it was an opportune time for performing angio and

surgery, but Dr. Babu Abraham indicated that it was not necessary and so Dr. Stuart Russell also postponed it. This fact has been recorded by him on the next day 12.10.2016 at 2.00 p.m., and the same reads as under:

FILE NO: 04

Page No: 36

PROGRESS REPORT

Mrs JAYALATHA J  
68 Years Female PNO CMHIP152162  
Bed No 2008 MID ICU Ward  
LHID: ACD1 30320A1888  
CRITICAL CARE CONSULTANT'S SIGN

235 Apollo HOSPITALS TOUCHING LIVES

**PAIN ASSESSMENT SCALE**

0	1	2	3	4	5	6	7	8	9	10
No pain	Just noticeable pain	Mild pain	Uncomfortable pain	Annoying pain	Moderate pain	Just bearable pain	Strong pain	Severe pain	Horrible pain	Worst pain

Date & Time	Pain Score	Doctor's Notes
<del>12.10.16</del>		<i>ARJ</i>
12.10.16 2 pm		<p style="text-align: center;"><u>NOTES BY Dr Babu Abraham</u></p> <p>I had a telephonic discussion of patient's condition &amp; management with Dr Stuart Russell, cardiologist, at Johns Hopkins, Baltimore USA. This telephonic conversation was made, at the request of the Health Minister &amp; Dr Sivakumar was fully aware &amp; approved of it. It occurred at 11 pm IST on 11.10.16</p> <p>I gave doctor Russell a brief history of pt's present past medical history &amp; the events leading to her admission to hospital this time &amp; the course of events since 22/10/16.</p> <p>The main issues discussed were</p> <p>(1) Possibility of the MR - being the cause for her recurrent pulm. oedema. I did explain to him that repeated ECHS, both TTE &amp; TEE have ruled out worsening MR or regurg from SBF &amp; the pulmonary artery catheter demonstrated no worsening of MR during episode of acute pulm. oedema.</p>

Please write daily notes in "SOAPE" (S-Subjective, O-Objective, A-Assess, E-Education)  
Please sign after each entry & apply your stamp



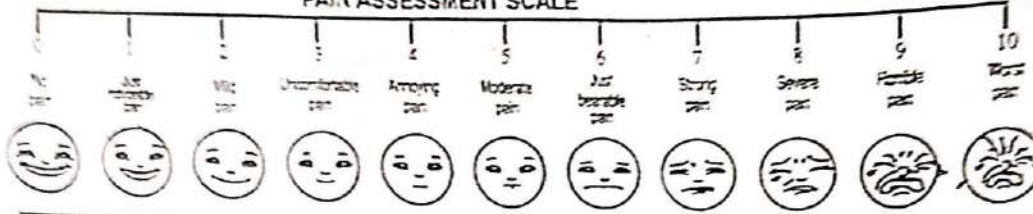
**PROGRESS REPORT**

Dr. JAYALATHA  
 25 Years Female MD, DM, DNB  
 Reg. No: 2002 MD, DDU, VIT  
 UMD, ACC, GOC, DNB  
 CRITICAL CARE CONSULTANT, GPC

236



**PAIN ASSESSMENT SCALE**



Date & Time	Pain Score	Doctor's Notes
		(2) Possibility of an IHD - worsening diastolic heart failure, even though there are no overt features. He advised a ECG, at same point, once we were with the clinical team, feel that she is stable for the procedure.
		(3) Possibility of a restrictive cardiomyopathy - like amyocardial sarcoidosis or amyloidosis. Due to YVC reading, there are absolutely no Echo findings to suggest this.
		(4) How to manage the diastolic heart failure? He advised
		(a) Optimising $\beta$ blockade
		(b) Adding <del>and</del> spironolactone - once renal function improves
		(c) Optimising diuretics - once renal function improves to keep her in negative balance
		(d) ARB/ACE-I. No role, unless for bp control

Please write daily notes in 'SOAPE' (S-Subjective, O-Objective, A-Assessment, P-Plan, E-Education)  
 Please sign after each entry & apply your stamp

**32.9.** While considering, whether because of ARDS, surgery could be done has to be analysed. On 25.11.2016 Dr.Samin Sharma from USA had seen the patient as well as the case sheet that is recorded in File No.4 Page No.525. The USA Doctor stated that he was prepared to do angio on that day itself. Further it is written, "**After the discussion, Dr.Sharma felt that these episodes of pulmonary oedema were due to diastolic cardiac failure and that she would benefit from a coronary angiogram at some point**". That has been recorded by Dr.Babu Abraham in his own handwriting in File No. 4, Page Nos. 525 & 526 and it runs as follows:

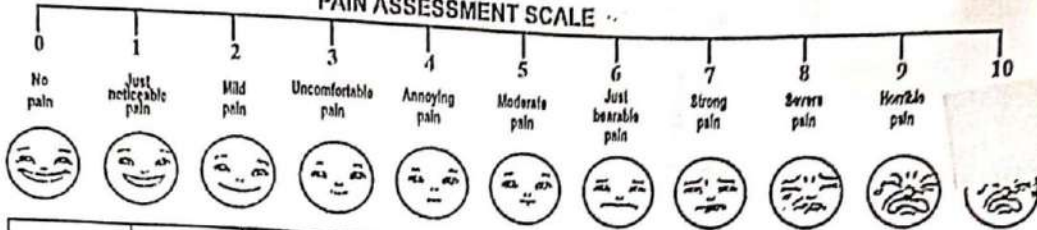
**PROGRESS REPORT**

Ms. JAYALALITHA J  
 68 Years Female IP-10 5/7/11 1472  
 Bed No. 2008 MIC ICU 5/7/11  
 UHID ACCY 000207199  
 Dr. CRITICAL CARE CONN

AII-QF-HSQ-11



**PAIN ASSESSMENT SCALE**



Date & Time	Pain Score	Doctor's Notes
25.11.16		Notes by Dr Babu Abraham
10 pm		Dr Samin Sharma (cardiologist) from Mount Sinai Hospital, USA was invited by pt's family to give an opinion on her cardiac status. He was briefed initially about her condition, sequence of events since her admission on 22 <sup>nd</sup> September and about the repeated episodes of pulmonary oedema she has been having, associated with hypertension, tachycardia & tachypnoea. He was also informed that the frequency of these episodes had now decreased, with the optimization of cardiac medications including spironolactone, beta blocker, ARB, NTG and Ranolazine. This briefing happened in chairman's office and was attended by chairman, Dr Satyabham, Dr YVC Reddy and me. After the discussion, Dr Sharma felt that these episodes of pulmonary oedema were due to diastolic cardiac failure and that she would benefit from a coronary angiography at some point. He was then taken to see the

Please write daily notes in "SOAPE" (S-Subjective, O-Objective, A-Assessment, P-Plan, E-Education)  
 Please sign after each entry & apply your stamp



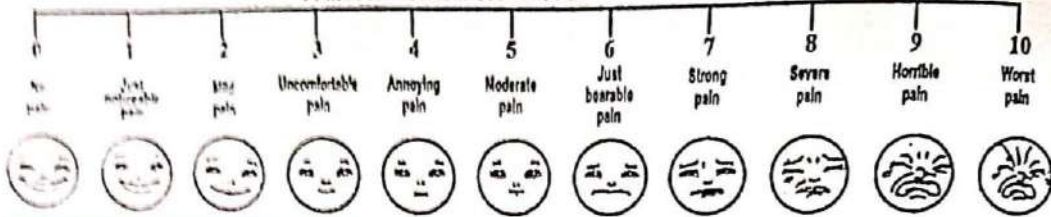
**PROGRESS REPORT**

Ms JAYALATHA J  
 08 Years of service (PwD) 10182107  
 BSNL & DSI HD UGUVA  
 1010 No. 1000001000  
 IN CHARGE CONSULTANTS ORC

AH-QF-NSQ-11



**PAIN ASSESSMENT SCALE**



Date & Time	Pain Score	Doctor's Notes
		<p>patient. After assessing her, he discussed the need for CAG with her and proposed for the procedure to be done today, this evening itself. This decision was discussed with Prof Richard Bale, in London, over the phone. However considering that she was just recovering from a VAP, has very small lung reserve, is in pre renal azoemia and is on oral anticoagulation for DVT prophylaxis, a consensus was arrived at to postpone the procedure to a later date, once her general condition improves. Prof Richard Bale was in agreement with this decision. It was also agreed upon that CAG is not an emergency procedure for her &amp; that it can be done in a planned fashion at an appropriate point of time later. This decision was then conveyed to the pt, her family and government officials by the treating team of doctors.</p>

Please write daily notes in "SOAPE" (S-Subjective, O-Objective, A-Assessment, P-Plan, E-Education)  
 Please sign after each entry & apply your stamp

*Rabul Akhbar*

**32.10.** C.W.142-Deva Gourou Velayoudam, admitted that, for Endocarditis in the heart, first they will administer antibiotics and if it is not dissolved even after four weeks, and if the size is not increased, they would not recommend surgery, but if the measurement is more than 10 mm they will advise for surgery. Further he stated that, Ex.A.31, Page No.6 indicates that Late C.M. had 12 to 14mm vegetation around the small perforation. Yet another shorter vegetation of 7mm had also been recorded. For a question whether 14mm vegetation had occurred because of the infection or heart valve perforation he asserted that it was only due to infection. Further, he admitted that a perforation hole will not yield to medicine, but it can be ignored, if it is found not harmful to the patient. For a question, since there was a perforation in the mitral valve, as confirmed by TEE, could it be a cause for the late C.M.'s setback clinically, he answered that it all depends upon the size and the leakage to come to a conclusion.

**32.11.** From the above evidence, it is crystal clear that the Late C.M. had infection namely "Enterococcus faecalis" in the blood, vegetation at two places in the mitral valve of the heart and fluid collection in the lungs. From the above paragraph, it is clear that, even as per the depositions, she was having heart ailments. There is no dispute regarding the size of vegetation and perforation which were confirmed through tests. In 2015 itself, they noticed that they were there; however, they had not worsened, and clinically it had

not affected her day to day life and therefore, there was no need for surgery. **R.2** doctors, **C.W.134**-Dr.M.R.Girinath, **C.W.112**-Dr.Ramakrishnan, AIIMS Cardiac physician, **C.W.84**-Dr.Nitish Naik and **C.W.142**-Deva Gourou Velayoudam, Cardiac Surgeon, have stated about the size of vegetation and treating methods.

**32.12.** As per the 2015 ESC Guidelines (European Society of Cardiology), it is admitted by **C.W.84** that Echocardiography is known to have a major bearing on the diagnosis and management of IE (Ineffective Endocarditis). He further admitted that he agreed with the proposition laid down in the book, wherein, early surgery is recommended. Some doctors, including Dr.Rama Devi-**C.W.60** stated that, once vegetation is noticed for more than 10 mm as per ESC Guidelines, surgery is recommended. Here, there was no Thoracic surgeon for examination of late C.M., until she was connected with ECMO on 04.12.2022 at 4.20 p.m. at which stage only the Thoracic surgeons were called for assistance.

**32.13.** As per the evidence of **C.W.99**, it is seen that Dr.Cherian, **C.W.134**-Dr.Girinath and **C.W.84**-Dr.Nitish Naik, all opined that surgery was not required. **C.W.84**, on examination of late C.M. while she was on life support and after perusing her file, opined that surgery is not needed. It was also told that Dr.Cherian also stated that no surgery was required, without seeing the patient and he had not made any entry in the case sheet and he had also not given any opinion either way in writing. **C.W.134**-Dr.Girinath in

his chief and during re-examination said that he has seen the case sheet daily and he has opined that no surgery was required, but he had not made any endorsement or given any opinion in writing at any point of time or before his examination. Though initially he refused that he had not received any amount, since she was the Chief Minister, when he was recalled by **R.2** hospital, he stated that Rs. one lakh had been paid by **R.2** hospital in his account. He admitted the fact that fee has been credited to his account and he was not aware of the same and he further added that no surgery was required and she was suffering with ARDS. As per records, he has seen the late C.M. on 4.12.2016 after 6.00 p.m.. when she was connected with ECMO and that was the first time he had seen her. Regarding the ailment of ARDS, **C.W.107** Pulmonologist of **R.2** hospital, stated that only two days prior to her heart failure, she had ARDS that caused infection. **C.W.75** states that, only two weeks prior to her heart failure, ARDS has been found.

**32.14. From the above narration, it is evident that till 25.11.2016, late C.M. was fit for surgery as per their own records, but no thoracic surgeon of R.2 hospital had been allowed to see her during her life time.** This is a point to be pondered upon, why **R.2** hospital was very cautious in ensuring that no Thoracic surgeon of **R.2** hospital entered the treating room of late C.M. On 25.11.2016, Dr.Samin Sharma, Thoracic Surgeon from USA, after examining the patient as well as perusing the case

sheets, agreed to do angio, but, according to C.W.106-Dr.Babu Abraham, he contacted Dr.Richard Beale, Intensivist, over phone and he is alleged to have stated that there was no need for surgery then, as she was improving. Dr.Richard Beale, as well as **R.2** hospital doctors had postponed the surgery. ***Thus, the only Thoracic Surgeon, who was brought before the late C.M., was successfully not allowed from doing the much needed angio procedure and he had to be silent.***

**32.15.** It is mentioned at page 6 in Exhibit A-31, the summary of Apollo, that they have mentioned two vegetations for late C.M. and one of them was 12-14 mm "***around the small perforation***" and there was '***another shorter vegetation (7mm)***'. The perforation in the heart would not get closed by medications. However, if there was no harm to the patient, it can be left out and it has to be decided by examining the patient clinically. When TEE Test was taken to find out the reason, it was found out that there was a perforation near Mitral valve. When questioned whether it can be construed that late C.M. had respiratory complications, he replied that it can be answered only on observing clinically the size as well as ascertaining whether mitral valve was leaking.

**32.16.** The above doctors who were working in the Apollo Hospital had treated the late C.M., for 75 days. **C.W.83** and **C.W.90** are Cardiac Physicians, **C.W.107** is a Pulmonologist, **C.W.112** is a Critical Care and Sleeping Disorder Physician and **C.W.120** is an



Infective Diseases Physician and two others are AIIMS doctors **C.W.84** and **C.W.142**, and they would admit that, if vegetation measuring 13 mm is noticed, antibiotic medicine has to be administered for four to six weeks and if it is not dissolved by then, surgery alone is the alternative and if the surgery is not conducted, the vegetation may dislodge and get mixed in the blood and it may travel to the brain or heart, resulting in stroke or sudden cardiac arrest. However, from the evidence of **C.W.90**, it is evident that, on perusal of the TEE ECHO taken on 28.9.2016, the doctor witness noticed that bacteria got mixed in the blood that he saw plenty of bacteria in the blood circulation and that was the reason later for infection and difficulty in her breathing and accumulation of fluid in the lungs, which was admitted by him. Further, from their evidence, it is seen that perforation would not get cured by medicine, but, depending upon the leakage it could be harmful.

**32.17. C.W.114**–Dr.Mathew Samuel, Cardiology Physician, stated that, if a person was suffering from defects in the lung, then there will be a consequent change in the right side of the heart. But he saw the patient on 25.10.2016 and at that time he had noticed perforation in her heart. This will increase the ailment of the heart. He admits that the prime test is to examine the kidney function including monitoring of creatinine levels and thereafter only one has to go to the procedure of angiogram. For vegetation, generally if a tablet is administered for four weeks and it does not dissolve,

surgery is the next option. But because of the medicine, we can prevent the growth of the vegetation and vegetation can burst at any time and it can affect any part of the body. The witness volunteers and says that, even during the surgery time also, there is a possibility for the vegetation to burst.

**32.18. C.W.117-**Dr.Suresh Manickavel, Pulmonologist, joined Apollo in 2016 with 7 years experience. He opined, as far as late C.M.'s health condition was concerned, the blood got reversed from the heart due to pressure. Pulmonary oedema is when the heart slows down the pumping process and the blood back-pressures.

**32.19. C.W.135-**Dr.L.F.Sridhar, Cardiac Surgeon deposed that, if there is perforation in the heart valve, it is critical. While doing such angio, after finding out and confirming the block, the next procedure is surgery. If any valve has to be fixed for vegetation and perforation that would be fixed and, if blocks are found in the angio, treatment would be given for that, para 3 of his evidence. In para 4 of his evidence, he stated that late C.M. had vegetation of 9x5 mm and it was informed by Dr.Chandrasekar. Further, when questioned, for 14mm vegetation surgery is required, he stated that even for 13 mm, it is recommended, but a decision can be taken only after examining the condition of the patient clinically.

**32.20. C.W.99-**Dr.Y.Vijay Chandra Reddy, in para 6, stated that he had opined in writing in the case sheet that Late C.M. does not require heart surgery. At page 10, he stated that she has taken

preventive medicine to avoid pain in the heart and she had no 'known heart disease'. At page 11 during cross-examination by **R.2** -hospital he stated that there were issues in her heart; there was PR interval for her; and he has mentioned the same at page No.4 in Ex.A31, as second degree conduction AV block. There was neither chest pain nor any symptoms for her; no symptoms for M.I. from the admission till last. There was no indication for heart attack in ECHO also. There was low oxygen and hypoxia in her blood. There was conduction problem for her, since she had high potassium, high sugar, low sodium and low bi-carbonate and high blood pressure.

**32.21.** **C.W.99**, after being recalled by Apollo, was asked whether she was a heart patient; he answered that she was a known case of Hypertension needing five medicines, had mild mitral regurgitation, LV Diastolic Dysfunction (seen from ECHO one year back) and Heart disease as a part of multiple medical problems. He also stated that the primary problem is a minor form of heart disease leading to onset of multiple medical problems.

**32.22.** It is seen from the **R.2** records that in some places it is mentioned that angio is to be taken. Even on 02.12.2016 File No. 4 page No.563, it has been noted that plan for coronary angiogram after nephro review to be decided. Surprisingly, on 03.12.2016, there is an entry in which it has been stated as under:

*"S/B AIIMS doctor - no plan Coronary angio or MIBG/PET" (as per File No.4, page No.566).*

These are found entered in between. However, in the AIIMS Report dated 3.12.2016, there is no entry as above, which will prove that **R.2** doctors might have written this as an afterthought.

**32.23.** From these evidences, it is manifest that the vegetation is more than 14mm and it did not get cured, despite medicines being administered for more than six weeks, and fluid collection in the lungs was on account of the same, as opined by some of the experts. As per the standard medical protocol care, the Apollo hospital would have done well by conducting surgery to remove the vegetation and also to close the perforation. Had it been done, this Commission is of the considered view that the life of the late C.M. might have been saved. From the above paragraphs, it is seen that late C.M. had very many problems in the heart right from 22.9.2016 when doctors from R.2, especially cardiac doctors (no surgeon), had been treating right from day one to day 75 till her unhappy end.

**32.24.** Another significant point is that, Dr.Girinath and Dr.Cherian, cardiac surgeons for decades in Chennai, have not examined or given any opinion in writing and no documents were available to show that Dr.Cherian had seen the patient and had written his advice in the case sheet. During her life time, had it been done, it would have probably averted the major crisis of cardiac failure, especially when Dr.Richard Beale had indicated even in his earliest report dated 1.10.2016, that late C.M. had chances of getting a stroke or cardiac failure. Considering the offers made by

Dr.Stuart Russell and Dr.Samin Sharma to do angio expeditiously, on the interference of Dr.Babu Abraham and Dr.Y.V.C. Reddy, along with their team, this precious essential life saving procedure has been put to the back-shelf and never treaded upon, even after the so called little recovery in November 2016, when no AIIMS doctor had visited her. If only **R.2**-hospital had been a little more diligent, vigilant, considerate and ethically responsible in allowing expert thoracic surgeons to have a positive say in the initial stages itself, things would have been hopefully shaped in a better manner.

**32.25.** In short, it is very clear that, right from the beginning, the Commission doubts and has great reservations about the treatment, given by **R.2**. As per ESC Guidelines, if a patient has been diagnosed with vegetation more than 10 mm. and it is not dissolved with medication within the stipulated time, then surgery is the alternate remedy. The surgeon must be the head of the team for such a patient. It is not that R.2 is unaware of these basic procedures. The Commission need not remind them. The Commission strongly records that deliberately no Thoracic surgeon was allowed to visit her and if any Thoracic surgeon had seen her, definitely angiogram would have been recommended and also performed. The doubts of the Commission are genuine. These procedures have been accepted by the AIIMS doctors and R.2 doctors during their examination.

### **33. ABROAD TREATMENT**

**33.1.**As per the hospital records and as well as the evidence of Apollo doctors, it is seen that late C.M. at the time of admission even though was affected with multiple disorders, Pulmonologist and Cardiac Physician alone were completely treating her after diagnosis. From the earlier evidence, one can see that late C.M. had L.V. failure, perforation, diastolic dysfunction because of two vegetations, secretion of pleural effusion, which was drained by putting pig tail catheter and tapping from time to time, not less than 300 ml. on both sides of lung.

**33.2.**As per the evidence, divergent views, persisted in **R.2** hospital, whether to take Late C.M. abroad for treatment.**C.W.9-**J.Deepak had stated that his aunt never refused abroad treatment. **C.W.11**-Sheela Balakrishnan, stated that she and other Secretaries of the Government told Dr. Richard Beale, that late C.M. could be taken abroad for treatment, but he replied that it was not necessary at that point of time. **C.W.11** also stated that she did not ask permission from the Central Government for Air Ambulance. She did not ask **R.1**, whether Late C.M. was interested or not to get treatment abroad. Dr.Richard Beale and AIIMS Doctors did not furnish anything in writing as to Late C.M.'s health condition, and whether there was any need to take Late C.M. abroad for treatment. After 28.09.2016, **C.W.11** had repeatedly asked twice or thrice, whether Late C.M. could be taken abroad, and **R.2** doctors

stated that Late C.M. was getting the best treatment, and so there was no need. Further, it was not feasible to shift her abroad, considering her then existing health condition. Further, **C.W.11** stated that, after 28.09.2016, they sought the opinion of AIIMS and **R.2** doctors whether Late C.M. could be shifted abroad. Moreover, resolution of the Ministers was necessary for Late C.M.'s abroad treatment and **C.W.136** the then Health Secretary would have known about it, and nobody had taken steps to pass a resolution by convening the Cabinet meeting. The reason for the same was that they accepted the conclusion of the medical team which stated that Apollo treatment was satisfactory and adequate for Late C.M..

**33.3.C.W.12**-the then Chief Secretary, stated that, though the Ministers were initially discussing it, after four days, they became silent. One signature of the Acting Chief Minister alone was enough to convene a Cabinet meeting to pass a resolution in this regard and the procedure for the same was simple and the expenses would have to be borne by the State Government. **C.W.12**, in his evidence stated that, **R.2** hospital got his signature at the time of doing procedures for the late C.M. and this fact had been informed to Government. After his examination, the Commission addressed a letter dated 17.9.2018 (Ex.C.46) to Mrs.Girija Vaidyanathan, the Chief Secretary, and the Chief Secretary answered by letter dated 29.10.2018 (Ex.C.44) that no such letter was given by C.W.12 the then Chief Secretary to the Government. For a question whether

Dr.Richard Beale or AIIMS Doctors had sought Late C.M.'s opinion to get treatment abroad, **C.W.12** stated that Late C.M. was not asked and further stated that she would not have accepted for the same.

**33.4.C.W.14**–J. Krishnapriya, stated that **R.1** told her that she thought of taking Late C.M. abroad in October 2016, but Late C.M. did not agree for the same. **C.W.14** also stated that Central Government Ministers did not say that Late C.M. need not be taken abroad for treatment.

**33.5.C.W.17**-Dr.K.S.Sivakumar, stated that Dr.Richard Beale recommended for abroad treatment and that, if Air Ambulance was made available, Dr.Richard Beale himself was ready to accompany her. This was Dr.Richard Beale's opinion, when he saw Late C.M. on the first occasion. Surprisingly, on the second occasion, Dr.Richard Beale stated that there was improvement in her health condition, and they could wait and see, and that abroad treatment was not necessary at that point of time. In this regard at Page No.28, **C.W.17** would depose that, Dr.Richard Beale had stated that surgery can be done for her, but Apollo Doctors did not recommend for the same. **C.W.17** stated that an opinion was sought through Video Conferencing and no doctor recommended for abroad treatment, and they generally discussed about it, as an option but not as a condition for taking her abroad.

**33.6.** When **C.W.17** – Dr. K.S. Sivakumar was asked, (Page No.22)



*"if Late C.M. becomes conscious today and asks you as to why, at least after consulting different doctors, 'surgery for L.V. Failure was not performed for me?'"*, he answered,

*"though US Doctors insisted for surgery, R.2 Doctors said that no surgery was needed"*

and that **C.W.17** did all the requirements needed for her. When **C.W.17** was asked, whether Late C.M. considered him as close and as one of her family doctors, and whether, in the circumstances, if he felt that the treatments given to Late C.M. was to his entire satisfaction, the witness stated that "**angio could have been done**" but abruptly stopped at that juncture. On 22.9.2016, **C.W.17** had enquired regarding late C.M.'s health at about 9.40 p.m., holding her feet, while she was leaning on the bed, in the presence of **R.1**.

**33.7. C.W.20**–K.N. Venkataramanan, Secretary to Late C.M., stated that, in the meeting between Dr.Richard Beale and the AIIMS Doctors, a discussion was held regarding Late C.M. being taken abroad and considering her health condition, it was decided finally not to take her abroad. However, at the same time, **C.W.20** was aware that, through Video Conferencing, US John Hopkins Hospital was contacted in this regard. Generally, it is easy to take Late C.M. abroad for treatment, but permission has to be obtained from the Central Government, and the expenditure has to be met by the Tamil Nadu Government. Previously, two Chief Ministers from Tamil

Nadu had been taken abroad and the necessary files are there.

At Page No.6, 13<sup>th</sup> line from bottom, **C.W.20** stated that:

*"In the briefing in the Hospital on 18.10.2016, it was told that the Chief Minister had got problem in the heart valve, and they were considering about doing anigo. But in the meeting of Medical Team, which was held later, **it was informed that the angio may be taken after two months. The reason for this was stated, as her health condition was not good at that time.** Generally, blood tumour in the heart and brain are to be attended immediately."*

**33.8.R.1** also stated that foreign treatment was not necessary then, as stated by the doctors. **C.W.17**–Dr.K.S.11Sivakumar also said so. However, on 27.11.2016, Dr.Samin Sharma, United States of America, stated that he was ready to do Angio for Late C.M. on the same day, but after discussion, it was not done and the decision was deferred by the intervention of C.W.106-Dr.Babu Abraham and Dr.Richard Beale.

**33.9.C.W.21**–J.Vivek stated that nobody discussed with him regarding treatment abroad for Late C.M. and that Apollo Doctors did not consider that she should be taken abroad. **C.W.21** knew that, to take her abroad, recommendation of the State Cabinet was necessary.

**33.10. C.W.24**-Manoj Pandian, had stated that **no unanimous opinion was arrived** at in taking Late C.M. abroad for treatment.

**C.W.33**-A.Ramalingam, stated that Apollo Doctors had called Dr.

Richard Beale for treatment of Late C.M..

**33.11. C.W.83**–Dr.Senthilkumar stated that ***Apollo Doctors could not take a call about abroad treatment*** and only the State officials have to be consulted in this regard. **C.W.83** further asserted that, during the third week of October 2016, Late C.M.'s health condition was not fit to travel abroad. He further stated that **C.W.12**, the then Chief Secretary, and the other State officials stated that Late C.M. would not agree to being shifted abroad. **C.W.83** further stated that, Dr.Richard Beale stated that she refused abroad treatment and he had stated that she was clinically not fit to be taken abroad then and hence it was decided to continue the existing treatment. In fact, AIIMS Doctors along with R.2 hospital doctors met late C.M. on 3.12.2016 in her treating room, but they have not stated or discussed the ailments with the late C.M., as evidenced from the evidence of C.W.141-Dr.Nikil Tandon. In October 2016, the health of Late C.M. had improved to some extent, according to certain witnesses. ***When it was questioned as to why in October end and November, AIIMS Doctors were not called, they stated that she was keeping good health.*** On 25.11.2016, when Dr.Samin Sharma agreed to do angio, R.2 hospital doctors did not oblige stating that she was improving only then and postponed even the angio procedure.

**33.12. C.W.106**-Dr.Babu K. Abraham, stated that from 01.10.2016 to 01.11.2016, there were speculations about shifting

Late C.M. abroad for treatment, but after consulting Dr.Richard Beale, the decision was deferred. This was during the third week of October according to **C.W.83**–Dr.Senthilkumar, but **C.W.106**, stated that this was during the first two weeks of October. Apparently, this meeting took place when Dr.Richard Beale and the AIIMS Doctors were present. Therefore, if we take into account the date of arrival of AIIMS Doctors, it can be decided as to on which date such a discussion would have taken place. **C.W.106** stated that Dr.Richard Beale had stated that he had asked Late C.M. regarding this and added that she was a strong willed lady, and he could not convince her to get her consent for her treatment abroad. Even though C.W.106 had stated during the second visit of Dr.Richard Beale, as if he asked the late C.M. about the abroad treatment for which late C.M. refused. This was the impression given by C.W.106 in the name of Dr.Richard Beale. Dr.Richard Beale never gave any report for his second visit and he had not mentioned in the case sheet as if the late C.M. refused to go abroad for treatment.

**33.13.** , lines 12 and 13 of the evidence of **C.W.106**, Dr.Richard Beale himself claims that he had spoken to her informing that there was an option to take treatment abroad, and before Dr.Richard Beale told this to her, he did not confide the same with others. **C.W.106** stated that if she had been taken abroad, she would also be treated on par with other patients and would be subject to the conditions stipulated there and the nurses there

would have been more authoritative and there would have been chances of her being given due attention to do physiotherapy and her diet matters. At that time late C.M. was in a condition that she had to take more than one litre of oxygen.

In Page No.9, lines 12 and 13, **C.W.106** stated as hereunder:

*"Dr.Richard Beale came out and told me that Amma is 'very strong willed lady, I could not convince her to shift abroad'. Dr.Richard Beale on his own told Amma that he had the option to take her abroad for treatment. Dr.Richard Beale did not consult with us about this, before talking to Amma. It was only after Dr.Richard Beale came out, we came to know that Dr.Richard Beale had talked to Amma to take her abroad. .... If Amma had gone abroad, she would have been a normal patient in that Hospital and the nurses there would have been more authoritative and there would have been chance of making her doing physiotherapy."*

If it is to be concluded that abroad treatment was not accepted, this has to be compared with the evidence of other witnesses as well.

**33.14.** **C.W.85**-Dr.G.C.Khilnani, stated in Page No.12 of his evidence, that, regarding treatment abroad, it was discussed only with Dr.Richard Beale and he was not consulted in this regard.

**33.15.** **C.W.136**- the then Health Secretary stated in Page No.10 that, Dr.Stuart Russell of John Hopkins Hospital, USA, in the Video Conferencing, stated that her treatment was going in the right direction.

**33.16.** From the above narration of evidence, though there were talks at the initial stage itself, some expressed their views to take her abroad for treatment. In fact, as per the evidence of **C.W.17**–Dr.K.S. Sivakumar, on 01.10.2016, when Dr.Richard Beale visited **R.2**–Apollo Hospital and gave treatment to Late C.M., he had suggested that she could be airlifted to the United Kingdom through an air ambulance and that he was prepared to accompany her. At one stage, **C.W.17** stated that, **R.1** agreed on behalf of Late C.M. and herself, for abroad treatment. During Dr. Richard Beale’s second visit on 22.10.2016, he stated that she was improving and therefore, taking her abroad was no longer necessary.

**33.17.** **C.W.136**–*the then Health Secretary, stated that, taking her abroad for treatment was an insult to Indian Doctors, and being the Health Secretary, he could not encourage that. He had answered so on two occasions, i.e. on 20.12.2018 and 04.01.2019.* **C.W.146** – Dr.C.Vijayabhaskar, **Health Minister**, also stated that, since **R.2** – Apollo Hospital gave the best treatment, there was **no need to take her abroad.** **C.W.99**–Dr.Y.Vijaya Chandra Reddy also stated that, since best treatment was given to her in **R.2**–Apollo Hospital, there was no need for treatment abroad. **C.W.149**–**Thiru.O.Panneerselvam** stated that, he too suggested to **C.W.146, Health Minister** to **take her abroad** for treatment, about **two weeks prior to her unfortunate demise.** **C.W.11**–Sheela Balakrishnan, OSD and

**C.W.20**–K.N.Venkataramanan, expressed their eagerness to take Late C.M. abroad, along with Dr.Richard Beale. **C.W.12**–the then Chief Secretary, stated that taking Late C.M. abroad was a simple procedure and it could be done. **R.2 hospital and its doctors C.W.106-Dr.Babu K.Abraham and C.W.99-Dr.Y.V.C.Reddy, C.W.146, the then Health Minister and C.W.136–the then Health Secretary, C.W.17-Dr.Sivakumar, all were against taking Late C.M. abroad treatment and all would say in one voice that R.2 hospital treatment was going in the right direction and in such a way they gave certificate to R.2 hospital, rather than shifting late C.M. abroad for the treatment.**

### **34. CONTRADICTIONS BETWEEN MEDICAL BULLETINS AND TREATMENT RECORDS**

**34.1.P.W.1** Dr.Saravanan has stated that there are lots of contradictions between the medical bulletins issued every now and then and the treatment records of the Late C.M. He has raised doubts about the treatment given in Apollo hospital. This Commission considered this suspicion meticulously. **C.W.88-Subbiah Viswanathan**, was looking after the administration of the Apollo Hospital and he signed and released the press releases regarding Late C.M. who was undergoing treatment at Apollo Hospital.

**34.2.**Ex.C.28 is a bulletin issued by the Apollo Hospitals dated 23.9.2016, wherein it is mentioned late C.M. had no fever and took normal diet and she was under observation.

**34.3.**Ex.C.29 is a bulletin dated 23.9.2016, wherein it is stated that Hon'ble C.M. was stable and she was under observation.

**34.4.**Ex.C.30 is a bulletin dated 24.9.2016, wherein it is stated that the Hon'ble C.M. was on a normal diet.

**34.5.**Ex.C.31 is a bulletin dated 25.9.2016, wherein it has been consolidated and stated that she has been admitted for fever and dehydration, necessary medicines are being administered as per standard medical protocols, necessary investigations and tests are being done, she was continuing on a normal diet and also denying about the rumours and conjectures in the social media.



**34.6.** Ex.C.32 is a bulletin dated 2.10.2016, in which it is stated that an expert opinion has been obtained from Dr. Richard Beale, Consultant from the Guy's and St. Thomas Hospital, London, who examined the late C.M. on 30.9.2016.

**34.7.** Ex.C.33. is a bulletin dated 6.10.2016, in which for the first time it is stated that late C.M. was under observation of a panel of Doctors consisting of Intensivists, Cardiologists, Respiratory Physicians, Infectious Disease Specialists and Diabetologist. Detailed Lab and Radiology investigations were going on and the names of AIIMS Doctors were mentioned. It was also stated about continued Respiratory support, nebulisation, Drugs to decongest the lungs, Antibiotics, Nutrition, general nursing care and supportive therapy. However, certain details are not there like LV failure, Vegetation, Perforation and Irritable Bowel Syndrome.

**34.8.** Ex.C.34. is a bulletin dated 8.10.2016, wherein it is stated that the respiratory support is closely watched and adjusted. Lungs decongestion treatment was being continued and they had started supportive therapy and passive physiotherapy.

**34.9.** Ex.C.35 is a bulletin dated 10.10.2016, wherein it is stated that the necessary respiratory support, antibiotics, nutrition, supportive therapy and passive physiotherapy were being given. AIIMS doctors came on 9.10.2016 and 10.10.2016 and were discussing with the expert team.

**34.10.** Even though Ex.C.36. is a bulletin dated 5.12.2016,

issued after her demise, and in it they have stated that some TV channels were wrongly reporting that the late C.M. was no more and that they were totally baseless and false.

**34.11.** In these Bulletins, to put it short, they have not specifically mentioned about all her ailments and the details thereof.

**34.12.** The actual condition of the late C.M., as seen from **File Nos. 3 and 4** of the **R.2**-hospitals are as under:

**FIRST DAY-22-09-2016:** *On arrival patient was drowsy with breathing difficulty, cyanosed, oxygen saturation - 45% in room air improved with NIV CPAP. Patient known case of Diabetes, systemic hypertension, hypothyroid on treatment, recent atopic dermatitis on steroid, H/o intermittent high-grade fever - 2to 3 days, sudden onset of weakness following micturition.*

*BP- 140/100mmHg, RR -40/min ECG - PR prolonged. Trop T - negative. blood sugar - 526mg% ECHO - Mild MR, NO RWMA, mild AR, moderate PAH, mild TR, EF -67%*

**The Doctors who attended at that time were:**

*Snehasri Venugopal, YVC Reddy, V.Ramasubramanian, Raymond, Sai Sathish, Narasimhan, Rajeev Annigiri.*

**The Treatment given was:**

*NRM -15litres of O2. Inj. Magnex, Azithromycin, Lasix. NIV BIPAP, Nebulisation. Left radial arterial line, Right IJV venous access, catheterized for urine. Temporary pacemaker was inserted by Y*

**SECOND DAY-23-09-2016**

*Alert, oriented, hemodynamic satisfactory.*

*Blood culture - Enterococci*

*ECHO - no vegetation on any of the valve*

**THIRD DAY -24-09-2016**

*Alert, oriented, On NIV USG done - mild hepatomegaly.*

*Dr. RV/RSK - Unable to examine as she prefers only female physicians. Examination was based on other female physician examination. Advised CT abdomen and pelvis with contrast, TEE. Not done as patient denied consent for the same.*

*Enterococcus sensitive to Ampicillin.*

*At 7.30p.m., had mild retrosternal discomfort - not amounting to angina.*

*CT abdomen, chest and temporal bones - within normal limits.*

**FOURTH DAY-25-09-2016**

*Conscious, oriented on NIV. Shifted to CT room for CT abdomen, chest, temporal bone.*

*It may be stated that the actual state of health of the late C.M was not found in any of the bulletins issued from 23.9.2016 to 25.9.2016.*

**FIFTH DAY -26-09-2016**

*Patient was restless overnight. On NIV.*

*Complains of subjective feeling of chest discomfort.*

*ECG ordered - but patient refused. Foley catheter changed.*

*TTE done - With suspicion of vegetation on AML side.*

*Increase in MR compared to previous study.*

**SIXTH DAY -27-09-2016**

*Conscious, oriented on NIV. Cough with wheeze.*

*Nebulisation given.*

**SEVENTH DAY-28-09-2016**

*Was restless, breathing difficulty present, increase in cough, desaturated to 85%.*

*Nebulisation done. Lasix given.*

*Discussed with the team of doctors and planned for elective intubation.*

*Consent obtained. Electively intubated. On ventilator.*

*TEE done – Small perforation on the AML, MR – mild to moderate. Left pleural effusion present.*

**EIGHTH DAY -29-09-2016**

*On ventilator support. On sedation paralysis. Opened eyes to gentle stimuli.*

*Thoracocentesis done. RT Feeding started.*

**NINTH DAY-30-09-2016**

*On ventilator support. On sedation paralysis.*

*Patient desaturated to 91% at the time of back care with ventilator support.*

*?ECMO intimated. Sedation continued.*

*Pigtail catheter inserted. 640 ml drained on right side. 1 unit of PRBC given.*

**TENTH DAY-01-10-2016**

*Awake, tachypneic with hypoxia.*

*On ventilator support. On sedation paralysis.*

*Left side pleural aspiration done – 1 litre drained.*

*Thus, the actual treatment given until 01.10.2016 has been extracted above, the bulletins mentioned above do not convey all these details.*

**ELEVENTH DAY - 02-10-2016**

*On ventilator support. Clinically stable.*

*No saturation drop with ventilator support. RT feeds.*

**TWELTH DAY-03-10-2016**

*New onset fever spikes. On ventilator support. Eye*

*opening to verbal commands.*

*Blood and urine culture sent.*

*ECHO done – No increase in vegetation.*

**THIRTEENTH DAY-04-10-2016**

*Fever present.*

*Right side pig tail removed.*

*Chest X-ray showed fluffy shadow suggestive of pulmonary edema. Clinically correlated. Opinion obtained from YVC.*

*Planned to keep sedated. Ivabrad, Metoprolol, Aspirin. Rosuvastatin, NTG patch was added.*

*Need to rule out coronary ischemia.*

**FOURTEENTH DAY-05-10-2016**

*On ventilator. Conscious, arousable, responds to simple commands, moves all 4 limbs to pain.*

*Sedated. Pulmonary artery catheter placed.*

*TEE done.*

*1 unit blood transfused.*

*AIIMS team arrived. Case discussion was done with the Apollo team of doctors. Need for tracheostomy and prolonged ICU care was discussed.*

**FIFTEENTH DAY-06-10-2016**

*On ventilator. Sedated. 1 unit blood transfused.*

*AIIMS doctors visited. Fever present.*

*Planned for tracheostomy the next day.*

**SIXTEENTH DAY - 07-10-2016**

*Shifted to OT at 5 am for tracheostomy.*

*Tracheostomy done.*

*Opening of eyes to call. Saturation 100%. On ventilator support. RT feeding.*

*EEG done for shoulder twitching. No ictal activity*

*PA catheter removed.*

**SEVENTEENTH DAY - 08-10-2016**

*Patient clinical status remains the same.  
Hemodynamically stable.*

*Patient watchful, comprehending, on decreasing trend of sedation.*

*Chest Xray forwarded to Dr.Kilhani of AIIMS for his expert opinion.*

**EIGHTEENTH DAY - 09-10-2016**

*On tracheostomy and ventilator support. Conscious, awake, appropriate.*

*Sedated as patient had desaturation at around 8am.*

*Right IJV sheath removed because of oozing.*

*Bilateral Thoracocentesis done attempted. Right side – pig tail 500ml fluid drained. Left side 10 Fr tube placed and 680 ml of fluid drained. 1 unit blood transfusion done.*

**NINETEENTH DAY - 10-10-2016**

*On tracheostomy and ventilator support.*

*Arousable, appropriate.*

**TWENTIETH DAY-11-10-2016**

*Arousable, obeying commands.*

*On tracheostomy and ventilator support.*

**TWENTY-FIRST DAY-12-10-2016**

*Drowsy, slept intermittently, was never fully awake overnight.*

*On tracheostomy and ventilator support.*

*Dr.Babu Abraham had discussion over the telephone with Dr. Stewart Russel, Cardiologist, USA.John Hopkins Institute. He advised coronary angiogram.*

**TWENTY SECOND DAY-13-10-2016**

*Conscious, alert oriented, moving all 4 limbs to commands.*

*On tracheostomy and ventilator support.*

*Dressing was done for bed sore.*

*Thoracocentesis done. Right side – 300ml. Left – 450ml.*

***TWENTY-THIRD DAY-14-10-2016***

*Conscious, alert, oriented.*

*On tracheostomy and ventilator support.*

*Had dry cough – minimal thick secretions.*

*Patient shifted for CT chest. AIIMS team headed by Dr.Khilani visited. Evaluated the patient.*

***TWENTY-FOURTH DAY -15-10-2016***

*Conscious, alert, agitated, has cough.*

*On tracheostomy and ventilator support.*

*Seen by Dr.Richard/AIIMS team.*

*Blood transfusion done.*

*Dressing for bedsore done.*

***TWENTY-FIFTH DAY-16-10-2016***

*Irritable, Hemodynamically stable.*

*On tracheostomy and ventilator support.*

***TWENTY-SIXTH DAY-17-10-2016***

*Pigtail removed.*

*On tracheostomy and ventilator support.*

*Team from Singapore – Physiotherapy given.*

*Cough is present. Thick mucoid secretions from the tracheostomy tube.*

***TWENTY-SEVENTH DAY-18-10-2016***

*Hemodynamically stable. Conscious, oriented, responding well to commands. Bedsore care given.*

*On tracheostomy and ventilator support.*

*Planned for reduce sedation, weaning from ventilator.*

*Had flash pulmonary edema twice the previous day*

*which was discussed with the multidisciplinary team (Dr.SathyaBhavna, Dr.MRG, Dr. ISM, Dr.Senthil, Dr.Narasimhan, Dr.YVC Reddy, Dr.Venkat, Subbaiah, Dr.Babu Abraham )*

*It was decided to optimise the treatment for coronary ischemia for the next 72 hours. Planned for coronary angiography though the risks of deterioration of renal functions expected. Suggested for getting opinion from the other cardiologist.*

*In the evening awake and appropriate.*

***TWENTY-EIGHTH DAY-19-10-2016***

*Patient awake, communicating, cheerful asking queries with gestures.*

*On tracheostomy and ventilator support.*

***TWENTY-NINTH DAY-20-10-2016***

*On tracheostomy and ventilator support.*

*Conscious, alert, oriented obeys simple commands, moving all 4 limbs, power – good. Edema in limbs in the morning*

*Drowsy, arousable in the afternoon and throughout the day.*

***THIRTIETH DAY-21-10-2016***

*Drowsy, but arousable, no flash pulmonary edema for past 48hours.*

*On tracheostomy and ventilator support.*

*Responding well to commands though drowsy – night.*

***THIRTY-FIRST DAY-22-10-2016***

*Drowsy, but arousable*

*On tracheostomy and ventilator support.*

*Hemodynamically stable.*

*Responding to simple commands. Proximal muscle*



*weakness present.*

**THIRTY-SECOND DAY-23-10-2016**

*Drowsy, but arousable*

*On tracheostomy and ventilator support.*

*Hemodynamically stable.*

*Responding to simple commands.*

*Planned for limb mobilisation – for proximal muscle weakness*

**THIRTY-THIRD DAY-24-10-2016**

*Patient awake, cooperative*

*On tracheostomy and ventilator support.*

**THIRTY-FOURTH DAY-25-10-2016**

*Patient conscious, oriented*

*On tracheostomy and ventilator support.*

*Hemodynamically stable.*

**THIRTY-FIFTH DAY-26-10-2016**

*Patient conscious, oriented*

*On tracheostomy and ventilator support.*

*Minor hemodynamic instability was present.*

*Removed Ryles tube (pull out) late night.*

**THIRTY-SIXTH DAY-27-10-2016**

*Patient conscious, oriented*

*On tracheostomy and ventilator support.*

*Noticed twitching Left side of face.*

*Not taking oral feeds adequately.*

*Patient became irritable at 10p.m.. and she said she wants to go home.*

*Patient disconnected the ventilator support and tolerated, explained the need for ventilator support and the patient agreed.*

**THIRTY-SEVENTH DAY-28-10-2016**

*Patient conscious, oriented*

*On tracheostomy and ventilator support.*

*Oral feeds – poor. Refusal to take lunch and snacks*

*Had an episode of hypoglycaemia around 2p.m.*

*No facial twitching today.*

*Planned for reinsertion of NG tube if oral intake is not satisfactory, the same was explained to the patient.*

*Took milkshake and custard*

***THIRTY-EIGHTH DAY-29-10-2016***

*Had ectopics overnight. Planned for 12lead ECG and cardiologist opinion from cardiologist.*

*Conscious, obeying commands. On ventilator support and tracheostomy*

*Hemodynamically stable.*

*Oral intake – custard, grapes*

*Cooperated for physiotherapy.*

*Richard Peele visited- Advised diet escalation*

*Patient complains of severe chest pain – symptomatic treatment given.*

*No ECG changes in monitor.*

***THIRTY-NINTH DAY-30-10-2016***

*Trop T elevated >190; No 12 lead ECG.*

*Awake, appropriate, Hemodynamically stable. Patient refused 12 lead ECG.*

*Repeat Trop T – elevated.*

*On ventilator support and tracheostomy*

*Oral intake – improving.*

***FORTIETH DAY-31-10-2016***

*Conscious, oriented.*

*On ventilator support and tracheostomy.*

*Did not receive insulin yesterday.*

*Power improving. Able to sit with leg down by side of cot.*

*ECG is due.*

*ECG, chest Xray taken at 7p.m..*

*ECG – T wave inversion in V1,V2, V3 similar to 29.10.16 however new compared to admission*

*Informed Dr.YVC and advised to continue Aspirin and statin*

*Took custard*

***FORTY-FIRST DAY 41-01-11-2016***

*Conscious, oriented. Hemodynamically stable.*

*On ventilator support and tracheostomy.*

*Cough present. Thick secretions.*

*Planned for T piece trial.*

*Trop T positive. ECG same as before.*

*12 minutes sitting up*

***FORTY-SECOND DAY-02-11-2016***

*Conscious, oriented.*

*On ventilator support and tracheostomy.*

*Had continuous cough, bilateral crepts in lungs*

*T piece trial for 30 minutes.*

*Spontaneous breathing with O2 10L/min.*

*Tolerated mask breathing for **R.1** hour.*

*After 1 hour back on ventilator support*

***FORTY-THIRD DAY - 03-11-2016***

*Conscious, oriented.*

*On ventilator support and tracheostomy.*

*Hemodynamically stable.*

*Took bread and coffee by 7.30am*

*ECHO done – vegetation same size. MR same.*

*T piece tried from 2.12 to 5.25p.m..*

*Back again on ventilator support*

***FORTY-FOURTH DAY-04-11-2016***

*Conscious, oriented.*

*On ventilator support and tracheostomy.*

*Complaints of pain abdomen.*

*Tolerated 4 hours of T piece.*

*4.11.2016 - 11 a.m. slept. Hypotension - Noradrenaline infusion. Pain in abdomen - Blood culture.*

*Four hours without ventilator - with oxygen.*

*4.30 p.m.. Throat pain. Cough - Thick white phlegm.*

*Lasix administered.*

*Dr.Babu Abraham: Removed the stitches and dressing. Changed inter tube.*

*11 p.m.. Over Night event.*

*Dr. Ashok: ( Noted on 5.11.2016, 7 a.m.):*

*Possible flash - Pulmonary Edema. Nebulization and Lasix.*

*Night sleep disturbance due to cough.*

*Pulmonary Edema.*

*Plan: Active limp & chest - Physiotherapy.*

*Steroid continued*

*Urine tube put.*

*Cardiac Medicines recommended.*

*T Piece trial sidelined.*

*Encouraged oral diet.*

*Lasix, infusion - Urine Culture- Resite Lines - Tracheostomy care.*

#### ***FORTY-FIFTH DAY - 5.11.2016***

*Blood can be transfused.*

*PRBC Transfusion. Blood Transfusion done. Because of dropping: Haemoglobin - 7.9.*

*Plan: To mobilise to Wheelchair, with ventilator.*

*Steroid 50mg continued.*

*Transfusion started : 11.50 a.m. Ended : 3.50 p.m..*

**FORTY-SIXTH DAY – 06.11.2016 TO FIFTY-FIRST DAY – (No significance)**

**FIFTY SECOND DAY – 12.11.2016**

Whole day T.Piece. Ventilator discontinued. Overnight from 9 p.m.. Ventilator. Day time – oxygen.

Plan: Down size of Tracheal TT. Tracheostomy – Wheelchair mobilization. Inj. Lasix dosage reduced. Physiotherapy plan.

7.p.m.. Disturbed sleep overnight PSV Pleasure Support Ventilator. 2 litre oxygen – 98% with 2 litre oxygen.

Food intake not adequate.

Patient herself requested IV nutrition instead of oral.

Haemoglobin – 8

**FIFTY THIRD DAY – 13.11.2016 (No significance)**

**FIFTY-FOURTH DAY - 14.11.2016**

Oxygen 6 litres, 4 litres and 2 litres (night slept.)

Cough better. TT Secretion had been sent for culture (Tracheostomy).

Patient did not want NIBP. asked to remove Cup – removed.

Down sized TT Tube to -6.

Oral diet encouraged. Physiotherapy encouraged.

10.00 to 10.30 a.m.

Dr.Babu Manohar. Changed TT Tube – 6 (Old porter tube removed).

Sedation given. BP dropped 80/50. Pressure reduced.

Medicine Given to increase the Blood Pressure. BP improved. Ventilator connected. Thereafter connected on Oxygen (conscious). Urine Culture positive, for Ecoli.

12.00 Noon.

T- Piece for 13 hours, overnight ventilation. T- Secretion Thick

**FIFTY-FIFTH DAY – 15.11.2016**

**5.a.m.**

Conscious. T- piece. Night ventilation – Oxygen 3 litres.

Slept midnight 1 p.m.. to 5 a.m. Changed all OD medicine times instead of 3 times changed to one time to be discussed by Dr. Babu Abraham.

Took two cups of curd rice and milk shake. Passing urine in diaper.

Plan to Blood Transfusion. PRBC without timings.

6.00 p.m.. Trial of speaking valve done. Trial of speaking 3 to 5 minutes.

6.45 p.m.. Changed PSV. Levolin Nebulization.

**FIFTY SIXTH DAY – 16.11.2016:**

10.00 p.m.. One unit TRBC Blood Transfusion. She became Trial, could not speak through speaking valve.

12.00 Noon placed fenestrated tube with tracheal. 84% improved immediately.

1.00 p.m.. Make to sit.

**FIFTY-SEVENTH DAY – 17.11.2016** - shown in the records as if she has been improved.

**FIFTY-EIGHTH DAY -18-11-2016**

Conscious , alert, oriented

Has cough, secretions – thick rusty

Hemodynamically stable

T piece every 3 hours

Inner canula changed by Dr.Babu Manohar. Placed on tracheal mask

**FIFTY-NINTH DAY -19-11-2016**

*On T piece since 6 am*

*Tracheal cuff deflated at 8 am.*

*Mobilised to wheel chair with T piece 5l O2*

*Hemodynamically stable*

*Shifted to ward in wheel chair – shifting uneventful.*

*Sat in wheel chair for 1 hour. Then mobilised to bed.*

*Inner cannula changed to fenestrated one. Tolerated well. Speaking valve with tracheal mask – tolerated for 5 minutes. – had breathing difficulty and cough, speaking valve removed and fenestrated inner cannula changed. On portable ventilator*

**SIXTIETH DAY -20-11-2016**

*On portable ventilator*

*T piece since 5 am*

*Breakfast given.*

*Cough decreased, secretions – thin.*

*Afternoon had a cup of curd rice.*

*Made to sit in the tip of bed for 15 min.*

*Did physiotherapy enthusiastically.*

**SIXTY-FIRST DAY-21-11-2016**

*On tracheal mask with cuff deflated*

*Hemodynamically stable*

*Cough present*

*Had coffee.*

*Slept well with T piece.*

*Power – able to lift trunk with minimal support*

**SIXTY-SECOND DAY-22-11-2016**

*Day time – sleepy, oral intake poor*

*Intermittent T piece.*

*On tracheal mask ventilation since 6.45 am*

*Thinned out secretions.*

*Made to sit in wheel chair for 10-15 minutes. Back again to bed.*

**SIXTY-THIRD DAY-23-11-2016**

*Conscious, alert, comfortable*

*Taking oral feeds. Complaints of pain in the lower abdomen at 11.45 a.m. Had an episode of breathing difficulty. At 3.45p.m., was tachypneic, breathing heavily, bilateral wheeze and basal crackles present. Chest X ray done earlier shows persistence of Left side effusion.*

**SIXTY-FOURTH DAY-24-11-2016**

*Comfortable, cough frequency reduced. Had an episode of pulmonary oedema at 3.30 p.m. yesterday.*

*Multiple VPCs. Magnesium correction given after the lab results. VPCs settled.*

*T piece ventilation since 6.30am and cuff completely deflated at 9 am*

*Was made to sit with legs hanging by side of bed 5+5 minutes.*

*Stood up with support for 10 secs and 10 secs.*

*Cough minimal, secretions – thick and rusty*

*Hemodynamically stable.*

**SIXTY-FIFTH DAY-25-11-2016**

*Comfortable, hemodynamically stable.*

*Seen by Dr.Samin Sharma(Cardiologist) from Mount Saini Hospital, USA who was invited by family members. He was briefed about patient's condition in Chairman's office. Dr.Sharma felt that these episodes of pulmonary edema was due to diastolic cardiac failure and she would benefit from coronary angiography at some point. After seeing the patient,*



**after assessing her, he discussed the need for CAG with her and proposed for the procedure to be done today, this evening itself.** After consultation with Dr. Richard Beale in London, the procedure was deferred as per his instruction and as per the consensus arrived on that day. This decision was conveyed to family members, patient and Government officials by treating team.

Tracheostomy tube was removed and No.4 Shiley tube was placed.

**SIXTY-SIXTH DAY – 26.11.2016 TO SEVENTIETH DAY – 30.11.2016 (No significance)**  
**SEVENTY-FIRST DAY – 01.12.2016**

Comfortably slept 11 p.m.. to 1 a.m. BP and heart beat normal. Closed the Tracheal Collar. Oxygen 1 litre. Minimal cough. Night dose Lasix not given. Day time given. Morning Inj. Lasix 20 mg. (It has been written as Nit instead of Night). Encouraged oral food. Physiotherapy.

Issues: Right Eye discharge with congestion – Family of patient spoken to ophthalmologist who has sent few eye drops prescription (Name not mentioned). Speaking valve trial – patient Ok.

10.00 a.m. 90% Urine input. Refused Catheter for urine. Occasional bed wets. Hence diaper placing a folly for the purpose. Patient has some upper abdominal pain? Triggered by Coffee? Gastritis?

7.00 p.m.. Evening also sticky eyes – redness in right eye. BP stable. Oral intake very poor. Wheelchair mobilisation patient refused. Lose tool Bowel 5 times. 2 times lose tools. Giddiness.

Plan: Ophthalmologist reviewed. Encouraged oral

diet. Moxiflox, lubricating eye drops – patient family got from home gave to patient without informing. No redness in right eye.

8.30 p.m.. On tracheal mask 2 litre Oxygen. Pressure support ventilation. Cough good. Trunk muscle power good. Pelvise griddle power neds assistance. Poor oral intake. Tracheal secretion thick whitish. Lose tool (+) 5 litres Oxygen till now. Discussed with Dr.K.R.PalanichamyMGE over phone and treatment given. Night no lose tool.

**SEVENTY-SECOND DAY – 02.12.2016,**

11.00 a.m. Diarrhoea 5 times. Thick secretion whitish. Slept well. Oxygen 2 litres. Eye congestion reduced.

3.00 p.m.. to 4.00 p.m.. Mobilization – giddiness BP High up.

4.20 p.m.. Pleasure Support Ventilation.

ABG – PCO<sub>2</sub> 60, Potassium 5.76 Searam 5.5.

Plan for coronary to be discussed. Nephrology reviewed. Overnight slept well. Plan for coronary decided. Nephrology doctor reviewed after rounds decided.

03.12.2016: SPO<sub>2</sub> 98-100. DC saturation. Tacypnoea. BP 180/100. GS Many puscell. Bacteria in groups. Oral intake poor.

4.10 p.m.. Complained of breathing difficulty. Coughing, wheezing, secretion Thick Rusty – non foul smell.

6.00 p.m.. 3.12.2016 Sugar 227.

**SEVENTY-THIRD DAY - 3.12.2016 –**

Some difficulty. Patient complained of breathing difficulty.

**SEVENTY-FOURTH DAY – 4.12.2016**

4 a.m. to 8 a.m. Bipap Ventilator. 3.12.2016 –  
Dinner curd rice. did not have any other complaints.

3.40 a.m. Mild Cough. 4.12.2016 Sugar 276.

BP 6.00 a.m. 180/97, 7.00 a.m. 169/84, 7.05 a.m.  
180/40. Informed Dr.Ramesh regarding BP.

4.12.2016: 4.35 a.m. Thick secretion rusty minimal  
requiring frequent suctioning.

Patient changed to Tracheal mask. Secretion thick  
partially blocked. Inner canella cleaned and replaced.  
Towel Bath given. Bed sore healed.

12.00 p.m.. Patient mobilized difficulty bed – 10 to  
15 minutes.

12.05 p.m. Patient shifted to bed

12.15 p.m. Patient had lunch, passed on Tracheal  
mask.

1.20 p.m. Fever once. Medicine for vomit. Patient  
slept. BP stable. Saturation 3.5 Litre Oxygen. 98-  
100.

4.20 p.m. Patient complained difficulty of breathing.  
Inner canella cleaned. Connected to ventilator. Need  
10 litre oxygen. secretion thick.

4.30 p.m. (strike it from 4.20 p.m.)

VPC (+). Ventilator permanently connected.  
deteriorating to V.F. Ventilator Fibrillation. Team  
alerted. CPR started. Shocked thrice. 6.2. Intimated  
ECMO Team. p.m.. ECMO Team alerted.

5.00 p.m. Page No.573 (575)

Post Cardiac arrest CPR – L.V. CPR. done EF.60%

Post Cardiac Arrest on CPR.

Seen by Prakash Chand Jain Cardiologist.

**34.13.** The above extracts from the **R.2**-hospital records would

show that the bulletins issued by them were not in conformity with the actual condition of late C.M. and there were many inexplicable discrepancies and lapses.

**34.14.** At the behest of the Commission, **C.W.7**-Dr.Balaji prepared summarised treatment details for 75 days and the same is marked as Ex.C.5-dated 25.01.2018, and is extracted hereunder:

*"SUMMARISED TREATMENT DETAILS OF LATE C.M., filed by Dr.P.Balaji, C.W.7-compiled from Apollo Case Records and Discharge Summary and AIIMS summary:*

**On Day 1** : 22-09-2016 : at 10:25p.m.. Hon'ble Chief Minister Selvi. J.Jayalalitha was brought to Apollo Hospital Emergency by the hospital Ambulance from her residence in a critical condition with respiratory distress and was noted to be drowsy and not consistently responding to verbal commands and initially treated in the Emergency and admitted to Multi-Disciplinary Critical Care Unit (MDCCU).

*She was weighing 106 K.g. and 5 feet tall and having multiple medical problems viz., obesity, hypertension, poorly controlled Diabetes, Hypothyroidism, Irritable Bowel Syndrome with Chronic Diarrhoea and chronic Seasonal Bronchitis and had intermittent fever for 5-7 days with increased frequency of bowel movement and was being treated for Urinary tract Infection and atopic dermatitis.*

*On admission Total Count was 17,090 cells/C.M.m, blood sugar was 526mgs %, Hb- 10gms% serum creatinine was 1mgs%, Blood urea 40mgs%, HbA1C*

9.5 and ESR 74 mm / hour. Chest X-ray revealed bilateral infiltrates in the middle and lower lung fields and Lung Ultrasonogram was indicative of pulmonary oedema. ECG was suggestive of Sinus Tachycardia and Echocardiogram revealed normal left and right ventricular function. She was treated with Non-Invasive Ventilation, Diuretics, Broad Spectrum Antibiotics, Bronchodilator-Nebulisers and Insulin. During the initial few hours of admission she developed intermittent episodes Second degree AV Block, severe bradycardia and Hypotension and was treated with Inotropes and insertion of a temporary transvenous pacemaker and started on High end Antibiotics along with DVT prophylaxis, nutrition support, electrolyte corrections and skin care initiated.

**On Day 2** : 23-09-2016 : Her tachypnoea (Breathlessness) and Oxygen requirement improved and her sensorium returned to baseline and she interacted with family members and Government officials. I was introduced to the Chief Minister as Govt Co-ordinator by Dr.Sivakumar, her personal doctor and Dr.Senthil ICU Consultant of Apollo Hospital. Patient was managed for Enterococcal bacteraemia with moderate Acute Respiratory Distress Syndrome - ARDS and Broad Spectrum Antibiotics instituted.

**On Day 3** : 24-09-2017 : Echocardiogram showed suspicious vegetations on the Anterior mitral leaflet with mild-moderate mitral regurgitation and appropriate anti-biotics administered in appropriate doses. Urine culture was sterile.

**On Day 4** : 25-09-2016 : CT Scan of chest was taken which revealed patchy areas of consolidation in both lungs with bilateral pleural effusion in both lower lobes with collapse.

**On Day 5** : 26.09.2016: Her clinical course deteriorated and she developed significant audible wheeze and increasing tachypnoea (Breathlessness) and appropriate medication and nebuliser given. Blood cultures were sent every 48 hours and anti-fungal medication was started.

**On Day 6** : 27-09-2016 : With above management patient was able to tolerate periods without Non Invasive ventilation and was able to interact with Government officials from the bedside.

**On Day 7** : 28.09.2016 : She developed an acute episode of severe wheezing and breathlessness with worsening hypoxemia and was intubated and sedated. Echocardiography showed Left Ventricular Diastolic Dysfunction and mild Mitral Regurgitation and coronary blood vessels were of normal caliber.

**On Day 8** : 29.09.2016 : Chest X-ray revealed worsening bilateral pulmonary infiltrates suggestive of pulmonary oedema and consolidation and leukocytosis was seen and additional antibiotics Diuretics, Vasopressors, Inotropes were administered along with nutrition and other supportive measures.

**On Day 9** : 30.09.2016 : She had worsening of respiratory dynamics and Chest X-Ray revealed worsening pulmonary oedema requiring escalation of sedation, oxygen supplementation and Positive End

*Expiratory Pressure. (PEEP). Dr.Richard Beale, Intensivist from UK was invited to provide an expert opinion who evaluated the patient and suggested appropriate medication and discussed with family and Government officials the nature of the problems, need for prolonged ICU and hospital stay, guarded prognosis and an overall mortality of 40%. Pig tail catheters were inserted percutaneously bilaterally to drain multiple times the rapidly accumulating bilateral pleural effusion which was transudative in nature.*

**On Day 10 & 11 : 01 & 02.10.2016 :** *There was a gradual resolution in Chest X-ray infiltrates and pleural effusion with better lung function and satisfactory haemodynamic parameters and was reviewed by Dr.Richard Beale. Doppler screening of upper and lower limbs venous system revealed no evidence of Deep Vein Thrombosis, blood and urine cultures were negative and WDC Count showed improvement. All central catheters were removed and Peripherally inserted central catheter line placed.*

**On Day 12 & 13 :** *03 & 04.10.2016 : The same management was continued and ventilator weaning attempted but not continued since patient developed hypoxia.*

**On Day 14 :** *05.10.2016 : A Pulmonary Artery catheter was placed to assess filling pressures of the heart and for guiding further treatment. Medication to improve diastolic function of the heart was started along with Inotropes and diuretics. An expert team appointed by Government of India from All India Institute of Medical Sciences, New Delhi*

*consisting of Dr.Khilnani, Professor of Pulmonary Medicine, Dr.Anjan Trikha, Professor of Anaesthesia and Dr.Nitish Naik, Professor of Cardiology reached Apollo Hospital around 9.30p.m.. on 05-10-2016 and after a meeting with all specialists treating the Hon'ble Chief Minister examined her and found her to be critically ill and having pulmonary oedema with bilateral pleural effusion and advised Tracheostomy for the same and continuation of medical management and no surgical intervention at the present moment for the mitral regurgitation and that quite some time will be needed to recover from the present condition.*

**On Day 15** : 06-10-2016 : *The expert team from AIIMS, Dr.Richard Beale from UK and specialists from Apollo examined the patient again and found the clinical condition to be the same and considering the recurrent episodes of pulmonary oedema, underlying co-morbidities, likely need for long term ventilatory support a consensus decision was made to perform an elective Tracheostomy.*

**On Day 16** : 07-10-2016 : *Tracheostomy was done in the operation theatre by ENT Surgeon at 4.30 a.m. which was uneventful and she was responding to verbal commands and blood pressure was maintained with small doses of inotropes and she was transfused one unit of O+ve compatible, screened, packed cell transfusion and was reviewed by the expert team from AIIMS, Dr.Richard Beale from UK and specialists from Apollo.*

**On Day 17** : 08-10-2016 : *Chest X-Ray showed worsening of right lower and mid zone opacity*



*suggestive of pleural effusion with basal atelectasis which was aspirated and found to be again transudative and negative for malignant cells and she was continued treatment with Diuretics.*

**On Day 18** : 09-10-2016 : *She was transfused one unit of O+ve compatible, screened, packed red cells and isotonic albumin infusion. Repeat Chest X-Ray showed worsening of the right side opacity and appearance of new infiltrates on the left mid zone and Ultrasound chest showed reaccumulation of pleural effusion on both sides which were drained by placing pig tail catheters. Her Diabetes was well controlled. Urine culture revealed significant growth and tracheal aspirate (ET culture) insignificant growth and she was started on appropriate antibiotic in consultation with Dr.Khilnani the Pulmonology expert from AIIMS.*

**On Day 19** : 10-10-2016 : *Dr.Khilnani the expert from AIIMS examined the Chief Minister again and found her condition slowly progressing and stable on life support and advised to reduce the sedation to hasten recovery and said that she would require medical care in ICU for a longer period of time.*

**On Days 20 & 21** : 11 & 12-10-2016 : *Sedation was gradually weaned off and patient tolerated ventilator weaning and was stable.*

**On Day 22** : 13-10-2016 : *Patient was seen by the expert team from AIIMS, New Delhi Dr.Khilnani, Dr.Anjan Trikha and Dr.Nitish Naik and was found alert, responding to verbal commands and communicating with lip movements and could move her legs and feet on her own and tolerated pressure*

*support ventilation.*

**On Day 23** : 14-10-2016 : CT Scan chest was taken which revealed ground glass opacities in both lung fields with pleural effusion and Dr.Khilnani and team advised to continue diuresis. Dr.Richard Beale from UK also came to see the Chief Minister and opined to continue the same treatment. All of them also participated in a video conference with Dr.Russel of John Hopkins Institute USA along with all treating Apollo physicians where each aspect of the medical reports and treatment was discussed and Dr.Russel completely agreed with the line of medical treatment of the Chief Minister.

**On Day 24** : 15-10-2016 : Dr.Khilnani and team again examined the Chief Minister along with Dr.Richard Beale and found her better and her blood oxygen parameters were improving and opined that her clinical progress is encouraging.

**On Day 25** : 16-10-2016 : Patient was again examined by Dr.Richard Beale and she was gradually transitioned to Bilevel ventilation.

**On Day 26-30** : 17 to 21-10-2016 : Patient was placed on CPAP and pressure support and cardiac status remained stable and medication titrated accordingly. Active and Passive Physiotherapy started and oral feeds were given during the day and naso-gastric feeding from 6 p.m.. to 8 a.m. Patient continued to interact and was able to communicate her needs to the nursing and medical team.

**On Day 31-35** : 22 to 26-10-2016 : Dr.Richard Beale from UK examined the Chief Minister daily and pressure support was gradually weaned and oral

*feeds were encouraged while still maintaining enteral nutrition support. She was put on cardiac medication, sedation at night and diuretics and blood parameters were closely monitored and corrected appropriately. Back and perineal care was given along with active and passive physiotherapy.*

**On Day 36** : 27-10-2016 : *Patient was improving and taking oral feeds and interacting and undergoing physiotherapy Around 6.30p.m.. Dr.Babu Abraham, ICU Consultant of Apollo Hospital called me to the MDCCU and informed that Mr.Poongundran, the Personal Assistant of the ADMK General Secretary handed over a letter from the Election Commission of India addressed to the Chief Election Commissioner of Tamil Nadu and another from the Chief Election Commissioner of Tamil Nadu permitting the patient Selvi J.Jayalalitha presently undergoing treatment at Apollo Hospital to affix her thumb impression on certain election papers which had to be attested by a Government doctor. Since I was the designated Government medical co-ordinator I agreed to obtain the same from her in my capacity as a gazetted officer and proceeded to her cubicle in the MDCCU along with Dr.Babu Abraham and read out the contents of the letter to her and she affixed her left thumb impression in the election papers placed on the food trolley and I attested the same and Dr.Babu Abraham signed as witness. Mrs. Sasikala was present at the bed side at that time.*

**On Day 37-38** : 28 & 29-10-2016 : *Patient was a febrile, alert and taking liquids. Oral nutrition support was added and patient was encouraged to take as*

*much as proteins/calories as possible and her oral intake was closely monitored, Dr.Richard Beale from UK examined her again on 29th October.*

**On Days 39-41** : 30 to 01-11-2016 : *Dr.Richard Beale advised adequately on the Chief Minister's treatment and found her progress very much satisfactory. Since she was not doing adequate active physiotherapy Dr.Richard Beale advised the Chief Minister to come to his hospital in UK for further treatment but the Chief Minister declined the suggestion and wanted to continue further treatment at Apollo hospital itself. During that time patient was made to sit on a wheel chair and active and passive physiotherapy given and blood sugar level was under good control and she was encouraged to take adequate protein and calories and supplemented with Amino acid infusion. Dr.Richard Beale examined her till 1st November and found her improvement very encouraging and wished her well and she thanked him for coming all the way to treat her and gave him a presentation as a token of appreciation for his services.*

**On Day 42** : 02-11-2016 : *Patient was improving and placed on T-piece and she tolerated it well.*

**On Day 43** : 03-11-2016 : *Arterial and Venous Doppler study of both lower limbs revealed good flow in all arteries with no evidence of Deep Vein Thrombosis.*

**On Days 44-52** : 04 to 12-11-2016 : *Patient improved well and was transitioned to day time T-piece with minimal Oxygen requirement of 2 litres and nocturnal ventilation with minimal pressure*

support.

**On Days 53-54** : 13 & 14-11-2016 : Patient was on oral diet and arterial line and urinary catheter removed. Tracheostomy tube downsized and speaking valve attached and patient was able to speak.

**On Days 55-58** : 15 to 18-11-2016: Patient was able to maintain spontaneous breathing for almost 16 hours a day and was placed on pressure support ventilation between 11 p.m.. to 5 a.m. and tolerated it well and was taking adequate oral diet and continuing physiotherapy.

**On Day 59** : 19-11-2016 : Due to overall improvement in patient status, the Chief Minister was shifted to a specially designed high dependency room in a wheel chair.

**On Days 60- 64** : 20 to 24-11-2016 : Patient was doing well and took oral diet, continued physiotherapy and all vital parameters were normal.

**On Day 65** : 25-11-2016 : The tracheostomy tube was downsized and given supportive care.

**On Days 66-72** : 26 to 02-12-2016 : Patient was doing well, afebrile, sugar levels under control and cardiac status stable and was administered Appropriate antibiotic to treat respiratory infection.

**On Day 73** : 03-12-2016 : The expert team from AIIMS, New Delhi Dr.Khilnani, Dr.Anjan Trikha, Dr.Nitish Naik and Dr.Nikhil Tandon visited Apollo hospital and had a meeting with the treating doctors and found the patient fully conscious and able to sit in the chair for 20 minutes. The team opined that no invasive cardiac investigation or intervention was

*indicated in the present condition and emphasized the role of physiotherapy and rehabilitation and that it would take time (weeks to months) for complete recovery.*

*On the same day 03-12-2016 : She developed cough and increase in tracheal secretions and X-Ray Chest showed evolving left lower lobe infiltrate and a diagnosis of new onset pneumonia was made and culture of blood and tracheal secretions was sent and patient was started on an Antibiotic and was administered 4 litres / min of Oxygen and connected to the ventilator overnight.*

**On Day 74** : 04-12-2016 : *She was placed back on tracheostomy mask and given 3-5 litres / min of Oxygen and had an episode of vomiting after having breakfast. At 4.20 p.m.. she complained of breathlessness and was found tachypnoeic (Breathless) with bilateral extensive wheezing and was placed on ventilator immediately and bronchodilator nebulisation and diuretic given. At 4.30 p.m.. patient developed ventricular tachycardia and was treated for the same. She again developed multiple premature (ventricular contractions and ventricular fibrillation and cardiac arrest and was given cardiopulmonary resuscitation for 45 minutes following which an open cardiac massage was done and put on ECMO (Extra Corporeal Membrane Oxygenation) and external cardiac pacemaker and put on hypothermia and on continuous haemodialysis and several units of compatible, screened Packed Red Cells, Fresh Frozen Plasma, Cryoprecipitate and Platelets were*

*transfused and ionotrope infusion on flow and the serious condition of the patient informed to the family and the Government officials.*

**On Day 75** 05-12-2016 : *The expert team from AIIMS, New Delhi, Dr.Khilnani, Dr Anjan Trikha, Dr.Narang and Dr.Devagourou evaluated the patient in the MDCCU around 5 p.m.. and had a discussion with the treating team of specialists and wanted the patient to be brought to normothermia to assess the status of the patient. Around 10 p.m.. on clamping the ECMO tube there was a rapid drop of blood pressure indicating the heart had no function. Also on momentarily switching off the pacemaker there was a straight line on ECG monitor and there was no neurological improvement as opined by the neurologists and all parameters denoted futility of support and the same conveyed to family members and Senior Ministers who understood the situation and consented for withdrawal of ECMO After withdrawal of ECMO patient was declared dead at 11.30 p.m.. on 05-12-2016 and cause of death was opined as Ventricular Fibrillation, Infective Endocarditis and Acute Respiratory Distress Syndrome.*

*(Sd./-Dr.Balaji)*

**34.15. R.2** hospital had issued medical bulletins after admission of Late C.M., now and then. Almost all the medical bulletins have been placed earlier for appreciation. Further, the Commission also noted the condition of Late C.M. during her hospitalisation from the records produced by **R.2** hospital. C.W.7-

Dr. Balaji also filed her health condition and it is placed as ready reckoner. Initially, the bulletins may not have full disclosure of her ailments. The Commission also feels nothing wrong that it should not reveal all the ailments very particularly her infections, but there is nothing wrong in mentioning her heart ailments in the medical bulletin. Anyhow, C.W.88 would say it was the privacy of the patient not to reveal the ailments to general public.



**35. PRESS MEET OF R.2 HOSPITAL DR.P.C.REDDY,  
CHAIRMAN**

**35.1.** During the initial weeks of November, a perusal of the medical records i.e., daily notes, generally reveal that she was haemodynamically stable. Physiotherapy is being done and T-Piece is being used for weaning from the ventilator and she is tolerating the same for a few hours. Her sleeping and waking patterns were noted. The episodes of pulmonary oedema continued, requiring achievement of fluid negative balance. There are BP fluctuations. There has been oral intake of food which has been recorded, but it was generally noted that this was inadequate. There is some pain in the sacral region and episodes of continuous cough recorded. This position generally continued throughout. There is repeated reference to cough, minor or otherwise and secretions. The hemodynamic stability continued and the T-Piece was continued to be used intermittently. There was no remarkable improvement or deterioration noted in this period from a perusal of the records over the succeeding days in November.

**35.2.** As per File No.4 of the Apollo Medical Records, dated 2.12.2016 written at 11 a.m. by CCU Team and Dr.Nalani Prabhu, it has been noted:

*Diarrhoea 5 times yesterday last 11 p.m.. 900 ml + 4 times bed wet. PSV from 10 p.m.. to 5 a.m. has secretion thick whitish but reduced. Comfortable on Thermo vent. Pain abdomen. + Sugars 122, 180,*

255 mg/dl. This morning 442 mg./dl. 4 hours of sleep

Intake oral 315, 13 gram protein last 24 hours.

IV 375 25 gm.

Conscious, alert, comfortable, No pain, Cooperated for physio able to stand without support for 10 seconds.

hip muscles are still weak need support.

BP 130/80 SPO2 100% on O2 2c/in

Trac collar RR 24/

3 to 4 p.m. After informed consent nerve conduction study done.

Stable. Once bed wet.

4.20 p.m.. to 5 p.m.. During Mobilization developed giddiness. Immediately back to bed. BP 140/90 mm Hg. Cough increased BP. shot up to MAP 115 mm Hg. Legs crept + wheezing. Sugar 197 mg/dl. Placed PSV, Neb. given. Suction done Thick Whitish secretion settled after 10-15 minutes. Again, Back care. passed small amount of loose stool Back on trace collar.

8.15 p.m.. Episode of giddiness & hypotension during the Mobilization.

discussed with Sr.YVC / Dr. Senthil Advised to reduce 5mg Niteo Patch instead of 10 mg.

2.12.2016 Night 11 p.m.. Events noted.

Had breathless evening during mobilization. connected to Bipap 715 at 10.30 p.m..

Complaint of breathless difficulty in breathing.

It is worth mentioning that the effect of sugar medicines on late

C.M. and the control of the same is not clear.

**35.3.**A comparison of the above, with the interview given by Dr.P.C. Reddy, in so far as infection control is concerned, appears to be reasonably correct, as there is no special focus on treatment being made, during that period, but it is clear that there was respiratory difficulty and the polyneuropathy associated with critical illness continued. However, the statement that the C.M. has completely recovered, and can go home is absolutely an off-mark, as episodes of pulmonary oedema and dependence on ventilation has continued, and whether in such a situation, could any one be discharged from the hospital, is a question of serious concern.

### **36. R.2'S APPLICATION FOR CONSTITUTION OF MEDICAL BOARD**

**36.1.** On 20.12.2016, the Health Secretary was examined in part and he stated that, if late C.M. had been taken abroad, it would be an insult to the Indian doctors and for continuation, it was adjourned to 04.01.2019. **R.2**-hospital filed Application No. 213 of 2018 to constitute a Medical Board, consisting of 21 branches of world class specialists. After this evidence, Counsel for Commission filed Application No. 214 of 2018 to issue Section 8B Notice to Chief Secretary and Health Secretary. Both Applications have been heard and A.No.213 of 2018 has been disposed of by the Commission on 22.01.2019, granting liberty to **R.2**-Hospital to examine any number of doctors on their side at their choice and costs. A.No.214 of 2018 has been ordered to be tagged along with the Reference.

**36.2.** Challenging the order passed by this Commission, **R.2**-Hospital presented one Writ Petition before the High Court of Madras on 05.02.2019, which was given only Sr.No.W.P.12098 of 2019, in which Writ Petition, it appears they have stated that the adequacy or inadequacy of the treatment cannot be gone into. Without **keeping in mind** the orders passed in W.P. No. 44378 of 2016, **R.2**-Hospital filed two Writ Petitions, by way of W.P. Nos. 3947 and 3953 of 2019, the first one challenging the Order passed in A.No.213 of 2018 and the other one alleging that the Commission was biased against the **R.2** Hospital.

**36.3.** The reason for the allegation against the Commission is that the Counsel for the Commission put a question, since the patient was suffering with two vegetations in the mitral valve, why the Cardio Thoracic Surgeon was not in the head of team of the Doctors. After denial by the witness only, the European Society of Cardiology (ESC) Guidelines had been shown to the witness. This is one of the allegations levelled against the Commission. The other allegation levelled against the Commission is that, during the course of examination of **C.W.126**-Dr.Madhankumar, though he said the timings in seconds, it was recorded in minutes and hence there was no proper recording of evidence. However, the Commission had clearly held that, at the time of performing sternotomy, the witness had said he stopped CPR in ten seconds and continued surgery for 15 seconds. The Commission passed an order in A.No.1 of 2019, indicating that this witness had stated only in seconds and not in minutes. Even after passing the order, the allegation had been made against the Commission by **R.2** Hospital upto the Hon'ble Supreme Court.

**36.4.** Another allegation against the Commission was putting questions to the witnesses relating to the abroad treatment of former Chief Minister Dr.M.G.Ramachandran which has nothing to do with this reference. In the evidence of C.W.67-C.Govindarajan, Record Keeper of **R.2**, it is seen that the hospital had preserved the treatment files of all the patients from inception and they are

available in the hospital Record Rooms, in three floors in a rented building.

**36.5.** The Commission addressed the Secretary to Government, Health and Family Welfare Department, on 04.10.2018, as well as **R.2** hospital, calling for certain particulars relating to the hospitalisation of the former Chief Minister of Tamil Nadu late Dr.M.G.Ramachandran in Apollo Hospital, Chennai in the year 1984, and the file relating to the Cabinet decision taken, to know the procedure followed. However, this news was published on 25.01.2018 in Express News Service and, thereafter, Dr.H.V.Hande, the then Health Minister in MGR's Cabinet, who came to know of it, handed over the files to the then Chief Minister Edappadi K Palaniswami at the Secretariat.

**36.6.** The other allegation made against the Commission was that the secret document of medical bills had been released by the Commission. The actual fact is that, though **R.2** hospital had produced the medical bills, in Dollars and Indian Rupees, the Commission wanted the entire bill in the value of Indian Rupees. It is worth mentioning here that copies of documents were produced before the Commission, only after serving copies to the other side. The Medical Bills of Rs.6,85,69,584/- were received by this Commission on 27.07.2018 out of which Rs.41,13,304/- was paid by way of cheque by Selvi J Jayalalithaa, herself on 13.10.2016. If at all, the Commission wanted, it could have leaked out the

unauthorized construction of some buildings in the fifth floor by the **R.2** hospital, as spoken to by their General Manager-Engineering, C.W.87-Seshadri Narayanan.

**36.7.** The Commission in its order in A.No.213 of 2018, dated 22.01.2019, in para No.41, stated that the witnesses of **R.2** Hospital were treated as guests and the Commission provided them chairs. Most of the **R.2** hospital doctors were examined before September 2018 and a few of them in November 2018. **R.2** hospital made an allegation against the Commission stating that the doctor witnesses were harassed by putting questions. **R.2** hospital filed a petition along with annexure containing the signatures of some doctor witnesses at the time of the arguments before the High Court. On perusal of the typed set of papers, the Commission noted that one Dr.K.Shanthi, who was not at all examined by this Commission, is also a signatory to the annexure mentioned above. It is worth mentioning that, if at all the doctor witnesses had any grievance before the Commission, they would have informed to their two counsel who had represented **R.2** hospital. But it is an afterthought allegation made before the High Court for the first time, with a delay of more than five months. Anyhow, the Writ Petitions filed by **R.2** hospital had been disposed of.

**36.8.** Against the aforesaid orders of the Hon'ble High Court, **R.2** - Apollo Hospitals had taken up the matter to the Hon'ble Supreme Court by the end of April 2019 and they have been numbered as

SLP (C) Nos. 10189 and 10190 of 2019 and, on 26.04.2019, the Hon'ble Apex Court granted stay of all further proceedings before the Commission of Inquiry and ordered notice returnable by four weeks.

**36.9.** In W.P.No.3947 of 2019 at page No.23, para No.32, regarding W.P.Sr.No.W-12098 of 2019 filed by them, it is stated as hereunder:

*"It is submitted that W.P.Sr.No.W-12098 of 2019 was filed on 25.01.2019 and the same was returned. However the said W.P.Sr.No.W-12098 of 2019 has not been re-presented as the Petitioner Hospital wishes to add subsequent facts / events that happened during the period between 25.01.2019 and 04.04.2019. Hence the Petitioner Hospital is filing this fresh Writ Petition."*

**36.10.** In the SLP filed by the Apollo Hospitals at page No.452 para No.32 of typed set of papers (Pages 1 to 599), the Apollo Hospital Enterprises have stated as hereunder:

*"32. It is submitted that this Petitioner Hospital has not filed any other petition or suit seeking similar relief and craves leave of this Hon'ble Court by way of this Petition under Article 226 of the Constitution of India."*

**36.11.** The relevant paragraph 32 in the typed set of papers filed before the High Court of Madras, has been purposely changed before the Hon'ble Supreme Court. The reason, probably, is that **R.2** at the first instance in W.P.Sr.No.W-12098 of 2019 questioned



the reference by saying adequacy and inadequacy cannot be gone into by the Commission. After realising the decision of the High Court in W.P.No.44738 of 2016, in which Apollo Hospital was arrayed as 12<sup>th</sup> Respondent, **R.2** hospital filed two Writ Petitions, which ultimately reached the Hon'ble Supreme Court.

**36.12.** The State Government had initially filed the Counter Affidavit alone before the Hon'ble Supreme Court without filing any Vacate Stay Petition. On the request made by the Commission of Inquiry, vide letter dated 15.10.2019, the State Government had filed the vacate stay petition on 10.12.2019. Since those were days of Covid-19, online hearing was undertaken by the Hon'ble Supreme Court and by watching the proceedings of the Court, the Commission wrote a letter to the Government, dated 16.10.2020, requesting to file an Application not to delete the case from the list of the Hon'ble Supreme Court.

**36.13.** Thereafter only, the Case was listed for hearing and it was adjourned from time to time and on 25.11.2020, the Hon'ble Bench Partly Heard the case and adjourned it for filing of Written submissions. Apollo Hospital filed the Written Submissions on 04.12.2020 and the Commission of Inquiry duly filed its Written Submissions on 08.12.2020. Thereafter, the case was taken up for hearing on 09.12.2020 and adjourned for four weeks.

**36.14.** Thereafter, the Hon'ble Supreme Court by Order dated 30.11.2021, granted Leave and **Civil Appeal Nos. 7856-7857 of**

**2021** (Arising out of SLP (C) Nos. 10189-10190 of 2019) filed by M/s Apollo Hospital Enterprises Limited were disposed of.

**36.15.** The Hon'ble Bench of the Supreme Court (**S.Abdul Nazeer and Krishna Murari JJ**) considered the following substantial question of law:

*"A. Whether the Hon'ble High Court erred in not holding that the Commission was restrained by the Terms of Reference to act strictly within such terms and the same would not extend to going into the question of possible negligence or otherwise in the treatment of the Late Chief Minister and whether findings of such nature would require an expertise and a nature of inquiry not available to the Commission?"*

**36.16.** The Order of the Hon'ble Supreme Court dated 30.11.2021, (Para 7) reads as follows:

*"(7) We are also of the view that it is just and proper to constitute a Medical Board to assist the Commission in disposal of the case. For the purpose, we request the Director, All India Institute of Medical Sciences (AIIMS), New Delhi, to nominate a panel of doctors, specialist in the fields of treatment of the ailments as suffered by late C.M. of the Tamil Nadu. Needless to say that the Commission has to furnish the said Medical Board, so constituted, with complete records of the proceedings. The Medical Board, so appointed, is permitted to participate in all further proceedings of the Commission and furnish a copy of the report to the Commission. A copy of such report*

*shall also be furnished to the appellant – Hospital and respondent no.3.”*

**36.17.** The said orders have been uploaded on 21.12.2021, Certified Copy of the order was received on 05.01.2022. Thereafter, this Commission re-commenced its work and, within two months, completed the examination of all witnesses.

### **37. CONSTITUTION OF AIIMS MEDICAL BOARD**

**37.1.** In order to comply with the directions of the Hon'ble Supreme Court, dated 30.11.2021, the Commission of Inquiry vide letter dated **29.12.2021** requested the State Government to address AIIMS to constitute a Medical Board consisting of AIIMS Doctors.

**37.2.** Thereafter, a letter dated 11.01.2022 has been received by this Commission on 19.01.2022 wherein the Medical Superintendent AIIMS, New Delhi, has requested to send copies of complete set of medical case records pertaining to the case, so that a Medical Board can be constituted for expert opinion in compliance with the Hon'ble Supreme Court of India directives.

**37.3.** In response to the said letter, the Commission sent a letter dated 20.01.2022, to the Director of AIIMS, New Delhi, enclosing copies of the report of the AIIMS Medical Team, deposition of five AIIMS Doctors, Treatment Summary of the Apollo Hospital and the letter dated 29.12.2021 sent to the Government. The Commission has also addressed the Director of AIIMS to nominate a panel of doctors, as directed by the Hon'ble Supreme Court, to enable the Commission to proceed further.

**37.4.** In the meanwhile, the Officer in charge of the Medical Board, AIIMS, New Delhi, sent proceeding dated 01.02.2022 which was received by this Commission on 08.02.2022, wherein it is stated that the Director of AIIMS has constituted a Medical Board consisting of eight doctors viz.,

- 1) *Dr.Nikhil Tandon, Prof. & Head, Deptt. of Endocrinology- Chairperson.*
- 2) *Dr.Rajiv Narang, Professor, Deptt. of Cardiology – Member.*
- 3) *Dr.Anant Mohan, Prof. & Head, Deptt. of Pulmonary Medicine –Member.*
- 4) *Dr.Vimi Rewari, Professor, Deptt. of Anaesthesiology-Member.*
- 5) *Dr. Nitish Naik, Professor, Deptt. of Cardiology-Member.*
- 6) *Dr.V. Devagourou, Professor, Deptt. of CTVS.- Member.*
- 7) *Dr. Anant Naveen K.Reddy, Department of Hospital Administration - Member Secy.*
- 8) *Dr.Vishal Phogat, Department of Hospital Administration – Observer.*

**37.5.** Out of the above panel of eight doctors, Sl. Nos. 1, 5 and 6 had already treated Late C.M., pursuant to the request of the State Government and they were already examined. They gave reports to the Director of AIIMS based on their visits of the late C.M. at **R.2-** Hospital, from 05.10.2016 to 05.12.2016. Thereafter, the Officer in charge of the Medical Board, AIIMS, New Delhi, has sent proceedings dated 09.02.2022, stating that the Director, AIIMS has reconstituted the Medical Board with six members:

- 1) *Dr.Sandeep Seth, Professor, Dept. of Cardiology – Chairperson.*
- 2) *Dr.Anant Mohan Prof. & Head, Dept. of Pulmonary Medicine –Member.*
- 3) *Dr.Vimi Rewari, Professor, Dept. of*

*Anaesthesiology-Member.*

*4)Dr.Milind Hote, Professor, Dept. of CTVS - Member,*

*5)Dr.Rajesh Khadgawat, Professor, Dept. of Endocrinology - Member.*

*6)Dr.Anant Naveen K. Reddy, Department of Hospital Administration - Member Secy.*

**37.6.**In pursuance of the Orders of Hon'ble Supreme Court, the Commission, on **09.2.2022**, addressed a letter to the Counsel for **R.1** and **R.2** for a meeting to be held on **16.2.2022**, to discuss about the commencement of the inquiry proceedings.

**37.7.**In the meanwhile, the Chairperson, Medical Board, AIIMS, sent the proceedings dated 17.02.2022, stating that, in the online meeting held by the Medical Board on 14.02.2022, at 4.00 p.m., it was decided to request the Commission of Inquiry to send copies of the complete set of medical case records pertaining to the case, so that a Medical Board can be constituted for expert opinion in compliance of the Hon'ble Supreme Court of India directives.

**37.8.**In the meeting held by the Commission on **16.02.2022**, in the New Court Hall, Mr.K.Manoj Menon, counsel representing **R.2** hospital stated that, all the Medical Records and other documents have to be sent by the Commission of Inquiry to the Medical Board. The very interesting question is, the decision taken by the so called AIIMS Medical Board on 14.02.2022 was received by this Commission only on 25.02.2022, but even before it was communicated to the Commission, R.2 was fully aware of the

decision of the Medical Board and that is the reason, the counsel for R.2 represented before the Commission on 16.2.2022, which clearly proves the professional connectivity between Medical Board and the management of the Apollo Hospital. On the basis of the said oral representation, the Commission had sent 30 volumes of Medical Records and English translated Depositions of 154 Witnesses, to the Chairman, Medical Board, on 16.02.2022 and 17.02.2022. It may be stated here, for information sake, that the proceedings of the AIIMS Medical Board, dated 14.02.2022, was received by this Commission only on 25.02.2022 calling for all the hospital records from the Commission. Under such circumstances, even if the Medical Board has given its opinion, how far one can expect that it would be a fair report, for the Commission to rely upon?

**37.9.** The Commission started its inquiry from **7.3.2022** in the presence of the Medical Board, in which the Chairperson and seven Members were present through video conferencing conducted at the National Green Tribunal, Chennai Bench. **R.1's** Counsel cross-examined eight doctor witnesses, **on 7.3.2022 and 8.3.2022**. On the first occasion, **C.W.80-Dr.Arul Selvan** was questioned by the Chairman of the AIIMS Medical Board, and he replied as under:

*Q: As the last attending neurologist, kindly narrate the clinical examination and the EEG findings at the various times.*

*A: There was blinking of the left eye with pupillary reaction to light on 04.12.2016 and also on*

*05.12.2016 in the morning. In the examination in the evening, there was no pupiliary response.*

**37.10.** On the second occasion, during the course of examination of one Dermatologist **C.W.131**-Dr.Ravichandran, on 8.3.2022, the AIIMS Medical Board put questions regarding the steroid medicines given to the late C.M. by **C.W.130**-Dr.Parvathi Padmanabhan, and **C.W.131** said that he was not aware of this. In view of this question by the AIIMS Medical Board, the Commission thought it fit to recall and examine **C.W.130** - Dr.Parvathi Padmanabhan, Dermatologist, and she was examined on **22.03.2022**. The AIIMS Medical Board asked her as to the dosage of steroid medicine administered to late C.M. in September 2016, and she answered that she had seen the late C.M. in early 2016 and not in September and she had given 20 mg for two days, 10 mg for two days and 5 mg for one day, in April 2016 for five days. She was not cross-examined either by **R.1**'s counsel or **R.2**'s counsel.

**37.11.** C.W.102 in his evidence dated 19.04.2022, admitted that on both sides of the lungs, fluid was drained from 10.10.2016 to 13.10.2016 approximately daily 1200 ml., 1070 ml., 1040 ml., and 600 ml. The peculiarity is that, this answer had been elicited in the presence of the Medical Board on 19.4.2022, to show that because of that vegetation only the fluid secretion had been stored in the lungs of more than a litre in both the lungs. Even though Medical Board put questions to the Dermatologist regarding dosage



of steroid on the first day of examination 7.3.2022, (which will not cause immediate threat to life of a person), and put some questions to C.W.80 Dr.Arulseivan, the Medical Board had not appreciated this piece of evidence in their report, even though it was having impact on the life of the late C.M. Also, C.W.48, in her evidence, would say that, during her duty time in the month of October 2016, at the time of tapping the fluid from the lungs, late C.M. complained of severe pain.

**37.12.** In February, 2022, though counsel for **R.2** – hospital has filed names of 23 medical and paramedical witnesses to be recalled for examination, they dropped certain names and added some and ultimately, they have recalled only 17 Duty Doctors, one Technician and their Legal Manager, who were all in fact already examined before this Commission. **C.W.148**-Ilavarasi, (Wife of **R.1**'s late brother) **C.W.149**-Thiru O.Panneerselvam, **C.W.150**-Dr.Nandakumaran and **C.W.151**-Dr.Ravi, Doctors of Government Hospitals, who scrutinized the Lab Reports and files, were examined **on 21.03.2022 and 22.03.2022** in the presence of the AIIMS Medical Board and their reports have been marked as Ex. A1-series (No.4 to 8). In A.No.27 of 2022 filed by R.2 hospital, the Counsel for R.1 has endorsed on 30.03.2022 that no further oral evidence is there on the side of R.1.

**37.13.** As per the list of witnesses produced by the Apollo Hospitals, convenient to their date and timings, the doctor

witnesses were examined on **05.04.2022, 06.04.2022, 18.4.2022 and 19.04.2022**. Totally, on eight hearing dates, the witnesses have been examined through video conferencing in the presence of the AIIMS Medical Board. One Pugazhendi-**P.W.8** was examined on **26.04.2022** in the New Court Hall of the Commission, after duly informing the AIIMS Medical Board, stating that he was speaking only about the first part of the Reference. The examination of witnesses was concluded on **26.4.2022**. The Commission of Inquiry also sent copies of translated evidence of all the witnesses examined before it, to the AIIMS Medical Board, from time to time for their easy reference.

**37.14.** In A.No.213 of 2018, **R.2** had not mentioned the names of the doctors/hospital, who are to be examined before the Commission. Anyhow, the Commission gave liberty to examine any number of doctors as they wished, on their side. After disposal of the case by the Hon'ble Supreme Court, **R.2** hospital recalled only some of their own doctors, and not any other specialist doctor as stated in their Application.

**37.15.** It may be pertinent to mention that while disposing of A.No.213 of 2018 on 22.01.2019, this Commission had observed in para 4(vi) that that the Commission will close the evidence of its side therefore the respondents were directed to be ready with their list of witnesses. In para 22, counsel for R.1 requested the Commission that they have decided to examine only 1 witness. In

para 23, R.1 counsel represented that he is going to examine few others. Thereafter, R.2 hospital did not produce any witnesses and they challenged the said order upto Supreme Court and it was confirmed by the Hon'ble Supreme Court by order dated 30.11.2022. In short, whatever is being stated in this report had already been observed by this Commission in the aforestated order.

**37.16.** Again, they have made representation before the Commission on 30.03.2022 along with their Application, R.1's counsel made an endorsement on 30.03.2022, stating that they do not want to examine any witness on the part of Mrs. V.K.Sasikala to lead her part of evidence. Thus, the respective parties are estopped by their conduct for not examining themselves.

**37.17.** In obedience to the Orders of the Hon'ble Supreme Court, the Commission examined the witnesses in the presence of the AIIMS Medical Board through Video Conferencing, except **P.W.8**-Mr.Pughazendi, who gave evidence in Tamil, he being a political person and having filed a sworn affidavit. After recording the evidence of **P.W.8**, the copies of deposition of English translation had been sent to AIIMS Medical Board.

**37.18.** As ordered by the Hon'ble Supreme Court, the Commission addressed a letter to the AIIMS through the State Government and, in turn, the AIIMS Hospital constituted a Medical Board. In their presence, as desired by the **R.2** hospital, some doctors of their choice were recalled and examined. Thus, the

orders of the Hon'ble Supreme Court have been duly complied with by the Commission.

**38. EVIDENCE TO THIRU O.PANNEERSELVAM (THEN DEPUTY CHIEF MINISTER)**

**38.1.** Admittedly Mr.O.Panneerselvam, was No.2 in the Cabinet and while the Late C.M. was unable to discharge her functions of the Chief Minister while she was undergoing treatment in Apollo Hospital, he was discharging the functions of the said portfolios. The Commission therefore felt that his examination would be helpful. Therefore, the Commission issued summons to Mr.O.Panneerselvam.

**38.2.** The Commission issued summons dated 12.12.2018 to Thiru O.Panneerselvam, former Deputy Chief Minister, for his appearance before the Commission on 20.12.2018. Examination of AIIMS Doctors **C.W.141**-Dr.Nikil Tandon and **C.W.142**-Dr.V.Devagourou scheduled to be examined on 19.12.2018 went on for the whole day, and examination of **C.W.144**-Perumalsamy and **C.W.145**-Dr.Sudhakar, scheduled to be examined on 19.12.2018 was adjourned to 20.12.2018. Hence, the Commission itself suomotu stopped the appearance of Thiru O.Panneerselvam scheduled to be examined on 20.12.2018.

**38.3.** Again, the Commission issued summons to Thiru O.Panneerselvam, for his appearance on 08.01.2019. On 05.01.2019, he filed an application stating that there was assembly session on 08.01.2019 and he could not appear on that day and sought adjournment. **R.1** Counsel also filed Application No.4 of

2019 on 03.01.2019. Hence, the scheduled hearing of Thiru O.Panneer Selvam on 08.01.2019 was adjourned to 23.01.2019 at the request of both the Counsels.

**38.4.** Again, the Commission issued summons to Thiru O.Panneerselvam, for his appearance before the Commission on 23.01.2019. On 22.01.2019 itself, he informed in writing to the Commission stating that the Global Investors Meet was scheduled for 23<sup>rd</sup> and 24<sup>th</sup> January, 2019 at Chennai, and that he may not be in a position to appear before the Commission on 23.01.2019 and sought for adjournment. Hence, the matter had been adjourned to 29.01.2019.

**38.5.** Again, the Commission issued summons for his appearance before the Commission on 29.01.2019. On 25.1.2019, counsel moved adjournment for him. Since Apollo Hospitals filed W.P.SR.No.12098/2019, on 25.01.2022, the scheduled hearing was adjourned to 19.02.2019.

**38.6.** Again, the Commission issued summons for his appearance before the Commission on 19.2.2019. In view of Application No.23 of 2019 filed by him, and the pendency of the Writ Petition, the scheduled hearing was adjourned to 28.02.2019. Thereafter, as the matter was taken up to the Hon'ble Supreme Court and interim stay was granted on 26.04.2019, the scheduled hearing could not go on.

**38.7.** Thereafter, the Commission issued summons and he appeared before this Commission on 21.03.2022 and 22.03.2022 and his

deposition was recorded as **C.W.149** and he was also cross-examined. Only on two occasions, he himself sought for adjournment; one due to Assembly Session, and the other on account of Global Investors Meet. The delay occasioned, because of the Writ Petitions filed by **R.2** hospital, and subsequent proceedings before the Hon'ble Supreme Court, about which detailed discussion had been done earlier.

**38.8.** He was examined as **C.W.149**. During his evidence, he admitted that he held an agitation known as "Dharmayutham" (Fight for Justice), in order to unfold the circumstances under which the Late C.M. died. He also admitted that near the Late C.M.'s Memorial, he gave a press interview raising doubts about the cause of death of Late C.M. It was he who demanded for constitution of a Commission to hold enquiry. But in his evidence he has categorically stated that, to the best of his knowledge, he has no doubt/ suspicion in the cause of death of Late C.M. as unnatural. To a specific query he has stated that he was not aware of the health condition of Late C.M. and the doctors who attended on her. Around midnight 12 on the day of hospitalisation of the Late C.M., he came to know about the same. He does not know for what ailments Late C.M. was admitted in the Hospital then. He arrived at Apollo Hospital on 23.9.2016 at around 11.30 am. For the question whether he enquired anyone about Late C.M.'s health on his arrival at the hospital, he answered that when he asked the Chief

Secretary **C.W.**-12, he stated that Late C.M. was stable. The hospital persons did not allow anyone to see Late C.M. and as that opinion prevailed, stating that the infection would spread, he did not try to see her. The Minister of Health informed him that Late C.M. was given good treatment and she was well, but he did not say anything in particular to him about the ailments of Late C.M.. He came to know that Late C.M. had heart problem, just a week before Late C.M.'s death, through **C.W.**146 - Minister of Health. He was ignorant of the fact that she had a heart problem and that she was diagnosed of the same within four to five days of being admitted to the hospital. He does not know what the doctors had decided about that. He does not know what decision the doctors had made about Late C.M.'s heart ailments. He knew that the Government appointed a medical team. None of the Government doctors personally informed him about the treatment. Since he already knew Dr.Babu Manohar, he told him about Late C.M.'s tracheostomy treatment. He was not aware that, in the letter of the Health Secretary inviting the AIIMS doctors to give treatment to the late C.M., there was any mention about the need of cardiac surgeon. He pleaded ignorance, that he was not aware that AIIMS doctors did not give any treatment to her and that they just supervised the treatment being given by the Apollo Hospital. For the question that the Chief Secretary has said before the Commission that if the Minister-in-charge had signed, he would have convened



the Cabinet regarding the issue of taking Late C.M. abroad for treatment, he answered that he would have immediately signed, if the Chief Secretary had asked him. But the Chief Secretary did not ask the witness in this regard. When it was asked, if the Chief Secretary informed him in writing that he and **R.1** had signed at the hospital, he said that he does not remember. He does not know about the Vegetation in the heart of Late C.M. and whether they treated her for that. If it is asked whether he knew about **R.1** bringing the American Doctor, Dr.Samin Sharma to the Apollo hospital, he was not aware of this too. He does not know about what the doctors said, after examining Late C.M., and he was not aware about the decision of doctors to do the Angio procedure on the same day to her. He does not know any details regarding the return of the American doctor and his leaving the hospital without treating her. For another question, that Dr.Stuart Russell, the American doctor, told them in a video conference to do Angiography, and since the Apollo doctors said that the Late C.M. was recovering well, Dr.Russell asked the Apollo doctors to do as per the "procedure", he pleaded ignorance. He does not know about Dr.Cherian stating that Late C.M. did not need Angio. For the question about his opinion about the statement made by the Health Secretary that, if politicians get treatment abroad, the reputation of Indian doctors will be tarnished, he answered that depending on the nature of the disease, there is nothing wrong in getting treatment, if

there are expert doctors in the foreign countries. For the question that it is a disrespect to the Indian doctors that the Foreign Doctor Dr. Richard Beale had treated Late C.M., he answered that, in his opinion, if skilled Doctors were available for treatment, there is nothing wrong to get treated. He stated that, once, he enquired **R.1** about the health of Late C.M. when she was passing him and she had informed about Late C.M.'s health. He further admitted that on 4.12.2016 he was in Chennai and went to the hospital around 5.30 that evening, and at that time he was informed that from 3.30 p.m.. on there was hue and cry in C.M.'s room and doctors had gone there. He was not informed by the Apollo management about the ECG taken prior to 3.56 p.m. and there being **no lead**. He was not informed that CPR was done at around 4.20 p.m.. after Late C.M.'s heart failure.

**38.9.** From the above evidence, the Commission is able to know that **C.W.149** was physically present on most of the days. **C.W.149** says, out of the 75 days, once, he enquired **R.1** about the health condition of late C.M.. **C.W.149** stated that he enquired the Health Secretary about the health condition of late C.M., but he was not aware of heart ailment or LV failure, two vegetations and perforation. He merely stated that, on enquiry, he came to know that treatment was being continued and twice he participated in the briefings, whereas, in his evidence he pleaded ignorance and stated that it was not brought to his knowledge. In his evidence he further

stated that **R.1** informed about late C.M.'s health to him. He also stated that he had no doubt in her death.

**38.10.** To a question whether the interview given by him, immediately after his "Dharmayutham" was correct, he answered in the affirmative. The interview was uploaded in YouTube on 09.03.2017.

**38.11.** As per the evidence of C.W.149, it is clear that the treatment given to late C.M. was not informed to him. As per the Press release made by him also, it is very clear that officials had never contacted nor informed him about the treatment. He got information about the treatment, which has been decided by R.2 in consultation with R.1. The Health Secretary and Health Minister being aware of the treatment procedures, was known to C.W.149. As per his evidence, he has twice attended the briefings, but the entire course of treatment was kept in secrecy. For example, it could be seen that the Chief Secretary and R.1 had signed in all the procedure papers, but they did not inform anyone including C.W.149 (C.M. in charge then) Why? This includes Health Secretary and the Health Minister as well. Even though in the evidence he stated that he met R.1 once and enquired about late C.M.'s health, she replied everything was going in the right direction. This was not his statement earlier. After knowing what was the treatment going on in the hospital and even though he was not informed, he along with other Ministers just kept quiet and remained silent. After his

position was snatched away by the other group, he comes forward with the episode of "Dharmayutham".

### **39. EVIDENCE OF DR.VIJAYABASKAR**

**39.1.C.W.146** - Dr.C.Vijayabaskar, stated that, on information, that the late C.M. was admitted in the hospital on 22.9.2016, he came from his native place and reached the Hospital in the morning of 23.9.2016.

**39.2.**The Secretary, Health Department, was assisting him in bringing the AIIMS Doctors. When he was asked if the Secretary, Health Department, had given anything in writing for convening the Cabinet meeting, he answered that question would not be applicable to him. It is wrong to state that the Apollo Doctors had given treatment to late C.M., only after due consultation with him, the Secretary, Health Department, the Chief Secretary and **R.1.** Apollo Hospital never personally disclosed anything to him. When asked as to whether the Apollo Hospital Doctors unanimously decided, he answered "yes, they had". When asked if his Secretary had written a letter to the AIIMS, mentioning the names of Doctors, without mentioning the need for a Cardiac Surgeon, he stated that he knew that he had written a letter requesting that a Medical Team should be constituted to treat Amma. When asked, if she had a setback in her health condition due to perforation in her heart on that night, he replied that he only knew about the setback caused and the reasons were unknown to him. When he was asked whether was aware of her heart vegetation and perforation, since it was not informed in the Apollo briefing, he stated that, as mentioned

earlier, he did not remember it.

**39.3.** C.W.146-Dr.Vijayabaskar, Health Minister, in his evidence for a query, answered that he was aware of the telephonic conversation with Dr.Stuart Russel and Dr.Samin Sharma who came from USA and Dr.Rajeev Soman, who came from Bombay. **For these questions, however, he pleaded ignorance about the opinion given by them.** When he was asked even when Sasikala was not present at the time of briefings, how she was aware of the late C.M.'s health condition, he stated that the question may be confined to himself. When questioned about the signature put by the Chief Secretary and Sasikala during the procedural aspects for late C.M., he pleads ignorance. Regarding the treatment given to late C.M. he would say that it was decided only by the Apollo Hospital. He has spoken about the treatment given to late C.M, in an evasive and illusive manner.

**39.4.** Dr.Richard Beale is a Doctor for sepsis and critical care. It is evident that he is not a Cardiac Surgeon. The AIIMS Doctors did not give any treatment to her. If it is true that they only supervised the treatment given by the Apollo Doctors, why were they giving treatment jointly as a treating team? **When asked if AIIMS Doctors did not prescribe even a single medicine to her, he pleaded ignorance.** Dr.Soman arrived at Apollo as a Consultant Doctor to give treatment to Late C.M., but he did not know about his suggestion that an angiogram should be performed for her.

When asked, he said that he came back from Thanjavur Election only after the perforation in the heart valve of Late C.M. was diagnosed. When asked as to when he came to know about the recommendation for an angiogram, since he went for election work for a long period, he said it was not known to him. He did not see the visit of Dr.Soman, who had not participated in the briefings. He does not know of the fact that Dr.Samin Sharma and Dr.Stuart Russell stated that angio should be performed for her. He knew that Dr.Stuart Russell was consulted through video conference in the Hospital. He only knew that Dr.Samin Sharma came in connection with the treatment.

**39.5.** When asked about his opinion of late C.M. being taken by Air Ambulance and Dr.Richard Beale also having stated that he was also ready to accompany her in the air Ambulance and admitted in his Hospital itself at London, he answered that he, Senior Minister Hon'ble Thiru O.P.S., and Hon'ble Dr.Thambidurai were eager in taking her abroad and giving her the best treatment. But, as both the AIIMS Doctors and Apollo Doctors, stated that they were giving proper treatment to her and there was improvement, and there was no necessity for abroad treatment, this option was dropped. Dr.Richard Beale stated that, if she had been taken abroad for treatment, she would have been only under the control of the Doctors, unlike others. He also stated that though summons were served to him three times and when he was ready to appear, it was

adjourned and due to this news in the media, it caused stigma in his political career. He took it as his duty to come and adduce evidence before the Commission, whenever summoned, he cooperated, but such kind of questions caused him much hardship. When questioned, if she was taken abroad for treatment, whether he considered it as a disgrace to the Indian Doctors, he affirmed that he did not consider it to be so.

**39.6.** When asked for his opinion when the former Chief Minister Dr.M.G.Ramachandran was admitted in the same Apollo Hospital in 1984 and the former Prime Minister Tmt. Indira Gandhi arranged to send him abroad for treatment, and, at that time when one Dr.K.Mani, the then Apollo Doctor stated that, for kidney failure, the act of taking him abroad, would reflect on the reputation of the Indian Doctors much, Tmt. Indira Gandhi diplomatically replied 'one had to see the issue from the patient's point of view as well', which was published in "India Today" on 15.11.1984, he stated that he did not know about it. **He does not know the details about the former Chief Secretary and R.1 putting 20 signatures in the Hospital forms for Late C.M. He does not know, if the Secretary, Health Department was aware of this fact.** When asked about the question of the possibility to convene a Cabinet meeting for deciding to take her abroad for treatment, if both of them informed about this to his Government, he pleaded ignorance and stated that he cannot give his opinion in this regard.



**39.7.** It is surprising that being the Health Minister, he did not take the necessary and proper initiative to take late C.M. abroad for treatment. Even though C.W.146-Health Minister is a qualified doctor and is capable of understanding the clinical condition of the patient, the medical terms, the procedures proposed and done, etc., it is astonishing that he did not apply his mind and prudence to the lifesaving suggestions of Dr.Richard Beale regarding abroad treatment and that of Dr.Stuart Russell, Dr.Samin Sharma, Dr.Rajeev Soman and C.W.120 regarding the exigency, safety, importance and advantages of doing an angiogram to find out not only the invisible defects but also to treat her well. More surprising is that in the witness box, for a question put to gain information regarding the treatment he stated that he was not available or that he does not remember, **but would un-mistakenly add that Apollo Doctors were giving the best treatment. In short, he was the main tool used by R.1 and Apollo Doctors to thwart the attempts of taking late C.M. abroad and manage her in Apollo Hospitals itself till the doomsday of the late C.M., who had no solid relative for support.** It will not be too much, if it is recorded that R.2 treatment regarding failure to take angio was well planned and rightly executed, by R.1., C.W.99-Dr.Y.V.C. Reddy, C.W.106-Dr.Babu Abraham, C.W.17-Dr.Sivakumar, C.W.136-Health Secretary and C.W.146-Health Minister.

**40. EVENTS ON 03.12.2016 AND 04.12.2016**

**40.1.** During the 75 days of prolonged hospitalisation of the late C.M., the last three days namely **3.12.2016, 4.12.2016, 5.12.2016** are very crucial to the terms of the reference before this Commission. Until 3.12.2016, the Late C.M. appeared to have been responding to considerable extent to the treatment meted out to her.

**40.2.** As per File Nos. 3&4: the entry made on 03.12.2016:

*"SPo2 98-100. DC saturation. Tacypnoea. BP 180/100. GS Many puscell. Bacteria in groups. Oral intake poor. 4.10 p.m.. Complained of breathing difficulty. Coughing, wheezing, secretion Thick Rusty - non foul smell. 6.00 p.m.. 3.12.2016 Sugar 227."*

**40.3. C.W.83-**Dr.Senthilkumar stated that he was on duty from morning to evening 7.30 on 03-12-2016. There was cough for C.M. and phlegm collected was sent for analysis and 4.30 p.m., based on the test report, they gave antibiotics as decided by medical team. AIIMS doctors also visited late C.M. on that day.

**40.4. C.W.12-**the then Chief Secretary, stated that, on 3.12.2016, when he saw her, she was in good health. **C.W.17-**Dr.Sivakumar, stated that on 25.11.2016 when AIIMS Doctors came, they accepted the line of treatment and stated that no invasive heart surgery was required. He also stated that on 3.11.2016 she was breathing without ventilator. **C.W.63-**Helena, stated that, on 3.12.2016, at 8 a.m., ventilator was removed, and at 11 a.m, it was

connected again and at 2 p.m., it was removed and then once again at 4 p.m.. it was again connected. **C.W.85**-Dr.G.C.Khilnani (AIIMS), stated that on 3.12.2016 when he came for the fourth time, Late C.M. was able to say "Nandri" and she could talk with him. He examined her and after discussing with the doctors, who were treating her, he opined that she was in the process of recovery.

**C.W.141**-Dr.Nikil Tandon, stated that, as tracheostomy was done below the larynx, she found it difficult to speak but she answered their questions by lip movements and in a small voice and they were able to understand what she stated. When he went, she was sitting on the bed in an alert, agile condition and she was in a position to reply.

**40.5.C.W.60**, Dr.Rama Devi, stated that ventilator was fixed now and then on 02.12.2016 and 03.12.2016 for Late C.M. After the visit of AIIMS Doctors, there was no setback in her health. Giving oxygen from the level of two litres to four litres, does not mean that the person was in a critical stage. As there was difficulty in breathing due to phlegm, cough and cold, she required more oxygen and so, more oxygen was administered and it would show that there was minor setback in her health on 03.12.2016 night, and notwithstanding, her Blood Pressure did not come down and it was stable.

**40.6.C.W.39**-Dr.Jayasree Gopal, stated that on 3.12.2016 AIIMS Doctors recommended Late C.M. to do exercises and she nodded

her head. On 4.12.2016 when **C.W.39** saw her at 11 a.m., she was alert and **C.W.39**-told her to walk as trained by the Singapore Physiotherapists and to do exercises for which she nodded her head. At about 6 p.m. on 4.12.2016, her sugar level was 377, which was after her heart stopped functioning.

**40.7.C.W.136**-the then Health Secretary, stated that, on 4.12.2016 at about 11 a.m., Late C.M. had breakfast during which time he was present in the hospital.

**40.8.C.W.65**- Ms.V.Maheswari, Staff Nurse, was on duty on 04.12.2016 in the afternoon shift from 02:00 P.M.. until night on rotation basis. When she was on duty, she had on a few occasions seen the London Doctor and AIIMS Doctors. When she saw, initially Late C.M. was with the help of Ventilator and thereafter without the ventilator she was breathing. After the Intubation treatment, she was given oxygen during the daytime and since she had to sleep, she was connected with Ventilator during night.

**40.9.C.W.65** further stated that she came for afternoon duty on 04.12.2016. It does not appear that late C.M. took any food on 04.12.2016 morning and they told that she took cornflakes with milk. They told in the day shift that late C.M. had vomited around 1 p.m., and as soon as she came to duty, she asked Late C.M. if she wanted to take food, to which she gestured to wait and she also ***refused lunch which was kept ready***. She was watching TV and told her to switch it off at about 2.00 p.m.. A little later, she told

her through gesture that she is feeling difficult to breathe.

**40.10.** C.W.54-Prema Anthony, Incharge Nurse, stated that on 04.12.2016, she went twice to Late C.M.'s room. According to her, late C.M. had her breakfast, but she was not aware of it and **at 3.30 p.m.,** she saw her **through the door.** She was not feeling well and the CCU doctor and Chief doctor were examining her.

**40.11.** At page No.2, 8th line from bottom, C.W.54 stated that:

*"On **04-12-2016,** she took breakfast as usual. I do not know whether she took lunch. At about **3.30** evening on that day, it was told that her health condition was not well. CCU doctor and the Chief Doctor were there, I saw it from outside the door. At first two doctors entered the room and then step by step more doctors came there. I was standing outside the glass door. **I do not know as to what happened inside. Later on, I came to know that cardiac arrest had occurred to the Chief Minister."***

**40.12.** Initially, two doctors came in and thereafter, many doctors came, and she did not know what happened inside. They had said that Late C.M. had suffered **cardiac arrest.** As to why the cardiac arrest happened and what took place, she was unable to narrate. After cardiac failure, she does not know what happened to Late C.M. and she does not know about Late C.M. being connected to ECMO and as to when she was taken away.

**40.13.** C.W.18-Poongunran, stated that at about **2.00 p.m..** on **4.12.2016,** when he was standing outside the room of Late

C.M., one doctor went inside and came out and after **some time, he heard the cry** of **R.1** and thereafter, many doctors went inside, and the situation was tense there. **C.W.31-Veeraperumal**, ADGP, stated that, on 4.12.2016 at about 4.30 p.m., on hearing cries, he went into the room of Late C.M. and saw the nurses bringing out the crying **R.1**.

**40.14. C.W.59-M.Nalini**, stated that, on 4.12.2016 at about 3.50 p.m., she took Echo for Late C.M. after her cardiac attack. **When she took Echo, she noted that the heart had stopped functioning and Late C.M. was being given massage. File No.23 is the file relating to Echo. She stated that Echo taken by her on 04.12.2016 is not there in the file and, if that Echo is examined, the heart's final movements would be seen.** The Echo taken on 04.12.2016 for Late C.M. is not the regular one, but, as advised by the doctors, it was taken on emergency. Normally, if Echo is taken, the date, time will be reflected in the report. The time mentioned by her is 3.50 p.m. and it is the time that she went there and at what time, Late C.M.'s heart stopped functioning, she is not aware. The image of the last Echo taken by her was not registered, and she was sent out before treatment was given. She recorded in the Echo provisional form about her taking the Echo and normally the hospital will mention the exact time of taking Echo. She does not remember about mentioning the exact time and Dr.P.C.Jain was the Cardiologist then.

**40.15.** At page No.1, 6th line, **C.W.59** stated that:

*"The ECHO test which was taken for Late C.M. on 04.12.2016 was not taken as usual and it was taken only as and required by the Doctors on emergency. Normally, when ECHO is taken, the time would get recorded in the machine. Upon seeing it, we used to write it in the report. The time which I told as 3.50 was based upon the time when I went. I don't know how long before my visit the heart failure occurred. The image of the last ECHO which I took was not recorded. The reason was that as there was a need to give emergency treatment to Late C.M., they sent me out."*

**40.16.** In File No.4, page No.575, C.W.59 had written the screening report, in which she had stated that at 4.20 p.m. on 4.12.2016 the patient found difficulty in breathing and thereafter subsequently **her heart stopped functioning. In the screening report, it is mentioned as 5 p.m.. and on the advice of the doctors, she had taken Echo after the heart stopped functioning. That, is after 4.20 p.m. heart stopped functioning, and this is clearly mentioned in it.** When asked which time was correct, **C.W.59** stated that her going to the room at 3.50 p.m. is correct and she had taken Echo and in short EF60 is mentioned. She saw three features in it; (i) whether the heart was functioning; (ii) no evidence of pericardial (effusion) and (iii) leakage in the heart valves could not be seen. She noted this as per the direction of the doctors and what is stated therein is correct.

**40.17.** In short, **C.W.59-M.Nalini**, in chief examination stated that on 4.12.2016, at 3.50 P.M., she took Echo for the late C.M., on instruction from C.W.102-Dr.Ramesh, by which time late C.M. had suffered a cardiac arrest. After two and half months, when she was cross-examined, on 24.9.2018, she asserted that the time she had written in File No.4, page No.572 to 575, as 4.20 p.m. is the correct time of taking Echo, and 3.50 p.m. was the time she entered the room.

**40.18.** **C.W.58-Jai Anand Dhivaharan**, states that on 04.12.2016, at around 4.00 p.m., when he went to the hospital, some melee was there and later on he came to know that Late C.M. had suffered a cardiac failure. He was there till 05.12.2016 night and he was informed that Late C.M. was connected with ECMO

**40.19.** **C.W.61-K.Vijayalakshmi**, stated that on 4.12.2016 at 4.15 p.m. she stated she had difficulty in breathing and immediately she was connected to the ventilator through which oxygen was given. **C.W.63-Helena**, stated that on 4.12.2016 after bed coffee she did not take anything, but had cornflakes for breakfast. **C.W.126-Dr.K.Madhankumar**, stated that from 4.12.2016, 5.00 p.m. to 5.12.2016 midnight 12, he was in the hospital and every 2 to 4 hours he went to her room and supervised the treatment being given.

**40.20.** **C.W.60-Dr.Rama Devi**, stated that when Late C.M.'s heart stopped functioning she was present along with Dr.Ramesh,



who had come there. At that time, the heart alone vibrated but blood did not circulate (page 11) and after the cardiac failure at around 4.20 p.m.. also, Late C.M. was given proper treatment by the hospital authorities. Even though they said that she was improving, from the records, it is seen that on 4.12.2016 she had phlegm and she spit it in the afternoon and the same had been collected and sent for examination.

**40.21.** According to C.W.63-Helena, Staff Nurse, on 4.12.2016, late C.M. had not taken breakfast, she had only taken milk with cornflakes at 11.00 a.m. and she vomited at 1.00 p.m. As per the evidence of C.W.18-S.S.Poonkunran, a short while after 2.00 p.m. on 4.12.2016 there was a weeping sound from late C.M. room. C.W.59-Nalini said that she took ECHO at 3.50 p.m., after heart failure on 4.12.2016; heart failure was confirmed by C.W.61, as per the R.2 hospital records.

**40.22.** **C.W.4-Dr.B.Kala** and **C.W.6-Dr.Dharmarajan** stated that on 4.12.2016 at 5 p.m. the Dean contacted them over phone and said that Late C.M. was serious and Health Secretary had called and they were asked to go over to the hospital and, accordingly on arrival at around 6 p.m., they said that she had suffered a cardiac arrest and there was great tension which prevailed there and that Late C.M. was connected on ECMO

**40.23.** **C.W.9-Deepak,** stated that, on 4.12.2016, C.W.18-Poongunran told him that Late C.M. had difficulty in breathing. At

that time C.W.9 was at Bombay and the same day afternoon he rushed to the hospital. At that time open heart treatment had started there itself for her and thereafter she was taken to the ICU. Thereafter, heart treatment started and Ministers and officials, who waited in the opposite room, saw blood stained cotton pieces being brought out. **C.W.9** stated that they understood that there was no chance to save her and on 5.12.2016 at 1.00 a.m. she was connected with ECMO and at 5.30 p.m.. the doctors decided in the presence of **R.1** that ECMO treatment could be of no use any longer.

**40.24.** **C.W.12**-the then Chief Secretary, stated that on 4.12.2016 (page 8) on information he reached the hospital and he was informed that she had a breathing problem and she suffered cardiac arrest and therefore they decided to perform a surgery immediately. When he saw in the ward, Late C.M.'s chest was opened, and treatment was being given, and a pool of blood was there, and he was in a state of great shock. **He asked the doctors as to why this was being performed in the ward, and that she could be taken to the operation theatre and he immediately gave information about this to AIIMS.**

**40.25.** **C.W.13**-Dr.Vignesh, stated that, on 4.12.2016 at about 6.30 p.m., the Dean contacted and asked him to go to Apollo immediately and, on reaching there, Health Minister and Secretary asked doubts with regard to ECMO. The Minister stated that directly

the chest has been cut and whether it was wrong procedure. He replied that in an emergency this could be done. To the question whether the heart would function again, he replied that it all depends on the ailment. **C.W.17**-Dr.Sivakumar, stated that about one hour before cardiac arrest late C.M. vomited.

**40.26. C.W.60**-Dr.Rama Devi, states that she was on duty till 4.12.2016, 9 p.m., but she did not remember what food Late C.M. took on that day. In File No.17 at page No.52, there is no mention about food taken by her in the afternoon. **In File No.4-page No.572, she had mentioned as if food was taken by Late C.M. Then till 1.30 p.m.. on that day, it can be inferred that Late C.M.'s health was normal.** She was observing the patient through the glass door. Doctors and nurses and also Dr.Ramesh were there near Late C.M.'s bed, when she suffered cardiac problem. When Late C.M. by signs showed that she was unable to breathe, **R.1** told her that nothing would happen and immediately they noticed the change in the monitor. ***She checked if there was block in the oxygen connection and confirmed there was no block.*** Dr.Ramesh gave Nebulizer and examined her heart with a stethoscope. Fresh attempt was made to give Nebulization. Difference in heart beat in the VCP monitor was noticed and it changed into VF. Heart alone was vibrating but there was no pressure in blood flow. She noted the same till 9.30 p.m.

**40.27. C.W.62**-Dr.Shilpha, Anaesthesia expert, was deputed

for treatment of Late C.M. in October 2016. Till 4.12.2016, she was doing duty on rotation basis, and she stated that after reporting for duty, she saw the case sheet and came to know about her ailments viz., L.V.Failure, Lung Injury, Fluid retention, Septicaemia, Uncontrollable-Diabetes-with B.P., Irritable Bowel Syndrome, Hypothyroid. She understood that she was in a critical stage, and she was counting her days. She was in the final stage of her life. She used to change her mind; sometimes she would smile and at times she would request her to be left alone. Only on that basis, she understood that she often changed her mind.

*"During the hospitalisation, Late C.M. has reduced minimum 5 Kgs of body-weight that is my impression. From my memory, she was breathing on her own for a few days. When I was on duty, on certain occasions she has refused the injections and insertion of the ventilator also, that has been specifically endorsed by me. On 04.12.2016 night I have seen that there was an opening on her chest and ECMO process was going-on at 09:00 P.M.. "*

**40.28.** In short, C.W.18-Poongunran stated that on 4.12.2016 at 2.00 p.m., he heard some noise in the treating room of Amma. C.W.26-Ayyappan, Driver, also stated so. C.W.54-Prema Antony, Incharge Nurse, stated that at about 3.30 p.m., she saw through glass door that C.M. was unwell and Doctors were

examining her. C.W.65-Maheswari, Nurse, stated that after reporting for afternoon duty, late C.M. asked to switch off the Television and she asked late C.M. to take lunch and that she can serve it on the table, for which C.M. replied that she wanted rest and she should not be disturbed. C.W.61-K.Vijayalakshmi stated that at 4.15 p.m. late C.M. had difficulty in breathing and was connected immediately to the ventilator. C.W.60-Dr.Rama Devi stated that late C.M. had breathing difficulty and she checked up the oxygen tube and confirmed that there was no block. C.W.59 noted in the provisional Echo taken by her that there was no lead and heart failure had occurred and she noted the time as 3.50 p.m. That before 3.30 p.m., late C.M. had heart failure, is confirmed by C.W.59.

## **41. MEDIA RUMOURS**

**41.1.C.W.24**-Manoj Pandian has stated that the Late C.M. might have been administered slow-poison at the Poes Garden house before her hospitalisation. This evidence is nothing but a mere surmise and not supported by any material evidence. Though she was in the hospital for 75 days and many medical tests were performed, none of these test reports nor any doctor opined that she would have been administered slow poison. **C.W.83** and **C.W.101** have categorically stated that there was no trace of poison in her body as per her blood reports. Therefore, this allegation is rejected as ill founded and without any basis.

**41.2.**Mr. C. Ponnaiyan, a former Cabinet Minister and a party functionary, examined as **C.W.140**, has stated that the Late C.M. had been physically assaulted by someone with a wooden log on her head and that was the cause for her falling unconscious. This is a very serious allegation which needs to be considered by the Commission, but, in his cross-examination, he himself admitted that his evidence in the chief examination was based on some rumour that he heard. Further, the doctors did not notice any such trace of possible physical violence on the head of Late C.M. In this regard, the evidence of **C.W.15** Dr.Sudha Seshayyan requires consideration at this stage. She was the one who did embalming on her body, after demise. She has stated that there were no pores on the face of the Late C.M. (as rumoured in the media). and if really there had

been pores/holes in the body, at the time of embalming, there would have been flow of body fluid through the pores/holes. But, no such thing occurred. Thus according to her, there was no trace of any physical violence.

**41.3.** When **C.W.12-** was asked whether the fingers or legs of Late C.M. were amputated, he became emotional and stated that when Late C.M. was preparing the report on Cauvery River Water issue on 27.09.2016, he was seated in front of Late C.M.'s legs, as she dictated from her seat in the hospital, and these gossips are condemnable. Further, Dr.Sudha Seshayyan has also asserted that at the time of embalming, she did not notice the so called amputation of legs. **C.W.26-M.Ayyappan**, the driver, has stated that, as per rituals, he tied both her toes with a cloth.

**41.4.** After going through the evidence of **C.W.12-** the then Chief Secretary, corroborated with those of **C.W.14-Dr.Krishnapriya**, **C.W.17 - Dr. Sivakumar**, **C.W.26- M.Ayyappan**, **C.W.94-Dr. Meera Krishnakumar**, **C.W.104-Dr. Raymond Dominic Savio**, and **C.W.106-Dr. Babu Kuruvilla Abraham**, and the exhibits filed in this case, this Commission is of the considered view that Late C.M.'s legs and toes were proper and intact until she breathed her last.

**41.5.** From the above evidence, it is proved that the rumours that the legs of the Late C.M were amputated below her knee, or she suffered injuries or was administered slow poison do not bear any truth and without basis and therefore they are summarily rejected.

## **42. COMMISSION OF INQUIRY- DELAY- REASONS**

**42.1.**Coming to the reasonable delay in concluding the inquiry before itself, it is necessary to cull out certain statistics to appreciate the reasons which were beyond the control of the Commission. This Commission had several barriers and hurdles to surmount.

**42.2.**The State Government by G.O.Ms.No.817, Public (SC) Department, dated 25.09.2017 appointed this Commission of Inquiry and in G.O.Ms.No.847, Public (SC) Department, dated 27.9.2017 issued the Terms of Reference, narrated at the nascent stage. Three months' time was given to complete the Inquiry and forward the report in English and Tamil. Pursuant to the aforesaid Government Orders, the Commission commenced its function on **30.09.2017.**

**42.3.**Immediately after the demise of late C.M., one Mr.P.A.Joseph, presented Public Interest Litigation before the High Court of Madras, in W.P.No 44738 of 2016 in the month of December 2016, with a prayer to appoint a Commission headed by three Retired Supreme Court Judges under the provisions of the Commissions of Inquiry Act,1952 to unravel the truth and to inquire into "the Mysterious circumstances leading to the death" of the Late C.M., in which he has made the Government of India including the office of the Hon'ble Prime Minister of India (**R.1** to R4),CBI (R5) and the Apollo Hospital (**R.12**) as Respondents and during the pendency of the



said Writ Petition, he has presented another Writ Petition W.P.No.25940 of 2017 on 03.10.2017 challenging the Reference Govt. Order and the Constitution of this Commission of Inquiry contending that, without proper resolution of the State Legislature, the reference made will not stand in a Court of Law. W.P.No.25940 of 2017 was dismissed on 04.10.2017 by the Hon'ble Division Bench of the High Court headed by Ms. Indira Banerji, on the ground that a retired judge is in no way under the control of the State Government and there is no reason to support the plea of the petitioner that a retired High Court Judge will not be able to conduct an inquiry independently, impartially and free from bias and further that it was reiterated that there are no personal allegations in the writ petition against the concerned Judge. W.P.No.44738 of 2016 was dismissed as merely infructuous by Order dated 06.10.2017, wherein the Hon'ble First Bench ordered that, since the State has constituted a Commission of Inquiry under Section 3 of the Commissions of Inquiry Act, 1952, this Writ Petition has become infructuous, and the same is disposed of accordingly.

**42.4.** Thereafter, P.A. Joseph had taken up the matter on Appeal by way of SLP (C) No.28524 of 2017 and the same was also dismissed by the Hon'ble Supreme Court on 03.11.2017.

**42.5.** The Commission of Inquiry published a Notification on 01.11.2017 calling for "the sworn affidavits from all those having personal knowledge and direct acquaintance on the subject matter".

After effective scrutiny, the Commission of Inquiry issued summons and the inquiry of the Commission of Inquiry started from 22.11.2017 onwards.

**42.6.** After examining 13 witnesses, including **C.W.12-** Chief Secretary, and C.Ws. 1 to 6, Government Panel Doctors, who were present in the Apollo Hospital during the period of treatment given to the Late C.M., the Commission of Inquiry came to know that only two persons namely Tmt.V.K.Sasikala (**R.1**) and the Apollo Hospitals (R2) were aware of the treatment given to the Late C.M.. Thereafter, the Commission issued Notices under Section 8B of the Act, on 21.12.2017, to the Chairman of the Apollo Hospitals and also to **R.1**. On receipt of Section 8B Notice, the Chairman of Apollo Hospitals has filed written submission along with the names of the doctors who had given treatment as well as the Medical Records in 30 volumes on 12.01.2018. **R.1** has also filed sworn affidavit on 12.3.2018.

**42.7.** In fact, the Commission has received 302 Complaints from various Police Stations and 30 Sworn Affidavits, from the individuals through post and in person. Hence, the Commission had sought for extension of **six months** which was granted by the Government.

**42.8.** As on 9.05.2018, 41 Commission Witnesses and seven Petition Witnesses have been examined in chief. The Commission had sought for extension and **four months** time was granted by the Government.

**42.9.** In the meantime, the Commission has examined in all 96 Commission Witnesses and seven Petitioner Witnesses and 82 witnesses had been cross-examined by counsel for **R.1** and **R.2**.

**42.10.** At this juncture, the Commission of Inquiry had completed examination of 154 witnesses. The Commission examined the Health Secretary-**C.W.-136**, on 14.12.2018 at the conclusion stage, because he is the person who knew every moment of the treatment. When the Commission questioned C.W.136 regarding the procedural lapses by R.2 Hospital, the matter was adjourned.

**42.11.** At this juncture, **R.1** filed an Application for recalling 10 doctors and one Technician for cross-examination. Since the counsel for Apollo Hospital stated "no objection", the said Application was allowed on 20.12.2018 and on the same day summons were issued for the appearance of the witnesses on 03.01.2019, but **R.2** Hospital did not produce the witnesses on 03.01.2019. Anyhow, on 04.01.2019, examination of Health Secretary had been completed. The Commission sought for extension and further time was granted by the Government.

**42.12.** Thereafter, **R.2** hospital filed an Application to constitute a Medical Board consisting of 21 branches of World Class Specialist Doctors. That Application was disposed of by the Commission, against which W.Ps. and later SLPs. were filed before the Hon'ble Supreme Court and they were disposed of on

30.11.2021 and orders were received by this Commission on 05.01.2022. Thereafter, the Commission recommenced its examination and concluded it on 26.04.2022.

**42.13.** In Letter No.39/AAJCOI/2022, dated 19.05.2022, the Commission addressed the Secretary to Government, Public (L&O-F) Department, Chennai, seeking extension of tenure of the Commission till 31.7.2022, stating that as per the Order of the Supreme Court dated 30.11.2021, the Commission is awaiting the Report of the Medical Board and only on receipt of the Report of the Medical Board, the Commission has to submit the Report to the Government. The Secretary to Government vide Letter No.1521/L&O-F/2022-1, dated 06.06.2022, had rejected the request of the Commission. Thereafter, the Commission vide letter No.56/AAJCOI/2022, dated 20.06.2022, request the Secretary to Government, Public (L&O-F) for extension of tenure of the Commission. The Government vide G.O (Ms.) No.453, Public (Law and Order-F) Department, dated 24.06.2022, granted extension of the period of the Commission of Inquiry for a further period from 25.06.2022 to 03.08.2022.

**42.14.** Thereafter, since the Commission has not received the Report, addressed a letter to the Government by Letter No.63/AAJCOI/2022, dated 26.07.2022, stating the above facts, for extension of tenure of the Commission of Inquiry from 03.08.2022, whereas the Government vide Letter No.2332/L&O-F/2022-1, dated

01.08.2022, rejected the request of the Commission. Again, the Commission addressed a letter to the Government in Letter No.65/AAJCOI/2022, dated 02.08.2022, for extension of tenure of the Commission and the Government vide G.O.(Ms.) No.548, Public (Law and Order-F) Department, dated 03.08.2022, granted extension of the period of the Commission of Inquiry for a further period from 04.08.2022 to 24.08.2022.

**42.15.** C.W.43-Bader Sayeed; C.W.57-Alok Kumar, Manager, Bank of India, Elada Branch; C.W.111-Jayanthi, Radiologist; C.W.133-Dr.D.Sivagnana Sundaram, Endocrinologist; C.W.137-Sivayogam, C.W.138-Devika and C.W.139-Boomika, servant maids at Poes Garden and C.W.143-Peter Craig Jones, vendor of Kodanadu Estate, were examined by this Commission, but as their evidence is not germane to the Terms of Reference, their evidence is not discussed in this report.

### **43. REVIEW FOR 75 DAYS' TREATMENT**

**43.1.** The Commission, as per records, which are stated to be correct, summarises and places the review of the treatment which continued for 75 days, for a clear understanding of the issues:

*Late C.M. was admitted in the hospital on 22.09.2016 at 10.25 p.m.. in an unconscious state with history of fever and her saturation in room air was 45%. She was on medications for Hypertension, hypothyroidism, Diabetes mellitus, Irritable bowel syndrome and recent atopic dermatitis on steroids. She was on Ecospirin along with other medications. On admission, provisional clinical diagnosis was Community Acquired Pneumonia and Acute LV failure. On admission, ECG did not show ST changes and PR Prolongation was noted. On admission, she was seen by Dr.Snehashree. She was treated with NIV CPAP, Lasix and antibiotics. Her saturation improved. Cardiologist opinion was sought. Temporary pacemaker was implanted by Dr.Ram Gopalakrishnan, on 22.09.2016 at about 10.30 p.m.. which was noted by Dr.Raymond in Page No.5 file No.3. In ECHO done by Dr.YVC, it was noted that there was normal LV function, mild MR and annular calcification was seen in mitral valve.*

*No vegetation was seen on any of the valves, on repeat ECHO done on 23.09.2016. Blood culture showed growth of Enterococci (bacterial growth) and hence appropriate treatment was given as per the opinion of ID specialist. On 24.09.2016, it was advised for CT abdomen and pelvis with contrast and*

TEE. It was not done as patient denied consent for the same. At 7.30 p.m., she had mild retrosternal discomfort - not amounting to angina(chest pain). On 26-09-2016, Patient was restless overnight and was on Non-invasive ventilation. She complained of subjective feeling of chest discomfort. Though ECG was ordered, patient refused. In TTE done at 4 p.m., it was noted that there was suspicion of vegetation on Anterior mitral leaflet side in Mitral valve and there was increase in MR compared to previous study. On 28-09-2016, patient was restless, had breathing difficulty, there was increase in cough and desaturated to 85%. Nebulisation was done. Lasix given. Discussed with the team of doctors and planned for elective intubation. Consent obtained. Electively intubated and she was put on ventilator. TEE done showed vegetation in the mitral valve, small perforation on the AML, MR - mild to moderate. Left pleural effusion present. As per Page 57 in File No.3, Dr.Chandrasekar, Dr.YVC Reddy, Dr.L.F.Sridhar and Dr.Shanthi, opined that MR and her current mitral valve status was not an indication for surgery. On 28.09.2016, at 5 p.m., **Dr.Soman in his opinion** has stated that his impression is Infective Endocarditis with Enterococcus faecalis with mechanical disruption, which could explain the haemodynamic deterioration in the face of normalising PCT and **BNP elevation**. He suggested Appropriate antibiotic cover and further **he has suggested early valve surgery after stabilisation**. On 29.09.2016, at 9.30 a.m, **Dr.Ram Gopalakrishnan gave opinion** that there was no

evidence of new sepsis episode at that juncture and the clinical deterioration was probably due to a flash pulmonary oedema, cultures have been cleared of enterococcal endocarditis with appropriate antibiotic cover, and **she had valve perforation and pulmonary oedema and he recommends valve surgery at the earliest.** Pleural fluid aspiration was done on 29.09.2016 and 30.09.2016. On 03-10-2016, there were new onset fever spikes. The patient was on ventilator support. There was eye opening to verbal commands. Blood and urine culture were sent. ECHO done did not show increase in size of vegetation. On 04.10.2016, fever was present. Chest X-ray showed fluffy shadow suggestive of pulmonary oedema. Clinically correlation was done. Opinion obtained from YVC. It was planned to keep the patient sedated. The following medications were added Ivabrad, Metoprolol, Aspirin, Rosuvastatin. NTG patch was added. It has been mentioned in the notes by Dr.Babu Abraham that there was a need to rule out coronary ischemia (decrease in blood supply to heart). On 05.10.2016, Patient was on ventilator and sedated. Conscious, arousable, responds to simple commands, moves all four limbs to pain. Pulmonary artery catheter placed. TEE done showed no increase in vegetation. In the notes written at 11 p.m., it has been stated that AIIMS team arrived. Case discussion was done with the Apollo team of doctors. Need for tracheostomy and prolonged ICU care was discussed. On 06.10.2016 AIIMS doctors visited and they consented with the present line of management. Fever present and planned for



tracheostomy the next day. On 07.10.2016, shifted to OT at 5 am for tracheostomy. Tracheostomy done. Patient was opening eyes to call. And the saturation was 100% with ventilator support. EEG was done for shoulder twitching which was clinically and there was no ictal (seizure) activity. On 08.10.2016 clinical status of the patient remains the same. Patient was watchful, comprehending, on decreasing trend of sedation. Chest X-ray forwarded to Dr.Kilhani of AIIMS for his expert opinion. On 12.10.2016, patient was drowsy, slept intermittently and was on tracheostomy and ventilator support. **Dr.Babu Abraham had discussion over the telephone with Dr.Stuart Russell, Cardiologist, USA. John Hopkins Institute. He advised coronary angiogram.** On 14.10.2016, Patient was shifted for CT chest. AIIMS team headed by Dr.Khilani visited and evaluated the patient. On 15.10.2016, seen by Dr.Richard/AIIMS team. On 17.10.2016, Physiotherapy was given by Team from Singapore. On 18.10.2016, it was planned to reduce sedation and weaning from ventilator. She had flash pulmonary oedema twice the previous day which was discussed with the multidisciplinary team (Dr.SathyaBhama, Dr.MRG, Dr. ISM, Dr.Senthil, Dr.Narasimhan, Dr.YVC Reddy, Dr.Venkat, Subbaiah, Dr.Babu Abraham).It was decided to optimise the treatment for coronary ischemia for the next 72 hours. Planned for coronary angiography though the risks of deterioration of renal functions expected. Suggested for getting opinion from the other cardiologist. In the evening patient was awake. On

19-10-2016, in the notes written it has been noted that patient was awake, communicating with gestures and asking queries. On 21.10.2016 it has been noted that the patient was drowsy, but arousable and there was no flash pulmonary oedema for past 48 hours. On 22.10.2016, the patient was responding to simple commands and proximal muscle weakness was present in the limbs. On 23.10.2016 planned for limb mobilisation for proximal muscle weakness. On 26.10.2016, minor hemodynamic instability was present and it has been noted in their clinical notes. On **27.10.2016**, patient was on tracheostomy and ventilator support. Doctor noted twitching (muscle movement) left side of face. **Patient became irritable at 10 p.m.. and she said she wants to go home.** Patient disconnected the ventilator support and tolerated, then she was explained regarding the need for ventilator support and the patient agreed. On 28.10.2016 had an episode of hypoglycaemia around 2 p.m.. No facial twitching was observed. It was planned for reinsertion of NG tube, if oral intake is not satisfactory and the same was explained to the patient. On 29.10.2016 had ectopics (irregular heart beat) overnight. It was planned for 12 lead ECG and cardiologist opinion for the ectopics. Dr.Richard Beale visited and he advised diet escalation. Patient complains of severe chest pain – symptomatic treatment given. No ECG changes was seen in monitor. On 30.10.2016, Trop T elevated >190 (blood supply to heart reduced, it is symptom for mild heart attack); Patient refused 12 lead ECG.

Hence No 12 lead ECG was taken. Repeat Trop T – elevated. On 31.10.2016, power was improving in limbs and patient was able to sit with leg down by side of cot. ECG, chest X ray taken at 7 p.m.. It has been written in the notes that ECG showed T wave inversion in V1, V2 and V3 similar to 29.10.16 however new compared to admission. It was informed to Dr.YVC and had been advised to continue Aspirin and statin. On 01.11.2016 it was planned for T piece trial. Trop T positive. ECG same as before. She was able to sit for 12 minutes. On 02.11.2016, T piece trial was done for 30 minutes. Spontaneous breathing was noted with O2 10L/min. The patient tolerated mask breathing for one hour. After one hour she was put on ventilator support back. On 3.11.2016 ECHO was done which showed vegetation of same size and MR same. T piece tried from 2.12 to 5.25 p.m.. and then back again on ventilator support. On 4.11.2016, she complained of pain in abdomen. The patient tolerated four hours of T piece. On 5.11.2016, patient had an episode of pulmonary oedema which was treated with Lasix. The patient was mobilised to wheel chair with portable ventilator. T piece trial was done in the following days. Patient had episodes of pulmonary oedema in the following days which was treated with Lasix. In the days followed, T piece trial was given during the day time and when she had episodes of pulmonary oedema, it was treated with Lasix. On 14.11.2016 **downsizing to No.6 Shileys fenestrated cuffed tube was done by Dr.Babu Manohar, Dr.Senthilkumar and Dr.Nalini Prabhu.** At

*about 6.15 p.m., speaking valve was placed after explaining the procedure to the patient. The patient spoke clearly in the normal voice. On 16.11.2016 when she was made to sit with tracheal mask , patient desaturated to 84%, ectopics – VPCs on monitor was seen. Treated with Lasix and saturation improved with 4L of O2. On 17.11.2016, 2.15 p.m.. when the inner tube was changed to fenestrated tube, P.M.. valve, patient had difficulty in breathing which could have been due to mucous plug.*

*On 18.11.2016, T piece ventilation was given every three hours. Inner cannula was changed by Dr.Babu Manohar. Then placed on tracheal mask. On 19.11.2016, the patient was on T piece since 6 am, tracheal cuff was deflated at 8 am. The patient was mobilised to wheel chair with T piece 5L O2. She was shifted to ward in wheel chair and shifting was uneventful. She sat in wheel chair for one hour. Then mobilised to bed. Inner cannula was changed to fenestrated one. The patient tolerated well. Speaking valve with tracheal mask was tolerated for five minutes. Then the patient had breathing difficulty and cough, speaking valve removed and fenestrated inner cannula changed.*

*On 20.11.2016 was on T piece since 5 am, Breakfast was given. Cough decreased and secretions were thin. In the afternoon had a cup of curd rice. The patient was made to sit in the tip of bed for 15 min. She did physiotherapy enthusiastically. On 21.11.2016, on tracheal mask with cuff deflated. Cough was present. She slept well with T piece. She was able to lift her trunk with minimal support and*

the power was improving. On 22.11.2016 the patient was sleepier during the daytime and oral intake was poor. She was on Intermittent T piece. **In cough thick secretions were present** she was made to sit in wheel chair for 10-15 minutes and then she was again in bed. On 23.11.2016 she was taking oral feeds. She complained of pain in the lower abdomen at 11.45 a.m. The patient had an episode of breathing difficulty. At 3.45 p.m., patient was tachypneic (increased respiratory rate), breathing heavily, bilateral wheeze and basal crackles present. Chest X ray done earlier shows persistence of Left side effusion.

On 24.11.2016 Cough frequency was reduced for the patient. It has been noted that she had an episode of pulmonary oedema at 3.30 p.m.. previous day. Multiple VPCs were there. Magnesium correction given after the lab results. VPCs settled. T piece ventilation since 6.30 a.m. and cuff completely deflated at 9 a.m. The patient was made to sit with legs hanging by side of bed 5+5 minutes and she stood up with support for 10 secs. and 10 secs. Cough was minimal, **secretions were thick and rusty.**

On 25.11.2016, the patient was seen by Dr.Samin Sharma (Cardiologist) from Mount Saini Hospital, USA who was invited by family members. He was briefed about patient's condition in Chairman's office. **Dr.Sharma felt** that these episodes of pulmonary oedema was due to diastolic cardiac failure and **she would benefit from coronary angiography at some point. After seeing the patient, after**

**assessing her, he discussed the need for CAG (Coronary angiogram) with her and proposed for the procedure to be done that evening itself.**

After consultation with Dr. Richard Bale in London, the procedure was deferred as per his instruction and as per the consensus arrived on that day. This decision was conveyed to family members, patient and Government officials by treating team. At 2 p.m.. Tracheostomy tube was removed and No.4 Shiley tube was placed. Fenestrated tube was placed and the patient had desaturation and **immediately non - fenestrated tube was placed.** On 26.11.2016, between 7.55 am and 8.50 am heart rate decreased to 46-38/min during physiotherapy. The heart rate returned to normal rate spontaneously. Had similar episode in the afternoon at 1.30 p.m.. Dr. Babu Abraham in his notes has written that it was planned to discontinue T piece trial and connected to the ventilator. On 27.11.2016, patient was on pressure support ventilation. Holter monitoring was placed by YVC from 27.11.2016 to till 2 p.m., on 28.11.2016. TT grams stain showed a few pus cells and no bacteria on 28.11.2016. On 29.11.2016, the patient was on tracheal mask and intermittent pressure support ventilation. At 5 p.m., patient refused physiotherapy as she complained of giddiness. On 30.11.2016, patient complained of vague burning pain around the epigastric region and treated for the same. ECG did not show any change in the monitor. On 1.12.2016, in the notes, it has been mentioned that there is **discharge in the right eye** for which the family members spoke to their

ophthalmologist who prescribed eye drops. At 7.00 p.m., patient refused mobilisation, she had passed stools five times since morning and twice loose stools. She complained of giddiness after loose stools. On 02.12.2016, thick secretions were present from trachea. Congestion in the eyes reduced. Patient had abdominal pain. Cooperated for physiotherapy and the patient was able to stand without support for 10 seconds. At 4.20 p.m., patient had giddiness during mobilisation. BP increased and patient was back to bed and was put on positive pressure ventilation. Discussed with Dr.YVC and Nitropatch dosage was reduced. At 11p.m., Complained of breathing difficulty and PCO<sub>2</sub> was 60% and **increase in potassium level-5.76**. It has been noted that she slept well with BIPAP support and it has been noted that plan for? coronary angiogram after nephro review in File No.4 page No.563.

On 3.12.2016, at 10.30 a.m., had an episode of desturation and increased rate of breathing. It was treated with Lasix. It has been noted that there are many pus cells and gram positive cocci in groups. AIIMS team visited and advised to continue the same line of management and to plan for Coronary angiogram or MIBG/PET. At 4.10 p.m., patient complained of **difficulty in breathing after a bout of cough which was associated with thick secretions**. The patient was connected to BIPAP. Antibiotics were given as per Dr.Ramesh's advice. It has been decided to continue pressure support ventilation till further orders. On 4.12.2016 at 3.40

a.m., she had an episode of coughing, which settled slowly. At 8.35 a.m., tracheal mask was changed, **secretions which were rusty and thick partially blocked the inner tube, which was cleaned and replaced, following which the breathing pattern of the patient was better.** In the morning breakfast was given, but not taken by her. She had taken milk with cornflakes after 11.00 a.m. Patient was mobilised out of bed for 10-15 minutes and was again back to bed. Dr.Rama Devi has stated that she had written that the patient had lunch, on seeing lunch being brought; but she had not seen the patient taking lunch and she was on tracheal mask. At 1.20 p.m., patient vomited once. Dr.Ramesh has given medicine for vomiting. Dr.Rama Devi had written the notes retrospectively in which it is noted that **patient complained of difficulty in breathing at 4.20 p.m.. and she was connected to PSV and the inner cannula was found to be clean (not blocked). O2 was increased from 10l to 15l and the secretion was thick.** She informed Dr.Ramesh. Wheeze was present. Back to back nebulisation given with appropriate medications. Breathing difficult was not relieved and patient became uncomfortable and VPC was seen and then deteriorated to VF. CPR started and shocked thrice. Appropriate cardiac medicines were given during resuscitation and duty Cardiologist was informed. Treatment was given to correct increase in potassium concentration. CPR was continued. Electrical activity was not established. ECMO team alerted. Pupils were dilated and not reacting and it has been noted that



there was blinking of eyes. ECMO team came and after sternotomy, central ECMO established at 5.30 p.m., Dialysis initiated. As there was cardiac (heart) standstill, left ventricle vent placed. Since the condition was the same, intra cardiac massage was given. Only pacing activity was seen. It is noted in the ECHO done at 5 p.m., by Nalini and Dr.P.C.Jain that there was adequate LV contractility was preserved during her cardiac activity. On 5.12.2016, at 12 a.m., patient was shifted to OT, in the notes **it has been stated that at 4 am there was intrinsic cardiac activity and at 5.30 a.m.,** intrinsic rhythm was absent and pacing rhythm present. At 4.10 p.m., pupils were unequal in reacting to light. At 5 p.m., AIIMS doctors advised neurological examination after increasing the temperature to 37.5 degrees. Grave prognosis explained. As per the notes at 11 p.m., by the treating team of Apollo it was decided that it was futile to continue ECMO and other organ supportive care and AIIMS team was also in agreement with the same. Hence it was recommended for withdrawal of life sustaining supports and the patient was declared dead at 11.30 p.m. on 5.12.2016.

#### **44. PROCEDURES PERFORMED BY THE DOCTORS - STERNOTOMY AND ECMO**

**44.1.** As per the evidence and hospital records, late C.M. suffered cardiac failure on 4.12.2016, at 4.20 p.m., and at that time C.W.60 Dr.Rama Devi was there. She called Dr.Ramesh and the team of doctors rushed to the ward. They gave the electric shock and CPR simultaneously. Further she stated that at that time, rhythm did not come and heart beat was mild.

**44.2.** On 4.12.2016 **C.W.65**-Maheswari and **C.W.61**-Vijayalakshmi-Nurses, stated that they were fixing Nebulizer to late C.M., at 4.20 p.m.; the rhythm of her heart beat changed and it was seen in the monitor two to three times and her eyes rolled up. Immediately, the available Doctor gave electric shock to her heart and as it did not resume, they called the Surgeon. At that time, **C.W.60** Dr.Rama Devi, **C.W.102**-Dr.Ramesh Venkatraman were present and they immediately commenced CPR.

**44.3. C.W.60:** Dr.M.Rama Devi, stated that, after calling the Cardiologist Dr.Jain, she gave shock. Even though **C.W.60** stated that Dr.Ramesh was present, it is written in File No.4, page No.572 that he was called over phone and then he reached the hospital. First, they had taken ECHO cardiogram and then they gave heart massage followed by electric shock.

**44.4. C.W.118**-Dr.Prakash Chand Jain who was also in the hospital joined them. Two doctors **C.W.119**-Dr.T.Sunder and **C.W.126**-

Dr.Madhankumar, who were in their residences were called and they came to the hospital and they also joined in doing the procedure sternotomy and connecting with ECMO.

**44.5. C.W.-59:**Tmt.M.Nalini, ECHO Technician, stated that on 04.12.2016 at **about 3:50 p.m..**, she took a post Cardiac attack ECHO of late C.M's heart. When she entered into the room they were giving massage to late C.M's heart. It has been written in **File No.4 at page No.575**, that, as the patient was experiencing **difficulty in breathing at 4:20 p.m..**, thereafter only the heart failure occurred.

**44.6.**As per the evidence of **C.W.125-Kamesh**, he along with **C.W.100-Mathivanan**, **C.W.122-Panchapakesan** and one Arun too did heart massage for an hour alternately. The doctors did massage for half an hour.

**44.7. C.W.102**-Dr.Ramesh Venkatraman stated that, for that procedure, generally they took 20 minutes but because of urgency they could complete it within 10 minutes. ***At the time of doing sternotomy, CPR cannot be done.***

**44.8. C.W.112**-Dr.N.Ramakrishnan stated that he knew that late C.M. was connected with ECMO after 5.30 p.m. Generally, it would have taken one hour to connect her with ECMO, but it would have taken 45 minutes for taking the heart vessels and accordingly to connect them. Only after doing sternotomy with the help of cutter, ECMO was connected to the appropriate vessels in the heart. As

soon as the heart failed, cardiac massage was given and then shock was also given and thereafter both were given alternatively and as they became futile, they decided to connect with ECMO at about 5:30 P.M.. It will take 20-30 minutes to perform sternotomy with the help of cutter and at that time, ***it should be ensured that her body is not shaken in any manner except for the sternum.***

**44.9.C.W.119-**Dr.T.Sundar, stated that CPR was given for 45 minutes and thereafter sternotomy was done approximately within 10 minutes. Thereafter, within 15 minutes it was connected to ECMO. While doing Sternotomy by tearing the skin and cutting with the help of cutter, ***CPR could not be done and it was not done and it would be for a few seconds.***

**44.10. C.W.126-**Dr.Madhankumar, Heart Trans-plantation Specialist, stated that, after considering that CPR was not effective, they did sternotomy surgery to her and it took ten minutes to do that. *While doing massage, they stopped the Sternotomy surgery, and while doing the sternotomy, they stopped the massage;* for these, a few seconds would have been taken. They did sternotomy for 5 to 10 seconds and stopped and again they gave heart massage for 25 to 30 seconds, alternatively.

**44.11. C.W.123-**Dr.Minal M Vora, Anaesthesiologist, stated that the time taken by them for starting the sternotomy surgery for connecting with ECMO was 30 minutes. They had done sternotomy only after her heart stopped functioning fully. After her heart

failure, there was no automatic circulation of the blood even after doing CPR. After doing sternotomy, CPR cannot be done. When they were doing sternotomy also, they gave CPR. At that time, there was no rhythm from her heart.

**44.12.** From the evidence of the above witnesses, **it is very clear that after doing CPR and giving shock, there was no revival in the heart beat of late C.M.** and they decided to give sternotomy and it has been done within 20 minutes by using cutter and at that time **body was not shaken.** C.W.102-Dr.Ramesh Venkatraman and C.W.112-Dr.Ramakrishnan, **have specifically stated that while doing CPR, sternotomy could not be done and they ensured that the body of the patient should not be shaken.**

**44.13.** From this it is clear that at the time of doing sternotomy they had not shaken the body and further they categorically said that they had not done CPR also. Of course C.W.126 would say that CPR and sternotomy would be done simultaneously. C.W.126-Dr.Madhankumar alone stated both CPR and sternotomy had been done simultaneously. C.W.123-Dr.Minal M Vora stated that there was no automatic blood circulation at the time of CPR and there was no rhythm in the heart. C.W.102 was examined on 11.10.2018 and 13.11.2018, while C.W.126 was examined on 29.11.2018. Therefore, casually, C.W.126 would state that it has been done simultaneously and that is the reason why he raised objection that

the Commission had not recorded the timings properly and said that the timings have been stated in seconds but it had been recorded in minutes. By reading the evidence of C.W.112-Dr.Ramakrishnan and C.W.102-Dr.Ramesh Venkatraman, they have categorically stated the timing in minutes. The Commission also recorded the timings as stated by each witness. At the initial stage the witnesses stated that when sternotomy started CPR has been stopped. But subsequent witnesses would say it was performed in alternative manner. To get over the earlier version C.W.126 came forward with the theory of Commission not recorded in proper manner. Anyhow separate order has been passed.

## **45. REPORT OF THE MEDICAL BOARD - COMMENTS**

**45.1.** The Report of the AIIMS Medical Board dated 04.08.2022 has been received by this Commission by email on 08.08.2022 and after taking great efforts, without forwarding the documents sent by the Commission to the Medical Board, the report alone was received by post on 18.08.2022, the features being:

**45.2.** The Medical Board in the first para narrated about the order passed by the Hon'ble Supreme Court and mentioned the names of the Chairperson, five Members and one Member Secretary of the Medical Board. Then they narrated about the summary of re-examination of records relating to the treatment of late C.M., point-wise.

**45.3.** The Medical Board also narrated about the hearing of all the statements of the witnesses called by various parties and their oral statements and went through all the documents made available by the Commission, since the formation of the Commission and also reviewed the medical records of the R.2 hospital, Chennai, where the late C.M. was admitted. Recordings of radiological investigations and echocardiograms and all other medical records and investigations were gone through and arrived at the following conclusion:

Sequence of events as ascertained by them are:

1. Prior to admission to R.2 hospital, the late C.M. was being treated for Diabetes, Vertigo, Atopic Dermatitis, Irritable

Bowel Syndrome, Hypothyroid and Chronic Bronchitis. She received a short course of steroids for her skin problem. There was a preadmission history of fever with increased bowel movements for 5-7 days. C.W.17-Dr.K.S. Sivakumar was a surgeon who attended on late C.M., prior to her hospitalization.

2. Admission to Apollo: About the admission of late C.M. in the Casualty on 22.9.2016 and her health condition at the time of admission and shifted to Emergency room.
3. Emergency Room: About the treatment given in the Emergency Room, test results and the names of the medicines prescribed to her.
4. In MDCCU, NIV was continued, temporary pacemaker was inserted for prolonged PR and Wenckebach, bradycardia and hypotension and the procedures done and the medicines prescribed.
5. About the investigations initial: (a) Blood Culture Enterococcus and the procedure done for that, (b) Other drugs prescribed, (c) Transthoracic echos done: day 3- suspicious of vegetations on mitral valve, Mild to moderate Mitral regurgitation and the drugs prescribed and (d) CT chest.
6. Further course on Day 4 initial worsening and over time, (a) Wheeze: Methylprednisolone added, increased nebulization,



(b) TTE echo increasing MR and LA size, no abscess CTVS opinion taken and decision on no surgery needed was taken.

© Anidulafungin added, Noradrenaline and dopamine tapered and (d) Improvement took place after sometime.

7. Ventilation/Intubation done on 28<sup>th</sup> September due to sudden worsening:

a. TOE echo by Dr.Chandrasekhar Apollo: 2 vegetations 12-14 mm calcified with small perforation of AML, moderate MR. HISTORY OF mild MR one year prior to current admission by same echo cardiographer. CTVS opinion taken ....Dr.K.M.Cherian, M.R.Girinath and L.F.Sridhar decision for medical and not surgical therapy.

b. Lung infiltrates worsened initially post intubation. Additional doctors consulted. Including Richard Beale. Various drugs including Levosimendan given.

c. Dr.Khilnani, Dr.Anjan Trikha, Dr.Nitish Naik visited and agreed with ongoing treatment.

d. Tracheostomy done 7<sup>th</sup> October.

8. 14<sup>th</sup> October:

a. Consolidation, infiltrates and interstitial edema developed.

b. Dr.Stuart Russel USA and Dr.Jayan Parameswaran UK consulted and suggested Diastolic Heart failure.

Dr.Mathew Samuel from Apollo said no need for angiogram or intervention.

c. Serial Echocardiograms showed no changes.

9. T Piece transition tried from 2<sup>nd</sup> November:

a. Some attempts at speech were possible.

10. November Cardiac Evaluation:

a. Dr.Samin Sharma evaluated

b. Consensus of all doctors: Medical management

c. Holter done 29.11.16: Frequent VPC: to be seen.

11. December 3:

a. AIIMS Doctors have seen again and agreed with treatment.

The view of the Medical Board is: "The above is the temporal sequence of events reviewed by the AIIMS medical Board and found to be factually correct. The treatment of the former C.M. was as per correct medical practice and no errors have been found in the care provided."

Based on the medical records, a final diagnosis was made of Bacteremia and Septic shock with respiratory infection. There was also infective endocarditis of the mitral valve with mitral regurgitation and first degree AV block not needing surgery as per Apollo records and Surgical and Medical opinion. There was also evidence of heart failure. There was uncontrolled Diabetes at admission which was treated. There was also a history of

hypertension, hypothyroid, asthamatic bronchitis, irritable bowel syndrome and atopic dermatitis. The Medical Board at AIIMS agrees with the above final diagnosis.

**45.4.** The Medical Board has opined, as regards heart vegetation, after recording the vegetation MR, perforation in the lungs and moderate mild MR and all these things, proceeds on the opinion of Dr.Chandrasekar, who had taken ECHO, and found two vegetations and perforation. This had been noticed in the earlier year itself, since it was taken by the same Echo cardiographer. CTVS opinion taken from Dr.K.M.Cherian, C.W.134-Dr.M.R.Girinath and C.W.135-Dr.L.F.Sridhar are for medical and not surgical therapy.

**45.5.** From a perusal of the report of the Medical Board, it is seen that the reports of C.W.120-Dr.Ram Gopalakrishnan, UK Doctor Dr.Richard Beale, Dr.Samin Sharma and Dr.Stuart Russell, all suggested early valve surgery/performing angio have not been discussed. Angio/valve surgery has been postponed by R.2 hospital mentioning the name of Dr.Richard Beale. Dr.Samin Sharma's opinion also had been ignored. There is no mention about all these essential things in the report of the AIIMS Medical Board. There is no indication as to how they overcame or deferred the opinion of those doctors. Of course, on one occasion they mentioned the name of Dr.Stuart Russell on 14.10.2016. Without considering the opinion of the three doctors regarding angio the Medical Board had arrived at the conclusion that the treatment given by R.2 hospital is correct.

**45.6.** Now, the Commission has to weigh the already recorded opinion of C.W.120-Dr.Ram Gopalakrishnan, US Doctors and Dr.Richard Beale, advising to go for angiogram. Here, the Medical Board very much relied upon the opinion of Dr.Cherian as No.1, who opined that no surgical therapy intervention is required. Even though R.2 hospital would say that Dr.Cherian has visited and seen the records, there is no indication to prove that he has given any opinion in writing in the case sheet, nor has he been paid any fees for treatment. Only R.2 hospital doctors would say that Dr.Cherian gave opinion that no surgical intervention is necessary, but without solid proof.

**45.7.** Next, the Commission is recognizing Dr.M.R.Girinath as a renowned surgeon. The Medical records (30 volumes) of R.2 hospital, which consist of drug chart, sleeping chart, consultation, day by day improvement, her setback etc., all duly recorded, of course, retrospectively, have been placed before the Commission for correct appreciation. Here, the Commission could not find any signature of Dr.M.R.Girinath, about his visit to the room of late C.M., during her life time, nor had he had seen the records, and all the more, he has not given his opinion in writing in any of the case sheets at any point of time. Admittedly, as per R.2 hospital records, as well as evidence of Dr.M.R.Girinath, he had seen the late C.M. only one hour later of her being connected with ECMO on 4.12.2016 after 6.00 pm, and here also, there is no record to show that.

Admittedly, he has not seen the patient and had not made any endorsement, though working in R.2 hospital and his evidence cannot be considered by this Commission. Hence, his evidence is to be totally rejected as partisan evidence.

**45.8.** Next, comes Dr.L.F.Sridhar and, considering his evidence, he is one among the four persons who had seen the case sheet on 28.9.2016. When treatment for sepsis and urinary infection alone were imparted at 10:30 A.M on 28.09.2016 only, vegetation/perforation was found and things moved in that direction only thereafter. Therefore, Dr.L.F.Shridhar having verified the records on 28.09.2016, cannot have any significance as it was not within the ambit of "cardiac treatment". Next, he has seen the patient and file only at the time of performing sternotomy on 4.12.2016, after 4.30 pm.

**45.9.** Therefore, the above three doctors mentioned by the Medical Board, have not made any endorsement to prove that they have seen the case sheet, treated or given any opinion like Dr.Samin Sharma, Dr.Stuart Russell or U.K. Doctor, Dr.Richard Beale. Therefore, in this regard, Medical Board's opinion is without any basis. This alone will prove that they have neither considered nor seen or assessed the evidence or documentary opinions of all the doctors before coming to any conclusion. The Medical Board has not properly considered the evidence of doctors carefully recorded, scrutinized and forwarded to the Medical Board by the Commission.

**45.10.** In the report, the Medical Board in point 7(a) they would say that Lung infiltrates worsened and Additional doctors were consulted including Dr.Richard Beale and they also stated the various drugs used. The Medical Board though was gracious enough to mention the name of the U.K. Doctor Dr.Richard Beale, here and the prescription of medicines, they have not considered his very useful compartment-wise lengthy six page report from all angles and this has been totally ignored by them, without any justification.

**45.11.** Regarding point 7 (b), AIIMS Team Dr.Khilnani, Dr.Anjan Trikha and Dr.Nitish Naik visited and agreed with the ongoing treatment, but it is to be noted that both doctors Dr.Khilnani and Dr.Nitish Naik have given diametrically opposite reasons regarding the cause of the death. Dr.Nitish Naik (Cardiac Physician) in Para 7 of his evidence stated that heart failure of this patient was due to ARDS with diastolic dysfunction, whereas, Dr.Khilnani, at page No.5 states that the death occurred due to cardiac arrest which can be due to several reasons. Admittedly, they both would say that they have only supervised the treatment given by R.2 hospital and have not prescribed any medicine to the patient. Under such circumstances, what importance can be attached to their evidence and the benefit of their arrival.

**45.12.** C.W.84 in Page No.7 of his evidence, would say that all care has been taken by R.2 hospital and he merely supervised. In page No.2 of C.W.85's evidence, he would state that they came in

an advisory capacity and they have seen the treatment given to the late C.M.

**45.13.** Next, Medical Board considered the views of Dr.Anjan Trikha, C.W.86, who stated that in his presence either himself or his team of doctors (AIIMS) or Apollo doctors had not explained what are the diseases suffered by the patient which is against medical ethics. As regards point 8 of the report, the Medical Board states that Dr.Russell and Dr.Jayan Parameswaran (UK) were consulted and they suggested diastolic heart failure. It may be stated that, when Dr.Stuart Russell was given a brief history and explained by Dr.Babu Abraham (File No.4) about her condition, he suggested CAG at some point, once the clinical team feels that she is stable for the procedure. He never stated that CAG should not be done. In the Apollo report, they stated that she was stable and improving.

**45.14.** Further, the name of Dr. Jayan Parameshwar is new to this Commission and his name is found only in the treatment summary. He has not been examined by the Commission and he has not collected any fees. Apollo Doctors have not made any entry in the case sheet, on 14.10.2016 or at any point of time, as stated by the Medical Board, regarding diastolic heart failure being discussed with Dr.Jayan Parameswaran.

**45.15.** As regards C.W.114-Dr.Mathew Samuel, he is a physician, and he clearly stated (page no.2) in his evidence, heart functioning was weak and blood supply to all vital organs was

considerably reduced, and that the only ailment was in her heart. He stated that, if there is any defect in the lungs, there will be indication on the right side of the heart and that because of the perforation, her heart ailment increased. When facts are like this, it is not known on what basis the Medical Board endorsed that Dr.Mathew Samuel stated that there was no need for angiogram or intervention.

**45.16.** C.W.141-Nikhil Tandon, who is a doctor in Endocrinology, stated that he has not made any intervention in the line of Apollo's treatment, and that he was not familiar with surgery aspects and he was in her room for seven minutes.

**45.17.** The Medical Board has not answered as to why they have not taken note of the perforation noted as early as on 28.9.2016 even though R.2 hospital has assessed the leakage of blood at 20-40 ml (as per File Nos.3 & 4 Page No.57) and also the vegetations and their consequences.

**45.18.** From the evidence of these AIIMS doctors, it is very clear that even though they visited five times, they have stated that they have only supervised, and they could not even uniformly say the cause of death.

**45.19.** The Commission has deeply gone through the report and has meticulously analysed the same.

**45.20.** As regards the findings recorded in the report of the Medical Board, the Commission finds no difficulty in agreeing upto



para 6, and the Commission itself, elsewhere in this report, has narrated these events. However, the Commission finds it very difficult to agree with para 7 (a) of the report on certain aspects. It is correct that Dr.Chandrasekar of R.2 hospital, on studying TOE ECHO on 28.9.2016, diagnosed two vegetations 12-14mm calcified with small perforation of AML, moderate MR. This diagnosis was not doubted by any other medical expert and thus it stood medically confirmed. For these vegetations causing serious threat to the life of the Late C.M., the course of action should have been planned by the expert doctors, more particularly from Cardio Thoracic Department, at least from 28.9.2016.

**45.21.** In para 7 (a), the Board has recorded that Dr.K.M.Chерian, Dr.M.R.Girinath and Dr.L.F.Sridhar offered their opinions suggesting that surgical therapy was not a priority. But, a close scrutiny of the entire medical records maintained during the relevant period (case sheet) does not indicate that Dr.Chерian or Dr.Girinath either examined the patient physically or studied the ECHO and the other investigation reports. Dr.Chерian has not been examined by the R.2 hospital before the Commission. Dr Girinath was examined as C.W.134. He has specifically stated that he had seen the patient physically only on 4.12.2016 when she was under ECMO therapy. He has categorically admitted that he did not visit the patient in the interregnum nor did he examine the medical records of the patient. He has not stated that he did not suggest

surgical therapy for the vegetations. Dr.Sridhar has been examined as C.W.135. He has stated that he examined the patient on 28.9.2016 for Sepsis. He has further stated that he concurred with the diagnosis that there were two vegetations. However, he has not at all stated that he opined that surgical therapy was not required. When he was specifically asked during the cross examination about the vegetations, perforation and surgery, he has specifically stated that the most concerning issue for the patient was vegetation and perforation and for that intensive treatment was absolutely necessary. When he was further asked about the plan for the surgery, he has stated that this question was to be asked to the surgeon and not to him. Thus he has not at all stated that he suggested that no surgical therapy was not required.

**45.22.** As pointed out already, in the case sheet there is nothing mentioned that these three doctors have given opinion against surgical therapy and opined for medical treatment. Very strangely in the treatment summary which was prepared by R.2 hospital after the demise of the late C.M., dated 7.12.2016, it has been mentioned as though these three doctors suggested for medical treatment and not for surgical therapy. It is obvious that the medical summary must be the concised statement/extract of the bulky medical records. Such summary cannot contain any particular/particulars which is/are not found in the medical records/case sheets. Therefore, in the absence of anything

contained in the case sheet about the alleged opinions of these three doctors, the statement contained in the treatment summary needs to be and must be rejected. This is more so, because of the non-examination of Dr.Cherian and the admission made by Dr.Girinath and Dr.Sridhar in their evidences. Therefore, the Commission holds that these three doctors have not given any opinion against surgical therapy.

**45.23.** But the Medical Board obviously has gone by the treatment summary alone and therefore the statement recorded in para 7 (a) of the AIIMS report that these doctors had opined against surgical therapy is not factually correct and therefore the Commission is constrained to reject this part of the statement contained in para 7 (a) of the report.

**45.24.** At this juncture, the evidence of C.W.120 Dr.Ram Gopalkrishnan assumes importance. According to him he opined as soon as the vegetations and the perforations were diagnosed on 28.9.2016 that early valve surgery was required. it is not known as to why his opinion did not find favour with the R.2 hospital and the said Doctor was thereafter not called for consultation, for the reasons best known to R.2 hospital.

**45.25.** The report of Dr.Richard Beale, a world renowned Doctor from UK needs consideration. He visited the patient on two occasions. He concurred with the diagnosis that there were two vegetations and also perforation. In his long report running to six

pages he has opined about the need for angiogram.

**45.26.** The opinion of Dr. Samin Sharma, though not examined as a witness, is found in the case sheet, which was recorded by Dr. Babu Abraham. Dr. Samin Sharma, a popular thoracic surgeon from US, was summoned and he examined the patient on 25.11.2016. He suggested that immediate angiogram was required. It has also been recorded that the patient has also agreed for the same. He offered to perform angiogram on the same day itself. But he was not allowed by R.2 hospital to do angiogram. The explanation of R.2 hospital is that, over phone Dr. Richard Beale did not suggest for angiogram. But there is no report from Dr. Richard Beale to this effect. As mentioned above, it was Dr. Richard Beale who suggested for angiogram on 1.10.2016.

**45.27.** Dr. Stuart Russell, is a specialist surgeon in valve surgery. He was consulted over phone on 11.10.2016 (IST 11AM). The records reveal that he also opined that immediate angiogram was required. This opinion was also thrown to the wind by R.2 hospital for reasons best known to them. No acceptable explanation has come forth from R.2 hospital.

**45.28.** The Medical Board of AIIMS has not referred to the above aspects, but referred only to Dr. Cherian, Dr. Girinath and Dr. Sridhar in point 7(a) of the report.

**45.29.** In point 8, the Board has recorded that Dr. Stuart Russell, USA, was consulted for the suggested Diastolic Heart

failure. It is also recorded in point 8 that Dr. Mathew Samuel from R.2 hospital said no need for angiogram or intervention. Having said so, the Board should have examined as to whether the rejection of the opinion of several internationally renowned Doctors suggesting angiogram or intervention was the right decision or not. But the Board has not considered all these aspects.

**45.30.** In the penultimate paragraph the Board has however opined that the treatment of the former C.M. was as per the correct medical practice and no errors have been found in the care provided. It has also opined that the Medical Board agrees with the above final diagnosis.

**45.31.** The Commission is unable to persuade itself to accept the said final opinion of the Board, so far as the angiogram or surgical intervention for vegetations and perforation is concerned. The Commission is conscious that the Commission has only a little expertise in medical science and so, normally the Commission should go by the opinion of the medical experts.

**45.32.** In a catena of judgements, the Hon'ble Supreme Court time and again said that the opinion of the experts could be rejected, if the expert has not furnished the necessary scientific criteria for testing the accuracy of the conclusion.

**45.33.** The Commission is aware that the Evidence Act is not applicable to the Commission in entirety, still for the limited purpose to follow the procedure, the Commission looked into Section 45 of

the Evidence Act and the Regulation as per the Judicial discipline and looked into certain decisions.

**45.34.** In (2020) 6 SCC 501, Maharaja Agrasen Hospital & others vs. Master Rishabh Sharma & others, (Civil Appeal No. 6619 of 2016), Pooja Sharma & others vs. Maharaja Agrasen & others (Civil Appeals No. 6619 of 2016 with No.9461 of 2019), an infant who was born before the gestational age of less than 32 weeks and weighing less than 1500 grams, as per medical literature, has to be mandatorily screened. Though the AIIMS Report recorded that ROP test was conducted, that was not done and the entry seemed to be an interpolation done subsequently to cover up the failure of the hospital. The medical records were seen and the view taken by the National Commission in disregarding the opinion of the Medical Board constituted by AIIMS was accepted. After discussing the facts and circumstances of the case, it has been held as under:

*"It is well settled that a Court is not bound by the evidence of an expert, which is advisory in nature. The Court must derive its own conclusion and after carefully sifting through the medical records, and whether the standard protocol was followed in the treatment of the patient. The duty of an expert witness is to furnish the Court with the necessary scientific criteria for testing the accuracy of the conclusions, so as to enable the Court to form an independent opinion by the application of this criteria to the facts proved by the evidence of the case. Whether such evidence could be accepted or how*

*much weight should be attached to it is for the Court to decide.”*

Anyhow, the Medical Board has given its own opinion. As per the Supreme Court the Medical Board was constituted to assist the Commission in disposal of the case. The Commission has considered the Report given by the AIIMS Medical Board carefully and thoroughly and noticed that they have only copied the treatment summary and given opinion and for the above said reason the Commission could not accept the Report of the Medical Board.

## **46. VIEWS OF THE COMMISSION**

**46.1.** Certain decisive turn of events that preceded the hospitalization of late C.M. deserve to be set out in some detail, as they would certainly have a significant bearing on the conclusions to be drawn, irresistibly, as they were from the factual matrix of the case.

**46.2.** Late C.M. had a brilliant cinema career and thereafter political career in Tamil Nadu, after the demise of her mentor M.G. Ramachandran, popularly known as MGR. She emerged as the unquestioned Supremo of AIADMK for more than 25 years.

**46.3.** Late C.M had been living all along in her Poes Garden residence. R.1 stepped into Garden, moved in presumably on the basis of some understanding between the two, which won them the description/ distinction of "putative sisters". There was perfect bonhomie between the two and also in the opinion of the general public.

**46.4.** It was then by a quirk of fate, that late C.M. stumbled upon an intelligent input based on certain report in a magazine by name 'Tehelka' published in Bengaluru as to an alleged clandestine effort of R1 and her family members, hatching a conspiracy to capture power in the party and thereby climb to the position of CM in the event of conviction of late C.M. in the disproportionate wealth case pending before a Special Court in Bengaluru. This development entailed a serious setback in the relationship between the two that



led to an embitterment of feelings and consequential estrangement. This was in December 2011 and eventually the crest fallen, R1 quit the Poes Garden residence unceremoniously in December 2011. This would appear to be an instance of "over vaulting" ambition.

**46.5. R.1** was subject to a scathing verbal attack by late C.M. in the AIADMK party conclave held in January 2011. R1 was openly accused of betrayal of trust and the leaders and cadres of the party were warned not to have any truck with R1 who then had fallen from the grace of late C.M. **The bonhomie between the two vanished and spite and ill will took its place. This demonstrates clearly the total estrangement between the duo. At times, facts are stronger than fiction.**

**46.6.** On 31.03.2012, there was reconciliation between the two and their differences were sorted out, on R1 tendering unconditional apology to late C.M. R1 rejoined Poes Garden and both of them started living under the same roof. However, it could be discerned from the materials available on record that though seemingly normalcy had been resorted between the two, still it was not as though perfect bonhomie was restored between these two, as it existed before the cleavage occurred. **There was simmering discontent in the mind of R1. In this backdrop, late C.M. was hospitalised on 22.09.2016.**

**46.7.** It is the admitted case of R-1 through her affidavit that in the month of Nov. 2011, the late C.M. sent her out of Poes Garden.

This fact is also spoken to by C.W.14-Krishnapriya, C.W.17-Sivakumar and C.W.23 Rajammal. Further, CWs.18, 20 and 21 had also spoken about the expulsion of R1 from the house of late C.M. It is inferable that due to some strained relationship, late C.M. would have asked R1 and her relatives to leave the Poes Garden. But the creator of the article published in 'Tehelka' could not be ascertained. It is only C.W.25 who states about the said article. But he has also admitted that he did not know personally anything, but he came to know of it only from Tehelka.com.

**46.8.** It is also in evidence that sometime in the month of April 2012, the late C.M. again took R.1 into her family fold; however, with undertaking that R1 will not interfere in the political and party activities of the late C.M. or AIADMK party. Late C.M., however, did not allow other family members of R.1 to return to Poes Garden.

**46.9.** After re-entry in the month of April 2012 admittedly, R.1 was in the Poes Garden residence of late C.M. and she was helping her and also taking care of all her personal deeds. This is how from the month of April 2012, R.1 was with the late C.M. until her demise.

**46.10.** It needs to be mentioned that there is vague evidence without supporting documents that once in 2015 late C.M. went for health check-up and was diagnosed with LV dysfunction. As per evidence, no treatment was taken for the same at the hands of Cardiologist then.

**46.11.** On 20.9.2016, C.W.17 was not available to attend on

her, as he had gone to Sabarimala and R1 spoke to him over phone and sought for his assistance. According to C.W.17, he advised R1 to give Paracetamol for fever. R.1 has stated that she gave Paracetamol to late C.M., so that she would be normal. Again there was intermittent fever and on the advice of C.W.17, she repeated paracetamol tablet at regular intervals. It is also in evidence (vide the history of patient recorded by R2 hospital on her admission) half an hour before she was taken to hospital, paracetamol was given. There is no other evidence that could be gathered by the Commission to ascertain the actual health condition of late C.M. three days prior to her admission in hospital.

**46.12.** It is also the evidence of the then Chief Secretary- C.W.12 that late C.M., despite her indisposition, went to the State Secretariat to attend inauguration of seven buses and also Metro Train function organized through video conference. On 21.09.2016 after 10 am. she was in the Secretariat for about 45 minutes According to R1, considering her ill health, R1 advised her to skip her visit of Secretariat, but late C.M. was very particular to attend the function, as the Hon'ble Union Minister Venkiah Naidu was to participate in the function through video conference, for inauguration by waving Green Flag. Her visit to the Secretariat and her returning to her house was spoken to by C.W.26-Driver, C.W.12-Chief Secretary, C.W.11-Sheela Balakrishnan, Officer on Special Duty. None of these witnesses said that late C.M. while in

the function suffered any setback but the Driver C.W-26, had stated that while returning home, she informed the driver to go slowly till such distance where the party workers were standing on the sides of the road and thereafter she asked him to go fast as she was not feeling comfortable. Driver did so and the late C.M. reached Poes Garden.

**46.13.** From these evidences, we can gather that on 21.09.2016, late C.M. was indisposed. The Commission therefore concludes that the statement of R.1 that the late C.M. was running high fever for three days for which she took Paracetamol is true.

**46.14.** On 21.09.2016, after 11.00 a.m., on reaching Poes Garden house, she alighted from the car. While doing so, she lost her balance and was about to fall down; she managed balance and on her own, walked into her house. From these evidences, the Commission concludes that, when she returned home, late C.M. was not well and lost balance while alighting from her car but managed to come into the house on her own.

**46.15.** It appears from the evidence on record that on her return to her house on 21.09.2016, there was no further setback in her health except intermittent fever for which she was taking paracetamol tablets. As per his evidence on 22.09.2016 at around 11 am, C.W.17 came to Poes Garden, after receiving call from the Garden, and enquired about late C.M's health condition. According to him, he was informed that she was alright. Therefore, he went

back. He has not explained as to why he did not personally examine late C.M. or he had not advised her to get a physician or visit any hospital, being the personal physician of late C.M. He is expected to take adequate care and act with more caution to diagnose the cause and symptoms for her fever and to suggest the remedial course of treatment, since she was suffering with fever for more than two days. Had it been done, it was possible that she could have been taken to hospital for treatment on 22.09.2016 morning itself and examined by the doctors and who specialized in treating the disease she was suffering from and could have decided the course of treatment. It needs to be mentioned that an assumption leads to the reasonable inference that the Commission is unable to accuse C.W.17 or find fault with him for his negligence.

**46.16.** On the same day, i.e., 22.09.2016, C.W.17 claims that he again went to Poes Garden at 4 P.M. and enquired about the health of late C.M. as he was informed that she was alright and he went to R.2 hospital, for surgery of some other patient. When he was reaching his house at Neelankarai, after visiting other patients, R1 called him over cell phone at 7.00 p.m. and informed that the late C.M. was unwell and asked him to come over to Poes Garden. Further, he stated that he reached the house of late C.M. after 8.45 P.M. According to him, when he entered into the bed room of the late C.M. in the first floor of the house, R1 was already there and she was engaged in conversation with late C.M. Soon thereafter,

the late C.M. coughed a few times and, when he enquired her, she said that she had already taken medicine. Late C.M. then leaned on her bed. He stated, holding her feet, that he would stay to monitor her health. But the late C.M. said that he need not stay there. It is the statement of R1 as well as evidence of C.W.17 that late C.M. went to bathroom for brushing before going to sleep. Unusually she remained in the bathroom for quite some time. Therefore, C.W.17 asked R.1 to go and see her in the bathroom. However, R1 in her affidavit in para 29 stated that, when she was proceeding to the bathroom, late C.M. on her own came out walking towards her bed. While reaching the bed, again she started coughing severely and at the time of nearing her bed, she fainted on both of them. R1 and C.W.17 managed to hold her. She fell on the shoulder of R1. R1 sat on the bed and managed to lay her on the bed and at that time, she became fully unconscious. R.1 in her affidavit added that C.W.17 massaged the feet of late C.M.

**46.17.** At once C.W.17 called R.2 Apollo Chairman's daughter Dr.Preetha Reddy's husband and asked for an ambulance to take the late C.M. Within 10 minutes, ambulance arrived from R2 hospital. C.W.56-Dr.Snehashree and C.W.71-Anish, Paramedical staff, came in the ambulance. C.W.56 rushed to the bedroom of the late C.M. and found out that she had no adequate oxygen and decided to administer oxygen. Oxygen cylinder was taken from the Ambulance van to the bedroom and late C.M. was administered

oxygen by facemask, making her to sit on the chair. Since she was unconscious, she could not be positioned in the chair and she glided. Then stretcher was brought to the bed room. She was made to lie on the stretcher and taken to the ambulance through the staircase. The ambulance reached the hospital at 10.15 P.M., as recorded in the medical records of R2 hospital. Dr.Snehashree. C.W.56 examined her and R2 hospital has recorded the history as narrated by C.W.17 and in the emergency room, until then, she did not regain consciousness.

**46.18.** From the above evidences, it is crystal clear that, at 9.45 p.m., the late C.M. was rushed to R2 hospital. There is no delay, but there are a few circumstances emerging from evidences which are highly disturbing. The late C.M. was not an ordinary person, but Hon'ble Chief Minister of the State. It was well known that she had certain health issues.

**46.19.** At this juncture it may noted, that in an Echo of the year 2015, late C.M. was diagnosed of LV dysfunction. Three days prior to hospitalization on 22.09.2016, she was running intermittent high fever for which paracetamol was given. There is no answer by C.W.17 as to why he did not previously examine her on 22.09.2016 in the morning at Poes Garden.

**46.20.** Being the personal doctor, C.W.17, ought to have examined her to treat and diagnose and to suggest the future course of treatment. This in the view of the Commission may be

termed as sheer indifference on his part. Proper diagnosis after consultation was needed and the possibility of her having been taken to the hospital earlier for treatment could not be ruled out. In such an event, the episode at 9.45 P.M. could have been avoided.

**46.21.** Admittedly, the late C.M. was brought to R2 hospital around 10.25 P.M. on 22.09.2016 in an unconscious state, as per the affidavit of R1 and the evidence of C.W.17. C.W.12, the then Chief Secretary, has stated that, on receiving information about shifting her to R2 hospital, he rushed to R2 hospital. C.W.56- Dr.Snehashree of R2 hospital examined her in the emergency ward and she recorded that the late C.M. was unconscious. **From these evidences, it is crystal clear that when she was hospitalized, she was unconscious.**

**46.22.** At that time, C.W.56 has recorded the history of the patient in the medical record in Page No.7, File Nos. 3 & 4. The information was furnished by C.W.17. This is the earliest medical record that has come into existence. So far as history of the patient is concerned, it is recorded as follows:

*"H/O high grade fever intermittent since 3 days.*

*Rashes on the body- diagnosed. As atopic dermatitis with steroids since 2 days.*

*Took Paracetamol 30 minutes before.*

*Sudden onset breathing difficulty and drowsiness.*

*Diagnosed the issues CAP Vs Acute LV failure.*



*Cardiology consult."*

**46.23.** Two other Apollo doctors examined her in the emergency ward. The said team of doctors continued administration of oxygen supply through face mask. Preliminary diagnosis was done by the doctors and it was recorded at 10.30 P.M. Dr.Raymond after examining her, recorded in File Nos. 3 & 4, (after Page No. 40) Page No.1 (circled), on 22.09.2016, as under:

*"giddiness, drowsiness known hypothyroid, diabetic, and hypertensive with h/s/o atopy- on steroid, Echo report LV mild MR, mild AR. ECG report."*

**46.24.** She was conscious while she was brought out of emergency room after half an hour and she was with full orientation.

**46.25.** Immediately thereafter she was shifted to CCU. As per the evidence while she was being shifted, C.W.12-Chief Secretary arrived in the hospital. C.W.31-R.Veeraperumal, PSO, who was present therein stated at that time she asked him as to where she was and Chief Secretary replied to her that she was in R.2 hospital and that she had been brought as she had fainted. From these evidences, it could be gathered that though she gained consciousness, she was drowsy. After shifting to CCU, doctors and medical staff of the hospital, C.W.17, R.1 and others kept away from the CCU. However, doctors examined the late C.M. in the CCU for about one hour.

**46.26.** Late C.M., had shown signs of positive response to the medical treatment and was virtually on the path of recovery. From the time of admission, the doctors had concentrated only on "sepsis" infection and diagnosed it as Endococcus bacteria for which they gave treatment till her setback on 27.9.2016 midnight. Anyhow, they have failed to attend the cardiac problems, which led setback.

**46.27.** On 27.9.2016, Cauvery River Water issue meeting was held in the treatment room at R.2 hospital itself. On 27.9.2016, late night, she had a setback and they detected perforation in the heart. On 28.9.2016 at 10.30 A.M. C.W.120-Dr.Ram Gopalakrishnan diagnosed that she was suffering with perforation and vegetation and **he made a note that these are indications for early surgery.** On the same evening at 5.00 P.M., Dr.Rajeev Soman, Consultant Infectious Diseases, Bombay, on verification of the records, made notes, recommending for early valve surgery. Dr.Jigidivatia, from Bombay, also perused the case sheets and wrote his opinion. Thereafter, treatment was going on for sepsis and she had been in ventilator on ventilator mask.

**46.28.** On 01.10.2016 Dr.Richard Beale gave treatment for sepsis and thereafter he gave a report in which he has specifically stated (page No.6) that, **if it is not attended to, heart attack or stroke may happen.** In fact, in the evidence of C.W.17-Dr.Sivakumar, it is stated that **Dr.Richard Beale advised for**

***abroad treatment and the Doctor himself stated that he would accompany in the air-ambulance.***

**46.29.** On 5.10.2016, C.W.136-Health Secretary, subsequent to the visit of Dr.Richard Beale, UK Doctor, addressed a letter to the AIIMS Director, under Ex.C.44-A, requesting for a team of doctors with names. Even though he asked for Anaesthetist and Specialists of other branches, he had not asked therein specifically for a Cardio Thoracic Surgeon.

**46.30.** Team of AIIMS Doctors visited on 5.10.2016 evening. Even though they have visited five times, in their evidence, they would say that they have only supervised the treatment given by R.2 hospital doctors and they have not given any treatment nor any prescription to Late C.M., and Tracheostomy was done on 7.10.2016. Routine treatment has been given and sepsis has been completely cured within about 15 days of her admission.

**46.31.** Thereafter, out of 75 days, for 60 long days R.2 hospital had given treatment through C.W.99-Dr.Y.Vijay Chandra Reddy and C.W.106-Dr.Babu Abraham, for lung and heart ailments alone. C.W.84-Dr.Nithish Naik as well as C.W.142-Dr.Deva Gourou Velayoudam, AIIMS Doctors, both of them, in their evidence, have admitted that, if vegetation is noticed, surgery alone is the alternative, provided, the health condition of the patient is also to be taken into account. R.2 hospital had contacted Dr.Stuart Russell, Cardiologist, John Hopkins Institute, USA and in the telephonic

conversation on 11.10.2016, the US doctor also advised coronary angiogram; whereas, the doctors of R.2 hospital informed that at that time only she was improving and R.2 hospital doctors having responded in such a way, Dr.Stuart Russell said that angio can be done in a planned manner. Then, in November 2016, no outside doctors upto 24.11.2016, which includes AIIMS, had seen as per the records of R.2 Hospital.

**46.32.** During November 2016, R.2 hospital administration stated that, since there was improvement and she was stable, AIIMS Doctors have not been called and the same treatment had been continued.

**46.33.** C.W.110-Dr.V.C.Parthasarathy, Consultant Ophthalmologist, on 28.9.2016 at about 05:00 p.m., the Hospital authorities asked him to check whether any 'Rothspot' was found in the retina of eyes of late C.M. and when he examined, there was no such thing.

**46.34.** C.W.76-Dr.Sajan Karunakar Hedge, stated that he was called on 13.11.2016 for the complaint of back-pain of Late C.M. He attended and prescribed pain-reliever for a few days and conveyed that if pain persists she has to undergo MRI Scan, but, fortunately she recovered on tablet itself. R.2 hospital was able to attend even these small things because it was said by late C.M., whereas about procedure of Angiogram, as suggested by C.W.120, late C.M. was not aware and that is the reason R.2 hospital had postponed the

angio procedure.

**46.35.** In hindsight, late C.M. was treated for her ailments way back in the year 2000 by renowned Doctors of the Stature of Medical University Vice Chancellor, Dr.Santharam and others. Later R1's relative Dr.Vinothan and, after his death, Dr.Sivakumar replaced the earlier team of doctors and late C.M. was under his medical care all along. It has not been established that C.W.17 who took over the healthcare and treatment of late C.M. did render a good account of himself in the healthcare maintenance of a high profile leader of the masses. Apollo and AIIMS concurred that no surgery/angio needed to be performed. In this scenario, R1 ought to have made every endeavour to arrive at the most appropriate line of treatment after due consultation with renowned medical experts both in India and abroad. **Quite surprisingly, there was manifest and culpable lapses noticeable on the part of those who volunteered to assume the responsibility of acting in the best interest of late C.M., to the exclusion of all others, especially when late C.M. was confined to her hospital bed and it was the only privileged few around her guiding her destiny. The whole line of treatment was shrouded in secrecy and there was lack of transparency,** as much as there was no authentic and reliable disclosure of facts pertaining to her exact health condition and the course of treatment.

**46.36.** A scrutiny of the testimony of the witnesses examined

by this Commission would only reveal that when the patient was conscious and had her faculties intact, she was not informed of the health issues she was facing and the treatment protocol that was to be adopted. It remains incomprehensible as to why the patient herself was kept in dark and the in-charge C.M., Cabinet colleagues and officials were not taken into confidence. Admittedly, the signature of late C.M. was not found anywhere in the records of R.2 Apollo and only R.1 and C.W.12-Chief Secretary had signed in the necessary records. This state of affairs would only expose R2 and R1 to the comment that this was part of a design to get things done in a manner that will suit their objective and the entire scheme of things had been intelligently engineered in this direction.

**46.37.** Late C.M was in the hospital for 75 days of which she was effectively treated for her ailments during the first four days and virtually she managed the health issues such as sepsis infection Enterococcus faecalis bacteria, Diabetes, BP as borne out by the records available. However, during the remaining days of her stay in the hospital, she appeared to have also been treated for Cardiac and Pulmonary oedema ailments. It is baffling to know as to why the factum of late C.M. having been treated for these critical and complicated multiple health disorders had not been disclosed to anyone.

**46.38.** C.W.120-Dr.Ram Gopalakrishnan, on **28.9.2016 at 10.30 a.m.,** has made an endorsement in the case sheet (File

No.5, page No.48 and 47 from reverse) as under:

*No evidence of new sepsis episode at this point.....Valve Perforation.*

*Endocarditis cultures have cleared on an optimum medical regimen, has a valve perforation and pulmonary oedema, which are both indications for surgery.*

*.....Recommended valve surgery at the earliest suitable moment.*

**46.39.** On **28.9.2016, at 5 p.m. Dr.Rajeev Soman's** medical notes File No.5, page No.220 and 219, show an endorsement that perforation was seen in the after-noon and he ***suggested early valve surgery.***

**46.40.** On 1.10.2016 UK doctor Dr.Richard Beale immediately after his visit, gave his six pages report stating specifically in his report at page No.4 *if episodes of pulmonary oedema persist inspite of these measures, then it may become necessary to perform coronary angiogram.* In page No.6, he stated that *cardio vascular events such as stroke or heart attack are also possible, however good medical care.* He volunteered to C.W.17 even to accompany late C.M. in the air ambulance.

**46.41.** Dr.Babu Abraham had recorded in File No.4 Page 235, after a telephonic conversation with Dr.Stuart Russell, USA Doctor, at 11.00 P.M. Indian Standard Time ***on 11.10.2016, that Dr.Stuart Russell suggested for angio.*** He had also written that he gave a brief history to the USA Doctor regarding the possibility

of Mitral Regurgitation, repeated ECHOs, TTE and TEE had ruled out worsening MR during episodes of flash Pulmonary oedema. He advised a **CAG at some point of time**, once she is stable and clinically fit for the procedure.

**46.42. Dr.Stuart Russell initially said that it was an opportune time for performing angio and surgery**, but Dr.Babu Abraham indicated that it was not necessary and so Dr.Stuart Russell also left as it was.

**46.43.** Further from the records, Apollo Doctor C.W.83-Dr.Senthilkumar, would say that Dr.Cherian also stated that surgery intervention is not necessary. Dr.Jigidivatia, Mumbai Doctor, has also made an endorsement at page No.216 in File No.5 on 28.9.2016, stating that she has been ventilated, vegetation and perforation had been noticed, MR also seen. He never said that cardiac surgery intervention is not necessary. **Even though C.W.83 would say that Dr.Cherian opined that surgical intervention is not necessary, Dr.Cherian had not made any endorsement, nor is there any indication that he had seen the patient/case sheets and no records are available.**

**46.44.** In the ordinary course, the authorities in-charge of the treatment of a VIP of the stature of late C.M. would be duty bound to disclose the ailments, health condition and course of treatment to be administered including the protocols of the procedures. The patient also has to be apprised and due consent has to be taken and



if the patient is not in a condition to understand, then the close relatives or well-wishers have to be apprised, explained and then their due consent has to be obtained. Such a disclosure has to be made after due deliberations, involving the persons concerned, so as to be in line with the medical ethics besides being in accordance with the virtue of Justice and fair play. It is in this view that one cannot resist subscribing to the theory of foul-play in the process of treatment and fair play was conspicuously absent.

**46.45.** Of course, it is true that some of the doctors attached to Apollo who are essentially physicians opined that no surgery need be done. However, the fact remains that at no point of time during the course of treatment any cardio thoracic surgeon was asked to attend on late C.M. and his opinion sought for. When there is a cleavage of opinion regarding the line of treatment, it would be in the fitness of things that both physicians and surgeons put their heads together and arrive at a conclusive decision to set at rest the conflicting opinions, but all the while acting in the best interest of the patient. In the instant case, nothing has been done in this behalf. Significantly, the entire treatment protocol was within the special knowledge of the then Health Secretary, Health Minister, the Chief Secretary, Dr.Y.V.C. Reddy, Dr.Babu Abraham, Dr.Sivakumar, besides of course R1 who was on the vanguard.

**46.46.** It is pertinent to mention at this juncture that, C.W.3-Dr.R.Muthuselvan, who had treated late C.M., in her residence and

who had been deputed by the State Government to assist the Apollo Doctors, had not been approached for getting any opinion, as sought for from doctors outside the Country.

**46.47.** This Commission prompted by a sense of duty to elicit information as to the treatment that was given in an all-round effort to save the sinking late C.M., C.W.136 was asked as to why a cardiac surgeon was not called. The response of the witness who is none other than the Health Secretary to Government, was quite distressing, besides being evasive and irresponsible, smacking of a doubt that all was not well in the prevalent dispensation.

**46.48.** Astoundingly, the then Health Secretary persisted in the course of conduct and when questioned as to why she was not taken abroad for better and more efficacious treatment, he rhetorically came out with an answer that such a course of action would amount to an insult to our Indian Doctors. Here and now, it may be pointed out that this is not the time to be egoistic and all should have been concerned only about the speedy recovery of late C.M.

**46.49.** Obviously, there is flow in the reasoning of C.W.136-then Health Secretary, since, admittedly doctors from UK and physiotherapists from Singapore were brought to R2 hospital for treatment of late C.M. Under such circumstances, he is shedding crocodile tears for the medical fraternity in India. The then Health Secretary would certainly expose himself to a comment that it was

only to avoid treatment of Late C.M. that he had put forth the ploy of Indian Doctors getting insulted, which is imaginary and quite far-fetched.

**46.50.** This would expose the falsity of the claim of the Health Secretary, had such information has been passed on then and there and provided to the Government, the Government would have had an opportunity of examining whether or not the ailing CM should be taken abroad for further higher treatment and the Government would have also considered at the Cabinet level whether the treatment was given in proper lines. There is a spectacle of not even the Government being taken into confidence and the whole process of treatment has remained in the exclusive control of R1 and her doctor relatives and a few others constituting a "coterie".

**46.51.** This Commission is of the considered view that there is purposeful gross omission on the part of R.2 hospital administration. None other than a high profile leader of the then ruling dispensation was under treatment for as many as 75 days in R.2 hospital. There were vicissitudes of uncertainties and imponderables in the health status of late C.M.

**46.52.** Interestingly and paradoxically enough, the Health Secretary is a Veterinary Doctor by qualification and the less said the better. It may be borne in mind that a doctor from UK and a doctor from Bombay, besides a doctor from US, opined categorically that Cardiac Surgical Intervention was necessary. If so, how and in

what manner, the said view was ignored has not been explained by R.2 hospital. It is baffling to note as to why not even Angiogram which is just a diagnostic procedure was not performed all the while keeping that option open and deferring it from time to time and that at long last no Angiogram was performed, even though the blood creatinine level was very much within the normal range at the relevant time, which is a pre requisite for doing the Angiogram procedure. As to why Cardiac treatment in the above line was omitted to be given at the right time, remains unexplained. In spite of these, R.2 hospital had not even allowed their own Thoracic surgeon to see the patient or to get an opinion from him.

**46.53.** It is in evidence that Dr. Pratap C. Reddy, the Chairman of the Apollo Hospital, gave press interview on 12.11.2016 about the condition of the Late CM and the same was widely reported in Press and Electronic Media more particularly in "The Hindu" and "The Deccan Chronicle", viz.,

*"Jayalalithaa's infection was fully under control and she could go after discharge wherever she liked. Her discharge depends upon her decision. There is no fixed date. She has to reinvigorate herself to go back. What is required is recuperation".*

**46.54.** This interview gave an impression that the late CM was out of danger and she was perfectly alright, requiring no more hospitalisation. But the truth, as revealed from the medical records and the evidences of the doctors discussed in this report very

elaborately, was absolutely otherwise. This Commission regrets to observe that the above statement of Dr.Pratap C.Reddy is far beyond the truth. ***It is also shocking that the head of such a world renowned hospital had made such an irresponsible statement to the Media.*** Was there any pressure upon him to make such a false statement? Even assuming that there was either pressure or request from anybody to make such a statement to the Media, he should not have made such a false statement. The motive behind the said false statement is also not known. In his affidavit, he has not explained the circumstances under which he made the above statement, which even to his knowledge was false. Though he is a party before the Commission seeking fair opportunity, he had not chosen to examine himself as a witness before the Commission to explain the circumstances he faced during her hospitalisation. It is highly unexpected that a person of his position would make such a statement to the Media which is contrary to the ground reality. Obviously, the people would have been swayed by such a false statement. This conduct of Dr.Pratap C. Reddy is highly condemnable, which may require thorough investigation.

**46.55.** On 25.11.2016, Dr.Babu Abraham had made a note that the patient's relatives summoned Dr.Samin Sharma, Professor of Cardiology, Mount Sinai Hospital, New York. Dr.Samin Sharma, after examining late C.M., discussing and after verifying the records, agreed to do angiogram and he was prepared to do on that

day itself. Then immediately, as per the records, Dr.Richard Beale, Intensivist from UK, is alleged to have suggested to postpone the angiogram procedure, stating she was only then improving. To prove this, R.2 hospital had not chosen to examine UK Doctor Dr.Richard Beale, who prevented to take angiogram, as suggested by Dr.Samin Sharma. At that stage, it was left as it was.

**46.56.** Dr.M.R.Girinath who was working in the same hospital, was also examined. He also suggested that there was no need for surgery, but admittedly, he never made any entry in the case sheet nor had he seen the patient prior to her cardiac arrest. Altogether, it is seen that one doctor of R.2 hospital C.W.120-Dr.Ram Gopalakrishan and three doctors of other hospitals suggested for angiogram; however, C.W.84-Nithish Naik, AIIMS Doctor, stated that surgery intervention is not necessary. Dr.Girinath also stated that surgical intervention was not necessary and the reason he said was late C.M. was suffering with ARDS. Regarding the ailment of ARDS, **C.W.107-Dr.Narasimhan**, Pulmonologist of R.2 hospital, stated that only two days prior to her heart failure, she had ARDS that caused infection. **C.W.75-Dr.J.R.Subramaniam** stated that only two weeks prior to her heart failure, ARDS has been found. From the evidence as well as R.2 hospital records, till 25.11.2016, she was alright and fit for angio, (File No.4, page No.526). On 26.11.2016 they have minimised the size of TT Tube (File No.4, page No.528-breathing tube). AIIMS Doctor C.W.84-Dr.Nithish Naik

also stated during his examination that they have not suggested to include a Cardio-Surgeon in their team because, in the Apollo Hospital itself, surgeons are available and looked after Late C.M.

**46.57.** The treatment given to the late C.M. was as decided by R.2 hospital, as per the instructions given by R.1, and this is proved by the evidences. The Commission suspects that, already there being an allegation against R.1 that there was a publication in Tehekla that R.1's family members hatched a conspiracy in a Bangaluru hotel aiming the position of C.M., this time R.1 was very cautious in the hospital, without allowing anybody to know about the treatment and maintained secrecy and further even for small heart vegetation, angio/surgery was not done, though it was made to appear that they have taken efforts to summon outside doctors, who suggested for angio procedure and advised for early valve surgery. Only to convince them, all these doctors had been hosted by R.2 hospital. If really they had the genuine intention, to verify her health condition, they could have deputed one Thoracic surgeon also and got opinion from him and proceeded with treatment accordingly. This million dollar question remains unanswered.

**46.58.** In Times of India, 3<sup>rd</sup> October, 2016, there is a publication after seeing the bulletin report published by the R.2 hospital, she was taking treatment and she is responding and a few days stay in the hospital for her treatment is essential. The former Chief Minister Dr.Kalaignar M.Karunanidhi gave a statement that

she was admitted for fever and dehydration as per the report of the hospital and, in the meantime, there are also reports that she had met the officials and political leaders in the hospital and discussed about Cauvery River Water issue and she is capable of dictating the statement filed before the Cauvery River Water issue meeting held in New Delhi. In such a meeting, which had happened in the hospital itself, photograph has to be released. However, it has not been released to the public. It will alone put an end to the rumours and the mystery over her treatment and health condition. The paper news also carried news that even though the late C.M. had different ideologies with Selvi J Jayalalithaa, he wished her speedy recovery. That statement also published. He himself had stated that there is mystery over her health and photograph and treatment details had to be published. It has been ignored. What he anticipated in the mystery had taken place.

**46.59.** The Commission took steps to ascertain through R.1's counsel as to who called Dr.Samin Sharma from USA, but without success, as R.1 replied that only C.W.17 knew about it. On his part, C.W.17, without answering who called Dr.Samin Sharma, replied what Dr.Babu Abraham had written in the records and evaded the answer. Generally C.W.17 answered all questions put by the Commission and he is a decent witness. Even the highly efficient Intelligence Department, when approached with full details, the Commission got a cryptic reply that they do not have any records in



this regard. Such being the cooperation, the Commission tried its best to unearth more truth, but could not achieve it.

**46.60.** C.W.146-Dr.Vijayabaskar, Health Minister, in his evidence for a query answered that he is aware about the telephonic conversation with Dr.Stuart Russel and Dr.Samin Sharma came from US. He stated that Dr.Rajeev Soman, came to the hospital but he pleaded ignorance about the opinion given by these two doctors. When questioned about the signature put by the Chief Secretary and Sasikala during the procedural aspects for late C.M. he pleads ignorance. Regarding the treatment given to late C.M. he would say that it was decided only by the Apollo Hospital.

**46.61.** C.W.148-Ilavarasi and C.W.149-Thiru. O.Panneerselvam have been examined and in order to mark three medical reports, two Government Doctors have been examined in connection with verification of medical records and the Report of C.W.150-Dr.Nandakumaran is marked as Ex.C.51 and the Report of C.W.151-Dr.Ravi is marked as Ex.C.53. The Report submitted by Dr.R.Nandhakumar, Professor of Cardiology, Stanley Hospital, has been marked by consent as Ex.C.54. Finally the oral evidence has been concluded on 26.4.2022 on examination of P.W.8-Pugazhendi. The applications filed by P.A.Joseph have been disposed of on 30.03.2022 and the Application filed by Pugazhendi has been disposed of on 9.5.2022. The prayer in A.No.214 of 2018 and the prayer in A.No.49 of 2022 are one and the same and the said

prayer has been answered along with the Reference. Since it has been answered in the Reference, both the Applications are closed.

**46.62.** C.W.43-Bader Sayeed; C.W.57-Alok Kumar, Manager, Bank of India, Elada Branch; C.W.111-Jayanthi, Radiologist; C.W.133-Dr.D.Sivagnana Sundaram, Endocrinologist; C.W.137-Sivayogam, C.W.138-Devika and C.W.139-Boomika, servant maids at Poes Garden and C.W.143-Peter Craig Jones, vendor of Kodanadu Estate, were examined by this Commission, but as their evidence is not germane to the Terms of Reference, their evidence is not discussed in this report.

**46.63.** C.W.18-Poongunran, stated that after 2.00 p.m. on 4.12.2016, there was hue and cry in the treating room of late C.M. C.W.65-Maheswari, Nurse, stated that she came to duty, at 2.00 p.m. late C.M., asked her to switch off the Television and after sometime she had breathing difficulty.

**46.64.** C.W.59-Nalini, stated that she was asked to take ECHO before 3.50 p.m. on 4.12.2016, but she did not know at what time her heart failure occurred. But she confirmed at 3.50 p.m. As per the evidence of C.W.59 coupled with the evidence of C.W.125-Kamesh, Instrument Cleaner, he along with **C.W.100**-Mathivanan, **C.W.122**-Panchapakesan and one Arun, three other Instrument Cleaners and Dr.Ramesh, did the heart massage. CPR can be done alternatively and therefore probably they have taken assistance of untrained persons. Later on sternotomy was done. As per the

evidence of C.W.119 and C.W.112, without shaking the body, sternotomy was done for 15 minutes. They said that while doing CPR, sternotomy cannot be done, but C.W.126-Dr.Madhankumar stated that CPR and sternotomy can be done simultaneously.

**46.65.** On 4.12.2016 3.50 p.m. itself, according to C.W.59-Echo Technician, she knows what is cardiac arrest and she noticed three things viz., (1) whether heart was functioning (2) no evidence of pericardial and (3) leakage from valves could not be seen. C.W.60 who was the duty doctor present at that time also stated that there was a change in the heart rhythm, noticed by her in the VPC monitor; heart VF changed, heart alone vibrated, there was no blood circulation.

**46.66.** Quite significantly, sternotomy was undertaken simultaneously with CPR and in that regard, three surgeons were called to attend on the sinking Late C.M. There was no bleeding or circulation of blood as said by CW-60 before starting the procedure of sternotomy, which would inevitably point to the conclusion that Late C.M. was no more.

**46.67.** C.W.127-Dr.R.Jayanthi, who is the Dean of the Rajiv Gandhi Government General Hospital, in her evidence would say that daily around 12000 persons were treated in her hospital. At the time of sternotomy, when skin is cut, blood has to come out, and if CPR is done, more blood would ooze out, if there is blood circulation. Why CPR and sternotomy were done at this belated and

unwarranted stage is a question to be pondered over, leaving the matter to be within the realm of inference and conjectures.

**46.68.** There is also another piece of evidence of C.W.123-Dr.Minal M Vora. She stated in chief examination (page No.5) that between 1 a.m. and 2 a.m. on the midnight of 04.12.2016, she found rhythm in the late C.M.'s heart for a few minutes, that late C.M.'s eye-lids after being connected to ECMO opened and closed and she also breathed and this was recorded retrospectively at 9.45 a.m. on 5.12.2016 (File No.5, page No.224). In her cross-examination (page No.10), she would say that there was rhythm on its own for 30 minutes at 3.25 a.m. (written in the file at 4.45 a.m. on 5.12.2016). C.W.80-Dr.A.L.Arulsevan, in his evidence, after recall, in the presence of the AIIMS Medical Board, stated that pupillary response was seen on her left eye on the late night of 4.12.2016 and in the early morning on 5.12.2016. C.W.17 in his evidence stated that he was not informed about the heart functioning of late C.M. for 30 minutes at 3.25 a.m. on 5.12.2016. Further, they put straw in her mouth and found out GAG, which was also not informed to him. Admittedly, Apollo doctors are making entry in the case sheet only in a retrospective manner. The above said timings differ from witness to witness. If really the above said changes had taken place, they certainly would have communicated to C.W.17 and R.1 only. In this regard, C.W.17 pleads ignorance. From this, it is very clear that only for the purpose of getting over

the lapse of time these things have been written.

**46.69.** C.W.15-Dr.Sudha Seshayyan, who is the Vice Chancellor of Medical University, clearly stated that at 11.30 p.m., when embalming commenced, on the requisition by the OA of late C.M. C.W.22-K.T.Karthikeyan, she found that the late C.M. would have passed away 10 to 15 hours prior to the time of embalming. Further, when the late C.M. was in the ECMO, to declare the death, R.2 hospital have summoned AIIMS team on 5.12.2016 and that is the first time they thought that Thoracic surgeon must be consulted. The AIIMS doctors visited on 5.12.2016 at 5.00 p.m., they asked the hospital authorities to bring the temperature of the patient to normothermia and two to three hours later they examined and opined that no heart function was seen. Hence they instructed to remove the late C.M. from ECMO. Once they had no idea of doing transplantation, then why they have put her in the normothermia and this could not be explained by them. From this, it is very clear that, as per the evidence of C.W.59, death has been confirmed by 3.50 p.m. and CPR, sternotomy and calling for AIIMS team of doctors were totally time consuming and a waste. It will not be out of context to state what C.W.142-Dr.V.Deva Gourou, AIIMS doctor, stated in page No.2 that, even after 45 minutes of doing CPR, if the heart is not revived, then they would declare. The same view had been expressed by C.W.107-Dr.Narasimhan also. Knowing fully well that her heart would not revive and it could not be

revived, they prolonged the time, with some motive.

**46.70.** From the above evidence, it is clear that R.2 made endorsement in the case sheet to satisfy themselves as if brain death had not occurred, and it is a self-serving one. It is not understandable, why none had taken any steps right from 28.9.2016 till her death to take a simple angiogram, which would have revealed whatever defect, if any, was there; the Commission is at a loss to understand. The reason is also not mentioned in the files, nor is there any statement by anyone in this regard.

**46.71.** The time of death of late C.M. assumes significance and it has far reaching consequences. There is an official description of time of death fixing it at 5.12.2016, at 11:30 PM. There is gross variation with the version of the paramedical personnel who physically attended on late C.M. when she was sinking in her hospital bed. The unequivocal and unambiguous version of the nurses, technicians, and duty doctors, who were monitoring the health status of late CM, is that she suffered a cardiac failure before 3:50 PM on 4.12.2016 and that ***there was no electric activity in the heart,*** and there was also no blood circulation.

**46.72.** Late C.M. was rendered unfit for undergoing even echocardiogram and allied diagnostic procedures, invariably done in case of patients who would respond to such a course of treatment. While so, CPR had been performed on Late C.M. belatedly, CPR is claimed to have been commenced at 4:20 PM, as borne out by the

testimony of the witnesses. When examined by this Commission, the services of three instrument cleaners of the hospital were availed for performing the CPR. Astoundingly enough, CPR procedure had been commenced virtually on the body of the Late C.M, after the electrical activity and blood circulation in the body of Late C.M. had ceased and after her condition had become irreversible, going by the timing of such an exercise.

**46.73.** The version of CW-9 Deepak, nephew of Late C.M., would be quite germane in fixing the time of death of Late C.M. His version is that he performed the 1st Anniversary of her death, considering the time of death as between 3:00 and 3:30PM on 04.12.2016 (sashti tithi from 02:26 AM, Tamil Panchagam-[www.prokerala.com](http://www.prokerala.com)):

# டிசம்பர் 04, 2016 பஞ்சாங்கம் • கார்த்திகை 19



துன்முகி வருடம் கார்த்திகை 19,  
ஞாயிற்றுக்கிழமை, December 04,  
2016 பஞ்சாங்கம் -

**திதி** : 02:26 AM வரை பஞ்சமி  
பின்னர் சஷ்டி

**நட்சத்திரம்** : உத்திராடம் 09:07 AM  
வரை பிறகு திருவோணம்

**யோகம்** : துருவம் 05:45 AM வரை,  
அதன் பின் வியாகாதம்

**கரணம்** : பவம் 01:58 PM வரை  
பிறகு பாலவம் 02:26 AM வரை  
பிறகு கௌலவம்.

இன்றைய பஞ்சாங்கம்

தமிழ் காலண்டர்

டிசம்பர் 04 ஞாயிற்றுக்கிழமை



on the basis of the information which he had received from the driver of Late C.M., and CW-18 Poongunran, who were intricately involved in taking care of the ailing late C.M. and also geographically proximate to her, and who were posted with full facts every now and then, abreast of all developments and turn of events in the course of hospitalization of Late C.M. and her treatment.

**46.74.** This would, in the view of this Commission, ultimately prove that Late C.M. passed away on 04.12.2016 at 3:50 PM itself and the CPR and sternotomy exercises were futile and these have been used as a ploy to explain away the delay in the official declaration of her death.

**46.75.** Thiru.O.Panneerselvam was all along an insider and formally a part of the inner circle and whatever transpired was within his knowledge, even during the life time of the late C.M.

**46.76.** On the demise of the late C.M., he succeeded to the office of Chief Minister of Tamil Nadu without any loss of time as though he was in a state of readiness to fit in. He positioned himself as the successor of the late C.M., which is not a fortuitous happening.

**46.77.** The new found position did not last long, due to the mysterious machinations of the Power Centre, who overthrew him aiming towards the crown, but failed. The infuriated and

disillusioned O.Panneerselvam launched a "Dharmayutham" in February 2017 with a view to achieve political mileage. A silent spectator, he fully knew what transpired in R.2 hospital, especially the treatment episode, and he resorted to "Dharmayutham" and also demanded CBI Inquiry, after losing his position.

**46.78.** However, as destiny would have it, he had to settle down for Deputy Chief Minister position in the dispensation that emerged. Though he got a portion of what he aspired, the same had been whisked away by the shifting seasons; and now he would say that this Commission was constituted based on newspaper reports, rumours and doubts of the public with regard to the mystery surrounding the demise of late C.M., dictated to the exigency of the piquant situation, he was placed in.

**46.79.** He has thus jettisoned the reasons for the framing of this Commission, as reminiscent of a key witness turning hostile in the proceedings of a Court of Law, attempting to have a bearing on this Commission of Inquiry which honestly and in all sincerity was intended to unveil the true facts and circumstances attended on the occurrences.

**46.80.** R.2 counsel filed application before the Commission and went upto the Hon'ble Supreme Court. Apollo Hospital has filed SLP before the Hon'ble Supreme Court and obtained order of stay on 26.04.2019. Thereafter, the matter has been heard and at last, disposed of by the Hon'ble Supreme Court on 30.11.2021. Para 7 of

the orders of the Supreme Court, runs as hereunder:

*"(7) We are also of the view that it is just and proper to constitute a Medical Board to assist the Commission in disposal of the case. For the purpose, we request the Director, All India Institute of Medical Sciences (AIIMS), New Delhi, to nominate a panel of doctors, specialist in the fields of treatment of the ailments as suffered by late C.M. of the Tamil Nadu. Needless to say that the Commission has to furnish the said Medical Board, so constituted, with complete records of the proceedings. The Medical Board, so appointed, is permitted to participate in all further proceedings of the Commission and furnish a copy of the report to the Commission. A copy of such report shall also be furnished to the appellant – Hospital and respondent no.3."*

**46.81.** In pursuance of the orders of the Hon'ble Supreme Court, the Commission has addressed a letter dated 21.12.2021 to the Government and as per the letter dated 20.01.2022, to the Director of AIIMS, New Delhi, to constitute Medical Board. Thereafter, the AIIMS Medical Board communicated the proceedings dated 01.02.2022 which was received by this Commission on 08.02.2022. It was also communicated to the Counsel for R.1 and R.2. Later, counsel for R.2 filed application mentioning the list of witnesses to be examined. The Commission after getting necessary permission from the National Green Tribunal, Madras Bench, as well as from the Government, started examination of witnesses on 7.3.2022 in the presence of the AIIMS Medical Board, through video

conference in the premises of the National Green Tribunal, Madras Bench. On eight hearings witnesses have been examined by the Commission through video conference in which the AIIMS Medical Board also participated.

**46.82.** Thereafter, Medical Board was constituted. Then the AIIMS Medical Board, on perusing certain records alone, concluded that correct protocol has been properly followed in the case of late C.M.

**46.83.** After disposal of the applications, the Commission was awaiting the report of the AIIMS. Since the report of the AIIMS had not been received, the Commission contacted the AIIMS Medical Board. The Commission sent a communication dated 8.7.2022 to the AIIMS requesting for the report and they replied that two of the Medical Board members are out of India and they would return to India only on 1.8.2022 and thereafter they will send the report in the first week of August. The Commission has received unofficial copy of the report dated 4.8.2022 of the AIIMS Medical Board, on 08.08.2022 and they informed that original report was despatched on 6.8.2022 itself. After strenuous effort and sending nine emails to the AIIMS, the Commission received the report alone on 18.08.2022; without copies of the documents forwarded by the Commission.

## **47. CONCLUSION**

**47.1.**The first part of the Reference made by the Government relates to the circumstances and the situations leading to the hospitalization of the Late C.M on 22.9.2016.

**47.2.**In November 2011, R.1 was sent out by late C.M. based on the news published in "Tehelka" magazine and thereafter, after getting undertaking from R.1, she has been allowed re-entry in to the Poes Garden.

**47.3.**As per the evidence of C.W.18 stated that in the General Body Meeting held in 2012, the Chief Minister during her address, attacked Sasikala and her family members. Even after re-entry there was no such cordial relationship between R.1 and late C.M. as before.

**47.4.**Anyhow, R.1 prolonged for a few years and all of a sudden late C.M. fainted at Poes Garden and admitted in R.2 hospital and thereafter, the secrecy has been maintained by her.

**47.5.**The Commission has elaborately dealt with the events that led to the shifting of the late C.M from her Poes Garden residence to the Apollo hospital on the night of 22.9.2016 in an unconscious state and her health condition in general. The Commission has already found, on analyzing the evidences and the materials placed before the Commission, that the late C.M. was already suffering from obesity, hypertension, poorly controlled Diabetes, Hypothyroidism, Irritable Bowel Syndrome with Chronic Diarrhoea

and chronic Seasonal Bronchitis. The Commission has already found that she had high fever for the last three days before her hospitalization, for which she took paracetamol tablets on the advice of Dr.Sivakumar, CW17.

**47.6.** When late C.M. returned from the bathroom and reached her bed, she fainted and R.1-Ms. V.K. Sasikala and C.W.17, who were with late C.M. in the bedroom situated in the first floor of the house, immediately held the fainted late C.M and C.W.17 acted swiftly to inform Apollo hospital for Ambulance service. The doctor and the paramedical staff who had come along with the ambulance gave oxygen to the late C.M. through mask and First Aid promptly. Without any delay the fainted late C.M. was brought down to the ground floor from where she was rushed to the Apollo hospital in the ambulance and admitted as an inpatient. After preliminary diagnosis, when she was transferred to the ICU, the late C.M. who was in the stretcher regained consciousness. Thus, the Commission concludes, in a nutshell, the circumstances and the situations which led to the hospitalization of the late C.M. The Commission has not found anything abnormal or unnatural in the conduct of the people including R.1 in the house in taking adequate care to shift the late C.M. to the Apollo hospital promptly without delay. Thus the First part of the Reference is answered by the Commission.

**47.7.** So far as the latter part of the Reference is concerned, it relates to the subsequent treatment given to the late C.M. in

hospital until her demise. The Commission has elaborately dealt with stage by stage, the health condition of the late C.M. from the time of her admission. The Commission has also recorded the diagnoses made by various doctors, which revealed that the late C.M. was suffering from uncontrollable diabetes, fluctuating Blood Pressure, thyroid, obesity, irritable bowel syndrome, diarrhoea and bronchitis. Shortly after the admission it was diagnosed that she had developed "sepsis" on account of urinary infection. This infection is termed as "Enterococcus faecalis". Subsequently, the doctors diagnosed that she had two vegetations in her heart and perforation resulting in regurgitation. Sequel to these diseases, the late C.M. had pulmonary oedema with pleural effusion. In the above diagnosis made by the doctors both from Apollo hospital and the doctors who were invited from outside, the Medical Board of AIIMS gave concurrence.

**47.8.** From this, it is clear that even though sepsis has been noticed and treatment had been given for that, vegetation was suspected on 26.9.2016 and thereafter, it has been confirmed on 28.9.2016.

**47.9.** On 27.9.2016 in the Cauvery River Water meeting the Chief Secretary convinced the late C.M. for taking photograph for it to be published and late C.M. agreed. While they were waiting for the photographer, Ramalingam, IAS, informed that photograph need not be taken in the hospital, which PSO Perumalsamy said.

**47.10.** Late C.M. had a setback on the night of 27.9.2016 and

put on ventilator because of severe wheezing and breathing difficulty. Next day morning (28.9.2016), TEE was taken and C.W.120-Ram Gopalakrishnan confirmed the two vegetations in her heart and perforation.

**47.11.** There was perforation and blood leakage of 20-40 ml noticed, from the TEE done on 28.9.2016, as per File Nos.3 & 4 page No.55, by R.2 Hospital Doctors Dr.Chandrasekar, Dr.Y.V.C. Reddy, Dr.L.F.Sridhar and Dr.K.Shanthi.

**47.12.** On 1.10.2016 Dr.Richard Beale noticed sepsis as well as vegetation and it has been mentioned in his report at page Nos. 4 and 6, it has been elaborately discussed in earlier paras.

**47.13.** C.W.106-Dr.Babu Abraham over telephone on 11.10.2016 contacted Dr.Stuart Russell, U.S. Doctor, and he suggested for angio but it was also not done. C.W.102 in his evidence dated 19.04.2022, admitted during the examination through video conferencing in the presence of the Medical Board, that on both sides of the lungs, fluid was drained from 10.10.2016 to 13.10.2016 approximately daily 1200 ml., 1070 ml., 1040 ml. and 600 ml. The peculiarity is that, this answer had been elicited to show that because of that vegetation only the fluid secretion had been stored in both the lungs for more than one litre daily. Even though Medical Board put questions to the Dermatologist regarding dosage of steroid on the first day of examination, (which will not cause immediate threat to life of a person), and put some questions



to C.W.80 Dr.Arulsevan also, the Medical Board had not appreciated this piece of evidence in their report, even though it was having impact on the life of late C.M. Also, C.W.48, in her evidence, would say that, during her duty time in the month of October 2016, at the time of tapping the fluid from the lungs, late C.M. complained of severe pain.

**47.14.** The Chairman of the R.2 hospital gave interview in the Press meet on 12.11.2016 that the late C.M. would be discharged any time. In the meeting held in his room he mentioned that "sepsis" had occurred and she had infection in the blood. It has been mentioned in the press release by the Chairman Dr.Pratap C. Reddy that sepsis was under control. But he has not mentioned about vegetation and perforation. The reason is not known.

**47.15.** The AIIMS doctors themselves have stated that they came only in a supervisory capacity and they have not prescribed any medicine. Though they visited the R.2 hospital five times, they had not observed any medical treatment protocol as expected. Even though C.W.83 would say that Dr.Cherian suggested that surgery is not necessary, he has not made any such endorsement.

**47.16.** There are decisive circumstances which throw a flood of light. A renowned Cardio Thoracic Surgeon from USA Dr.Samin Sharma examined her in the hospital, on 25.11.2016, analysed the case records and discussed with late C.M. herself, when she was conscious and she gave consent to the course of treatment

proposed. The said US Doctor's considered opinion was that late C.M. had to necessarily undergo a life saving Cardiac Surgery in view of the vegetation that had developed in her heart and other attendant health parameters.

**47.17.** C.W.106-Dr.Babu Abraham had put the above in writing on 25.11.2016. The late C.M. would appear to have headed to the requisite Cardiac Surgical procedure being performed on her, she being an astute lady. While so after a lapse of two months, the said decision had been reversed, purportedly, on the opinion of UK Doctor, an Intensivist, that no cardiac surgery needed to be performed. Significantly, the opinion of UK Doctor who had not examined the late C.M. clinically on that day, but is said to have given opinion directly and that has not been put in writing. As a matter of fact, C.W.106-Dr.Babu Abraham, working in R.2 hospital would only quote the alleged oral opinion of the UK Doctor that no surgery was needed (File No.4, page No.525). To the reversal of the decision, apart from the US Doctor, R.1 alone was a Privy; would it not be then that those who exercise the power of decision making in a crisis, erred on the wrong by not proceeding with cardio thoracic surgical intervention, which in the opinion of the US Doctor could have had the effect of saving the life of late C.M.

**47.18.** This change occurred as an afterthought, since late C.M. had accepted the opinion given by Dr.Samin Sharma, who also agreed to do the procedure that day itself. It is clear from the

documents of R.2 hospital and the records after late C.M. agreed and Dr.Samin Sharma was confident to do angio, why Doctor Babu Abraham, who is a Pulmonologist, should call Dr.Richard Beale and there is no iota of evidence on this aspect. Therefore, the Commission concludes that Dr.Babu Abraham played a trick to get over doing of angio, to convince some power centre and Dr.Babu Abraham writes that Dr.Richard Beale, who is an Intensivist, gave opinion that surgery can be postponed and gives advice to the US Doctor, Thoracic Surgeon.

**47.19.** As per R.2 hospital records, page No.525 File No.4, C.W.102-Dr.Babu Abraham has stated that patient's relative brought Dr.Samin Sharma on 25.11.2016.

**47.20.** In the affidavit of R.1 she has stated about Dr.Samin Sharma, but not mentioned who arranged him. In cross-examination, when R.1's counsel put questions to C.W.135 and C.W.136, they stated that Dr.Samin Sharma was brought by the relatives of R.1. C.W.17 alone knew this, but after explaining everything, he did not mention the name of the person who had arranged this Doctor. The Commission addressed a letter to the SP, SB,CID, Mylapore, Chennai, furnishing all necessary details, but their response was that they do not have any details in their SB Office. They could have easily ascertained from even the Airport; the Commission is unable to understand why the Department has not revealed anything, because R.1 is involved.

**47.21.** C.W.106-Dr.Babu Abraham had recorded these in the R.2 hospital notes and it was expected at that time that angio would follow. While so, it is baffling to note that, C.W.106 made public the decision not to go ahead with the procedure, dragging the name of UK Doctor, Dr.Richard Beale and stating that, over phone, he had suggested to postpone the angio. Thus, the decision not to proceed with the surgery is in direct conflict with the earlier opinion of Dr.Richard Beale himself. What transpired in the interregnum is not within the realm of conjectures, but the reasonable and irresistible inference to be drawn from the attendant circumstances is that the reversal decision, not to perform the timely angio, must have been engineered by R.1, who alone had the strategic advantage of influencing the decision.

**47.22.** The materials available on record would impel the Commission to observe that, while discussing the latter part of the Reference, the exercise necessitated to recapitulate the subsequent events and to incidentally come to a conclusion, without which the Commission would not be completing the task assigned to it in a full-fledged manner. The Commission is unable to prove the negative factor in any better way.

**47.23.** Thiru.O.Panneerselvam was the then Deputy Chief Minister and he was knowing of all things and, after quitting the post of late C.M., he started "Dharmayutham." Considering the present climate he now states that there is no suspicion and it is

only rumours from the public and media, which necessitated appointment of this Commission. The political observations made herein are only incidental and have got nothing to do with the present political scenario.

**47.24.** The date of death has been declared by R.2 hospital as 5.12.2016 at 11.30 p.m., but it is on 4.12.2016 between 3.00 p.m. and 3.50 p.m. on the basis of the evidence of C.W.59 and C.W.9.

**47.25.** The Commission hereby expresses its gratitude as well as respects to the Bench of the Hon'ble Supreme Court for having reposed confidence in the Commission magnanimously and allowing it to proceed with the matter.

**47.26.** The Commission also extends gratitude to the Government of Tamil Nadu and the Chief Minister of Tamil Nadu for trusting the Commission and extending its tenure to continue the Inquiry, even though both parties have politically different ideologies.

**47.27.** After analysing the evidence available on record, the Commission once again points out certain observations, recapitulating the events, to arrive at the right conclusion.

**A.** Conspiracy has been published in the Tehelka and consequently, late C.M. sent out R.1 from the Poes Garden in November 2011. At the time Editor Cho was also present.

- B.** C.W.14 says that late C.M. had suspicion on R.1-Sasikala and her relatives and because of that she sent them out including Ilavarasi from Poes Garden.
- C.** In the General Body meeting held in January 2012, late C.M. warned the party cadres not to have contact with R.1 and her family members.
- D.** Re-entry of R.1 has been made by late C.M. only on the basis of an undertaking letter given by R.1.
- E.** As per the version of C.W.14-Krishnapriya, there was no cordial relationship between late C.M. and R.1 thereafter.
- F.** C.W.9 admits that R.1 alone allowed re-entry into the Poes Garden, since R.1 served late C.M upto her expectations.
- G.** C.W.148-Ilavarasi says that late C.M. never talked with her.
- H.** After hospitalization, ten rooms were occupied by R.1's relatives in the hospital.
- I.** R.2. hospital doctors informed to R.1 about the diagnoses and R.1 instructed to give treatment to late C.M.
- J.** Heart vegetation, perforation, and diastolic dysfunction had been found for which C.W.120, UK Doctor Dr.Richard Beale, US Dr.Stuart Russell and Dr.Samin Sharma, who came down

to R.2 hospital from US, had suggested for angio/surgery, but why it had not taken place till her last breath.

- K.** Considering the large amount of fluid secretion drained from both the lungs (about 1000 ml. per day), some sympathy should have been bestowed on the late C.M., who virtually had no close relative for support in the hospital.
- L.** No contra evidence or documents put forth before the Commission other than stating that R.2 hospital gave the best treatment.
- M.** Even though Dr.Richard Beale said he is prepared to take late C.M. abroad for treatment, why it did not materialise.
- N.** Dr.Samin Sharma convinced late C.M for taking angio and she also agreed for the same, but why it had not taken place.
- O.** After demise of late C.M., the subsequent events which had taken place on 11.02.2017.

**The Commission, considering the above aspects, is constrained to come to no other conclusion, but to indict R.1.**

**47.28.** From all these aspects, the Commission concludes that R.1-V.K.Sasikala, C.W.17-K.S.Sivakumar, C.W.136-Dr.J.Radhakrishnan, then Health Secretary and C.W.146-Dr.C.Vijayabaskar, then Health Minister have to be found fault with and investigation is to be ordered.

**47.29.** C.W.99-Dr.Y.V.C.Reddy and C.W.106-Dr.Babu Abraham have treated late C.M. all along and though they invited Bombay, UK and USA doctors and got opinion from them, apart from R.2 hospital's own doctor, suggesting for doing angio/surgery, they successfully threw it to the wind on the pretext of postponing it, to achieve their aim under some pressure. Hence, investigation is to be ordered.

**47.30.** Regarding C.W.12-Dr.Rama Mohana Rao, then Chief Secretary, except that he has not addressed a letter and intimated to the Government regarding his signature in 21 forms on various dates for the procedural aspects, the Commission finds criminality against him; of course it is a man made vital lapse and he would reap the consequences, especially because the life of late C.M. was involved. Hence, investigation is to be ordered.

**47.31.** Likewise, Dr.Pratap C. Reddy, Chairman of R.2 hospital, though he is the person bound and authorised to state true facts, with his full knowledge that it was not true, issued a press meet with a false statement that the late C.M. can be discharged at any time. Secondly, he has issued briefings in his room often without disclosing the real fact regarding the heart ailments and the treatment to be given to late C.M. It is for the Government to decide and investigate the matter..

**47.32.** The Commission places on record the valuable services rendered by all who helped in the preparation of this Report. The



Commission is aptly reminded of the following quotes of our Tamil poet Thiruvalluvar:

மருந்து குறள்: 948:

“நோய் நாடி நோய் முதல் நாடி அது தணிக்கும்  
வாய் நாடி வாய்ப்பச் செயல்.”

கலைஞர் உரை:

நோய் என்ன? நோய்க்கான காரணம் என்ன? நோய் தீர்க்கும் வழி என்ன?

இவற்றை முறையாக ஆராய்ந்து சிகிச்சை செய்யவேண்டும் (உடல் நோய்க்கு

மட்டுமின்றிச் சமுதாய நோய்க்கும் இது பொருந்தும்)

இடனறிதல்: குறள்-500:

“காலாழ் களரில் நரியடும் கண்ணஞ்சா  
வேலாள் முகத்த களிறு.”

டாக்டர். மு.வரதராசன் விளக்கம்:

வேல் ஏந்திய வீரரைக் கோர்த்தெடுத்த கொம்பு உடைய யானையையும், கால் ஆழும் சேற்று நிலத்தில் அகப்பட்டபோது நரிகள் கொன்றுவிடும்.



JUSTICE A.ARUMUGHASWAMY  
COMMISSION OF INQUIRY

## LIST OF ANNEXURES

### 1. Deposition Copies

i. **Commission Witnesses** - 151 Nos.

C.W. Nos.	Name of the Witness	Date of Chief Examination	Date of further Examination	Date of Cross Examination	Recalled on	No. of Pages
1	Dr.R.Vimala	23.11.2017	--	28.03.2018	--	5
2	Dr.R.Narayana Babu	23.11.2017	--	28.03.2018	--	3
3	Dr.R.Muthu Selvan	05.12.2017	--	06.04.2018	--	8
4	Dr.B.Kala	05.12.2017	--	06.04.2018	--	5
5	Dr.S.Tito	06.12.2017	--	06.04.2018	--	5
6	Dr.P.Dharmarajan	07.12.2017	--	06.04.2018	--	6
7	Dr.P.Balaji	07.12.2017	25.01.2018 14.02.2018 15.02.2018	06.04.2018	--	23
8	Dr.M.N.Sankar	12.12.2017	--	06.04.2018	--	7
9	J.Deepak	14.12.2017	--	02.06.2018	--	12
10	Dr.MK.Muralitharan	19.12.2017	--	07.04.2018	--	5
11	Smt.Sheela Balakrishnan	20.12.2017	11.01.2018	07.04.2018	--	16
12	Dr.P.Rama Mohana Rao	21.12.2017	--	07.04.2018 24.10.2018	--	21
13	Prof.Dr.S.Dinesh	22.12.2017	--	07.04.2018	--	4
14	Smt.J.Krishnapriya	02.01.2018	--	16.04.2018	--	11
15	Dr.Sudha Seshayyan	03.01.2018	--	16.04.2018	--	5
16	Dr.Sathyabama	04.01.2018	--	16.04.2018 05.09.2018	--	8
17	Dr.K.S.Sivakumar	08.01.2018	14.03.2018 02.05.2018	26.05.2018 03.12.2018	--	39
18	S.S.Poongunran	09.01.2018	18.04.2018 04.07.2018	02.06.2018 20.07.2018	--	14

19	Dr.N.Swaminathan	12.01.2018	--	16.04.2018	--	3
20	K.N.Venkataramanan, IAS	30.01.2018	15.03.2018	16.04.2018	--	11
21	J.Vivek	13.02.2018	09.03.2018	16.04.2018	--	10
22	K.T.Karthikeyan	15.02.2018	02.06.2018 04.07.2018	30.04.2018 20.07.2018	--	14
23	Smt.M.Rajammal	20.02.2018	--	16.04.2018	--	6
24	P.H.Manoj Pandian	21.02.2018	--	25.09.2018	--	23
25	K.Ramanujam, (Retd.) IPS	22.02.2018	--	Dispensed with	--	6
26	M.Ayyappan	23.02.2018	08.03.2018	Dispensed with	--	7
27	C.Kannan	06.03.2018	--	Dispensed with	--	5
28	J.K.Tripathy, IPS	12.03.2018	--	Dispensed with	--	3
29	Amaresh Pujari, IPS	13.03.2018	--	Dispensed with	--	4
30	P.Thamarai Kannan, IPS	16.03.2018	--	Dispensed with	--	4
31	R.Veeraperumal	27.03.2018	--	26.05.2018	--	11
32	R.Srinivasan	28.03.2018	--	26.05.2018	--	4
33	A.Ramalingam, IAS	17.04.2018	--	02.06.2018	--	17
34	Leela Selvakumari	30.04.2018	--	Dispensed with	--	2
35	Santhasheela Nair, IAS	30.04.2018	--	26.05.2018	--	5
36	Dr.V.Dhivaharan	03.05.2018	--	Dispensed with	--	10
37	M. Sheela Priya, IAS	04.05.2018	--	Dispensed with	--	3
38	P. Mahalakshmi	04.05.2018	10.07.2018	10.07.2018	--	4
39	Dr.Jayashree Gopal	08.05.2018	10.07.2018	10.07.2018	--	9
40	Dr.A.Ramachandran	08.05.2018	--	24.09.2018	--	3
41	Dr.D.Shantharam	09.05.2018	10.07.2018	10.07.2018	--	7

42	A.G.Ponn Manickavel, IPS	25.05.2018	--	Dispensed with	--	3
43	Bader Sayeed, Ex.MLA	25.05.2018	--	Dispensed with	--	3
44	R.Sriram	04.06.2018	--	Dispensed with	--	4
45	Marudhu Azhaguraj	04.06.2018	--	13.11.2018	--	17
46	K.Archana	05.06.2018	--	24.09.2018	--	9
47	M.V.Renuka	05.06.2018	--	07.08.2018	--	5
48	Dr.S.A.Prasanna	06.06.2018	--	07.08.2018	--	5
49	C.V.Sheela	06.06.2018	--	07.08.2018	--	3
50	S.George, (Retd.)IPS	13.06.2018	14.06.2018	--	--	7
51	Dr.P.S.J.Vikram	14.06.2018	--	Dispensed with	--	5
52	Dr.D.Raj Madhanghi	14.06.2018	--	Dispensed with	--	5
53	Dr.Nalani Prabhu	27.06.2018	--	24.09.2018	--	6
54	Prema Anthony	27.06.2018	--	24.09.2018	--	7
55	K.N.Sathyamurthy, IPS	28.06.2018	--	14.11.2018	--	17
56	Dr.Snehasree Venugopal	03.07.2018	--	24.09.2018	--	8
57	Alok Kumar	04.07.2018	--	13.11.2018	--	3
58	Jai Anand Dhivakaran	05.07.2018	--	Dispensed with	--	5
59	M.Nalini, Technician Echo	05.07.2018	--	24.09.2018	--	4
60	Dr.M.Rama Devi	06.07.2018	--	24.09.2018	--	10
61	Vijayalakshmi.K	06.07.2018	--	24.09.2018	--	4
62	Dr.Shilpa	12.07.2018	--	24.09.2018	--	4
63	Helena	12.07.2018	--	--	--	5
64	Dr.Padmavathy.R	13.07.2018	--	13.07.2018 25.09.2018	--	6

65	V.Maheswari	13.07.2018	--	13.07.2018	--	3
66	Dr.S.Venkataraman	17.07.2018	--	17.07.2018 25.09.2018	--	4
67	Govindarajan.C	17.07.2018	--	17.07.2018 27.09.2018	--	6
68	B.Suresh Kumar	18.07.2018	--	27.09.2018	--	4
69	M.Gnanasekaran, SO	18.07.2018	--	05.10.2018	--	4
70	Samundeeswari.P	19.07.2018	19.07.2018	19.07.2018 27.09.2018	--	5
71	Anish.S	19.07.2018	--	27.09.2018	--	4
72	Rajeswari	24.07.2018	--	27.09.2018	--	5
73	Dr.Bhuvaneshwari Shankar	24.07.2018	--	27.09.2018	--	9
74	Dr.M.Babu Manohar	25.07.2018	--	27.09.2018	07.03.2022	10
75	Dr.J.R.Subramaniam	26.07.2018	--	04.10.2018	--	5
76	Dr.Sajan Karunakar Hegde	27.07.2018	--	04.10.2018	--	5
77	Josnamol Joseph	27.07.2018	--	--	--	6
78	Dr.K.R.Palaniswamy	06.08.2018	--	28.09.2018	--	4
79	K.Swaminathan	20.08.2018	--	04.10.2018	--	5
80	Dr.V.L.Arulselvan	20.08.2018	--	20.08.2018 25.09.2018	07.03.2022	9
81	Dr.R.Ravikumar	20.08.2018	--	04.10.2018	--	3
82	Dr.K.Bhaskaran	20.08.2018	--	27.09.2018	--	4
83	Dr.R.Senthilkumar	21.08.2018	--	27.09.2018 14.11.2018	05.04.2022	16
84	Dr.Nitish Naik, AIIMS	23.08.2018	--	24.08.2018	--	9
85	Dr.G.C.Khilnani, AIIMS	23.08.2018	--	24.08.2018	--	12
86	Prof. Dr.Anjan Trikha, AIIMS	23.08.2018	--	24.08.2018	--	4
87	S.Seshadri Narayanan	05.09.2018	--	04.10.2018 11.10.2018	--	7

88	Subbiah Viswanathan	07.09.2018	25.09.2018 05.10.2018	--	--	6
89	T.Anand (Namathu MGR)	07.09.2018	--	05.10.2018	--	3
90	Dr.Sai Satish	10.09.2018	--	27.09.2018	--	5
91	Ramesh Chand Meena, IAS	11.09.2018	--	05.10.2018	--	18
92	Dr.Raj Prasanna, HOD & Chief Physiotherapist	12.09.2018	--	Accepted the cross- examination of Apollo counsel	--	4
93	Dr.C.Vignesh, EDIC Consultant	12.09.2018	--	Accepted the cross- examination of Apollo counsel	--	4
94	Dr.Meera Krishnakumar	28.9.2018	--	28.09.2018	--	3
95	Dr.A.Dhava Palani	28.9.2018	--	28.09.2018	05.04.2022	8
96	S.M.Mohan Kumar	28.9.2018	24.10.2018	28.09.2018 24.10.2018	06.04.2022	11
97	Dr.Rajeev Annigeri	03.10.2018	--	03.10.2018	--	3
98	Dr.V.Ramasubramanian	03.10.2018	--	03.10.2018	19.04.2022	9
99	Dr.Y.Vijaya Chandra Reddy	09.10.2018	17.12.2018	17.12.2018	18.04.2022	40
100	P.Mathivanan, CCU Technician	09.10.2018	--	14.11.2018	--	3
101	Dr.I.Sathya Murthy	10.10.2018	--	10.10.2018	--	6
102	Dr.Ramesh Venkataraman	11.10.2018	--	13.11.2018	19.04.2022	21
103	Dr.A.M.Karthigesan	12.10.2018	--	12.11.2018	--	5
104	Dr.Raymond Dominic Savio	12.10.2018	--	14.11.2018	19.04.2022	13
105	Dr.Bala Prakash	22.10.2018	--	22.10.2018	--	7
106	Dr.Babu Kuruvialla Abraham	22.10.2018	--	22.10.2018	18.04.2022	25
107	Dr.R.Narasimhan	23.10.2018	--	23.10.2018 13.11.2018	06.04.2022	12
108	Dr.Paul Ramesh.T	23.10.2018	--	14.11.2018	06.04.2022	9

109	Dr.K.Sundar	15.11.2018	--	15.11.2018	--	4
110	Dr.V.C.Parthasarathy	15.11.2018	--	15.11.2018	--	2
111	R.Jayanthi	15.11.2018	--	15.11.2018	--	2
112	Dr.N.Ramakrishnan	19.11.2018	--	19.11.2018	07.03.2022	9
113	Dr.Sumana Manohar	20.11.2018	--	20.11.2018	--	4
114	Dr.Mathew Samuel	20.11.2018	--	20.11.2018	--	5
115	Dr.P.Prabu	22.11.2018	--	22.11.2018	--	3
116	Dr.R.Ashok Kumar	22.11.2018	--	22.11.2018	--	2
117	Dr.Suresh Kumar Manickavel	23.11.2018	--	23.11.2018	--	4
118	Dr.Prakash Chand Jain	23.11.2018	--	23.11.2018	--	4
119	Dr.T.Sunder	26.11.2018	--	26.11.2018	07.03.2022	10
120	Dr.Ram Gopalakrishnan	27.11.2018	--	27.11.2018	--	5
121	Yuvashree.G	27.11.2018	--	27.11.2018	--	2
122	R.Panjabikesan	27.11.2018	--	27.11.2018	--	3
123	Dr.Minal Vora	28.11.2018	--	28.11.2018	--	9
124	Dr.Sudhakar	28.11.2018	--	--	--	2
125	S.R.Kamesh, Technician	CCU 28.11.2018	--	28.11.2018	07.03.2022	4
126	Dr.Madhan Kumar	29.11.2018	--	29.11.2018	08.03.2022	14
127	Dr.R.Jayanthi	30.11.2018	--	30.11.2018	--	3
128	Punitha, Technician	EEG 30.11.2018	--	30.11.2018	--	2
129	Dr.Murlidhar Rajagopalan	04.12.2018	--	04.12.2018	--	3
130	Dr.Parvathi Padmanabhan	04.12.2018	--	04.12.2018	22.03.2022	4
131	Dr.G.Ravichandran	05.12.2018	--	--	08.03.2022	6

132	Dr.U. Meenakshi Sundaram	05.12.2018	--	05.12.2018	08.03.2022	6
133	Dr.D.Sivagnana Sundaram	06.12.2018	--	06.12.2018	--	3
134	Dr.M.R.Girinath	07.12.2018	--	07.12.2018	18.04.2022	17
135	Dr.L.F.Sridhar, Cardiac Surgeon	10.12.2018	--	10.12.2018	--	6
136	Dr.J.Radhakrishnan	14.12.2018	--	14.12.2018 20.12.2018 04.01.2019	--	20
137	A.Sivayogam	14.12.2018	--	14.12.2018	--	2
138	B.Devika	14.12.2018	--	14.12.2018	--	2
139	I.Boomika	14.12.2018	--	--	--	2
140	C.Ponnaiyan	18.12.2018	--	18.12.2018	--	14
141	Dr.Nikhil Tandon, AIIMS	19.12.2018	--	19.12.2018	--	4
142	Dr.V.Devagourou Velayoudam, AIIMS	19.12.2018	--	19.12.2018	--	8
143	Peter Craig Jones	19.12.2018	--	--	--	2
144	S.Perumalsamy	20.12.2018	--	03.01.2019	--	12
145	Dr.M.Sudhakar	20.12.2018	--	20.12.2018	--	7
146	Dr.C.Vijayabaskar	21.01.2019	--	21.01.2019	--	13
147	Dr.M.Thambidurai	22.01.2019	--	22.01.2019	--	8
148	J.Elavarassi	21.03.2022	--	21.03.2022	--	4
149	O.Panneerselvam	21.03.2022 22.03.2022	--	22.03.2022	--	20
150	Dr.M.Nanda Kumaran	22.03.2022	--	-	--	2
151	Dr.R.Ravi	22.03.2022	--	-	--	2



ii. **Petitioner Witnesses** - 8 Nos.

**LIST OF PETITIONERS' WITNESSES**

PW No.	Name of the Witness	Date of Appearance	Present Stage	No. of Pages
1	Dr. P. Saravanan	22.11.2017 23.11.2017	Cross Examined	7
2	Thiru. K. Madhavan	06.12.2017 15.12.2017	Cross Examined	4
3	Tmt. J. Deepa	13.12.2017	Cross Examined	10
4	Thiru. P.A. Joseph	20.12.2017	Cross Examined	4
5	Thiru. Madurai Balan	09.01.2018	Cross Examined	3
6	Thiru. B.Balamurugan	22.01.2018	Cross Examined	5
7	Thiru. Annor P.G. Jagadeesan	30.04.2018	Cross Examined	3
8	Thiru V.A. Pugazhendi	26.04.2022	Cross Examined	5

**2. Exhibits:**

**LIST OF APOLLO HOSPITAL EXHIBITS**

Sl. No.	Exhibit No.	Description
1	Ex.A1 series (9 documents)	1. True copy of the Certificate of accreditation from Joint Commission, International(JCI)
		2. Copy of Death summary (dated (07.12.2016)
		3. Copy of Dr.Richard Beale's Report (01.10.2016)
		4. Copy of 1 <sup>st</sup> Report by AIIMS team of doctors (dated 05.10.2016 to 07.10.2016)
		5. Copy of 2 <sup>nd</sup> Report by AIIMS team of doctors (dated 09.10.2016 to 10.10.2016)
		6. Copy of 3 <sup>rd</sup> Report by AIIMS team of doctors (dated 13.10.2016 to 15.10.2016)
		7. Copy of 4 <sup>th</sup> Report by AIIMS team of Doctors (dated 03.12.2016)
		8. Copy of 5 <sup>th</sup> Report by AIIMS team of Doctors (dated 05.12.2016)
		9. Closed cover containing a Compact Disk of Press Release (dated 17.12.2016) Marked during the Cross-examination of C.W.67 dated 17.07.2018.
2	Ex.A2	Emergency Ward Reports (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
3	Ex.A3	Case Sheet (Daily Reports) Progress Report (Daily) (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
4	Ex.A4	Progress Report Daily (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
5	Ex.A5	In-patient consultation (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
6	Ex.A6	Doctor Instruction Sheet (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
7	Ex.A7	Drug Chart Medicine Part-I (Marked during the Cross-examination of C.W.67 dated 17.07.2018)

8	Ex.A8	Drug Chart Medicine Part-II (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
9	Ex.A9	CCU Master Part-I (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
10	Ex.A10	CCU Master Part-II (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
11	Ex.A11	CCU Master Part-III (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
12	Ex.A12	Fall Risk Assessment Form (About Risk & Fall of Patient) (Marked during the Cross-examination of C.W.67 dated 17.07.2018.)
13	Ex.A13	Diabetic Chart (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
14	Ex.A14	Consent Forms (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
15	Ex.A15	Investigation Chart (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
16	Ex.A16	Position Chart (for position of patient in bed) (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
17	Ex.A17	Food and Fluid Chart (Diet) (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
18	Ex.A18	Pressure Ulcer for risk assessment & treatment Chart (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
19	Ex.A19	Sleep Chart (about sleeping pattern of the patient) (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
20	Ex.A20	Blood Transfusion Record (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
21	Ex.A21	Blood Gas & Blood Component Report (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
22	Ex.A22	Biochemistry Reports (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
23	Ex.A23	Cardiology Reports (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
24	Ex.A24	Hemetology Reports (Marked during the Cross-examination of C.W.67 dated 17.07.2018)

25	Ex.A25	Intravenous Flow Chart (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
26	Ex.A26	Microbiology Reports Part-I (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
27	Ex.A27	Microbiology Reports Part-II (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
28	Ex.A28	Radiology Reports (CT & Others)
29	Ex.A29	Radiology Reports (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
30	Ex.A30	ECG Reports (Marked during the Cross-examination of C.W.67 dated 17.07.2018)
31	Ex.A31	Treatment Summary of the patient (Marked during the Cross-examination of C.W.88 dated 07.09.2018)
32	Ex.A32	Guidelines for provision of Nutrition Society of Critical Care Medicines (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N) (Marked during cross-examination of C.W.73).
33	Ex.A33	A Prospective Multicenter Study on Causes and Characteristics of Death in Intensive Care Units (Marked during cross-examination of C.W.83).
34	Ex.A34	Plan Sketch of Apollo Hospital Building before 2016-17 ((Marked during cross-examination of C.W.87).
35	Ex.A35	Plan Sketch of Apollo Hospital Building during 2016-17 ((Marked during cross-examination of C.W.87).
36	Ex.A36	Plan Sketch of Apollo Hospital Building After 2016-17 ((Marked during cross-examination of C.W.87).
37	Ex.A37	Resolution passed by Board of Directors of Apollo Hospital dated 24.01.2007 (Marked during Chief-examination of C.W.96).
38	Ex.A38	Plan Sketch of Apollo Hospital Building marking the room of last breath of Late C.M. Selvi J Jayalalithaa (Marked during cross-examination of CW-89 on 04.10.2018.
39	Ex.A39	Plan showing the II Floor of the building of Apollo Hospital at the time of admission of Late Hon'ble Chief Minister Selvi J Jayalalithaa.

40	Ex.A40	Plan showing the II Floor of the building of Apollo Hospital during the hospitalization of Late Hon'ble Chief Minister Selvi J Jayalalithaa.
41	Ex.A41	Plan showing the II Floor of the building of Apollo Hospital after the death of Late Hon'ble Chief Minister Selvi J Jayalalithaa.
42	Ex.A42	Press Release of Apollo Hospital dated 21.10.2016 (marked during the cross-examination of CW-96 on 24.10.2018).
43	Ex.A43	Copy of photo showing the visit of the C.M. to Apollo Hospital where the brother of Deputy C.M. was admitted for treatment.
44	Ex.A44	Copy of photo of press meet of CW-146 (Mr.C.Vijayabaskar)
45	Ex.A45	ECG and Cardiograph related documents submitted by C.W.80 on 07.03.2022
46	Ex.A46	Medical Lab report submitted by C.W.96 on 06.04.2022.

**LIST OF COMMISSION EXHIBITS**

Sl. No	Exhibit No.	Date of Marking	Description	Produced by
1	Ex. C1	03.01.2018	Death Certificate issued by Apollo Hospitals dated 5.12.2016	Dr.Sudha Seshayyan, C.W.15
2	Ex.C2	03.01.2018	Copy of Request letter dated 5.12.2016 for Embalming the body of the Former CM given by Thiru K.T.Karthikeyan (C.W.22)	Thiru K.T. Karthikeyan, C.W. 22
3	Ex.C 3	03.01.2018	Embalming Certificate issued by M.M.C.... Exhibits given by Dr.Sudha Seshaiyan (CW 15) on 3.1.2018.	Dr.Sudha Seshayyan, C.W.15
4	Ex.C4	08.01.2018	Daily Notings of Former CM dated 19.08.2015 given by Dr.K.S.Sivakumar (CW 17) on 8.1.2018.	Dr.K.S. Sivakumar, C.W. 17
5	Ex.C5	25.01.2018	Summarised Treatment Details of Former CM J.Jayalalithaa date wise produced by Dr. P.Balaji (CW 7) on 25.01.2018.	Dr.P.Balaji, C.W.7
6	Ex.C6	12.12.2017	Health and Family Welfare Department Letter No.45051/M2/2017-1,dated 11.12.2017 addressed to the Commission.	Commission Advocate
7	Ex.C7	04.06.2018	Colour photo of Former CM J.Jayalalithaa visiting Tr. Cho.S.Ramasamy who was in Apollo Hospital produced by Tr. S.Parthasarathy, Standing Counsel of the Commission.	Commission Advocate
8	Ex.C8	05.06.2018	Copy of the group photos of Doctors, who attended Former CM filed by Tr. S.	Commission Advocate

			Parthasarathy, Standing Counsel of the Commission (copy filed during Examination of CW47)	
9	Ex.C9	06.06.2018	Copy of Group Photo of Nurses who attended Former CM filed by Tr.S.Parthasarathy, Standing Counsel of the Commission. (copy filed during examination of CW49, Published in the New Indian Express dated 8.12.2016.	Commission Advocate
10	Ex.C10	04.07.2018	Bank of India, Elada Branch, Uthagamandalam District filed by CW 57. Statement of accounts of Former C.M.	Tr.Alok kumar, C.W.57
11	Ex.C11	10.07.2018	Statement of Accounts of Former C.M.J.J. Indian Overseas Bank, Stella Maris College Branch SB A/c No.168801000015000.	Tmt.P.Mahalakshmi, C.W.38
12	Ex.C12	10.07.2018	Statement of Accounts of V.K.Sasikala, Indian Overseas Bank, Stella Maris College Branch SB A/c No.168801000014000.	Tmt.P. Mahalakshmi, C.W.38
13	Ex.C13	10.07.2018	Term Deposit-Ledger view of V.K.Sasikala-Indian Overseas Bank, Stella Maris College Branch A/C No:510700503,	Tmt.P. Mahalakshmi, C.W.38
14	Ex.C14	10.07.2018	Statement of Account of Dr.Namadhu MGR, IOB, Stella Maris College Branch Car Loan	Tmt.P. Mahalakshmi, C.W.38
15	Ex.C15	10.07.2018	Statement of Account of Dr. Namadhu MGR, IOB Stella Maris College Branch Car Loan.	Tmt.P. Mahalakshmi, C.W.38

16	Ex.C16	10.07.2018	Statement of Account of Dr. Namadhu MGR, IOB Stella Maris College Branch.	Tmt.P. Mahalakshmi, C.W.38
17	Ex.C17	20.08.2018	Tughlak Weekly Magazine dated 21.12.2016 produced by the Commission Advocates during the examination of CW.79.	Tr.K. Swaminathan, CW.79
18	Ex.C18	20.08.2018	Tughlak Weekly Magazine dated 28.12.2016 produced by the Commission Advocates during the examination of CW.79.	Tr.K. Swaminathan, CW.79
19	Ex.C19	11.09.2018	Raj Bhavan Press Release dated 01.10.2016 produced by CW.91.	Tr.Ramesh Chand meena, C.W.91
20	Ex.C20	11.09.2018	Raj Bhavan Press Release dated 11.10.2016 produced by CW.91.	Tr.Ramesh Chand meena, C.W.91
21	Ex.C21	11.09.2018	Raj Bhavan Press Release dated 07.10.2016 produced by CW.91.	Tr.Ramesh Chand Meena, C.W.91
22	Ex.C22	11.09.2018	Raj Bhavan Press Release dated 11.10.2016 produced by CW.91.	Tr.Ramesh Chand Meena, C.W.91
23	Ex.C23	11.09.2018	Raj Bhavan Press Release dated 22.10.2016 produced by CW.91.	Tr.Ramesh Chand Meena, C.W.91
24	Ex.C24	25.09.2018	Letter by Selvi J.Jayalalithaa addressed to Mr.P.H.Manoj Pandian.	Mr.P.H.Manoj Pandian, C.W.24
25	Ex.C25	25.09.2018	Postal cover by Selvi J.Jayalalithaa addressed to Mr. P.H. Manoj Pandian.	Mr. P.H.Manoj Pandian, C.W.24
26	Ex.C26	25.09.2018	Portion of cause list of Madras High Court dated 11.08.2018 containing	Mr.P.H.Manoj Pandian, C.W.24



			serial No.33.	
27	Ex.C27	25.09.2018	Order in C.C.No.2671/1999 on the file of Chief Metropolitan Magistrate, Allikulam, Chennai dated 29.12.2016.	Mr.P.H.Manoj Pandian, C.W.24
28	Ex.C28	25.09.2018	Press Release by Apollo Hospital dated 23.09.2016.	Tr.Subbiah Viswanathan, C.W.88
29	Ex.C29	25.09.2018	Press Release by Apollo Hospital dated 23.09.2016.	Tr.Subbiah Viswanathan, C.W.88
30	Ex.C30	25.09.2018	Press Release by Apollo Hospital dated 24.09.2016.	Tr.Subbiah Viswanathan, C.W.88
31	Ex.C31	25.09.2018	Press Release by Apollo Hospital dated 25.09.2016.	Tr.Subbiah Viswanathan, C.W.88
32	Ex.C32	25.09.2018	Press Release by Apollo Hospital dated 02.10.2016.	Tr.Subbiah Viswanathan, C.W.88
33	Ex.C33	25.09.2018	Press Release by Apollo Hospital dated 06.10.2016.	Tr.Subbiah Viswanathan, C.W.88
34	Ex.C34	25.09.2018	Press Release by Apollo Hospital dated 08.10.2016.	Tr.Subbiah Viswanathan, C.W.88
35	Ex.C35	25.09.2018	Press Release by Apollo Hospital dated 10.10.2016.	Tr.Subbiah Viswanathan, C.W.88
36	Ex.C36	25.09.2018	Press Release by Apollo Hospital dated 05.12.2016.	Tr.Subbiah Viswanathan, C.W.88
37	Ex.C37	25.09.2018	Press Release by Apollo Hospital dated 05.12.2016.	Tr.Subbiah Viswanathan, C.W.88
38	Ex.C38	28.09.2018	Letter dated 6.9.2018 addressed to Apollo Hospital.	Tr.S.M.Mohan kumar, C.W.96
39	Ex.C39	28.09.2018	Reply dated 10.9.2018 received from Apollo Hospital.	Tr. S.M. Mohan Kumar, C.W.96
40	Ex.C40	05.10.2018	Letter No.83/SC/2018, Dated 03.10.2018, addressed to the Secretary to the	Tr.Ramesh Chand Meena, C.W.91

			Commissioner by the Governor's Secretariat enclosing a copy of Letter of His Excellency the Governor, dated 06.10.2016 addressed to His Excellency the President of India.	
41	Ex.C41	05.10.2018	Letter dated 07.12.2016, sent by His Excellency the Governor to His Excellency the President of India.	Tr.Ramesh Chand Meena, C.W.91
42	Ex.C42	30.11.2018	Letter No.032474/P&D3/2018 dated 29.11.2018 addressed by the Dean Rajiv Gandhi GGH, Chennai-3 to the DME, Kilpauk, Chennai-10, marked through CW-127 dated 30.11.2018.	Dr.R.Jayanthi, C.W.127
43	Ex.C43	3.12.2018	List of Specialist Doctors Approximate visit to Poes Garden Period.	Tr.K.S.Siva Kumar, C.W.17
44	Ex.C44	14.12.2018	Letter dated 29.10.2018 received from the Chief Secretary to Government of Tamil Nadu.	Dr.J.Radha Krishnan, C.W.136
45	Ex.C44A	05.10.2018	Requesting sent to letter to AIIMS by Principal Secretary to Government letter dated 05.10.2018	Commission Advocate
46	Ex.C45	18.12.2018	Written Statement filed by C.W.140	Tr.C.Ponnaia, C.W.140
47	Ex.C46	3.1.2019	Letter addressed to the Chief Secretary to Government by the Secretary to the Commission dated 17.9.2018 and 26.10.2018 marked by consent as per the order dated 3.1.2019 made in Appln.No.2 of 2019.	-
48	Ex.C47	4.1.2019	Details of expenditure incurred during	Dr.J.Radha Krishnan, C.W.136

			hospitalization of Late CM produced by Apollo Hospitals Volume I marked during Re-examination of CW-136 on 4.1.2019.	
49	Ex.C48	4.1.2019	Details of expenditure incurred during hospitalization of Late CM produced by Apollo Hospitals Volume II marked during Re-examination of CW-136 on 4.1.2019.	Dr.J.Radhakrishnan, C.W.136
50	Ex.C49		G.O. (Ms.) No.342, Public (L&-O) Department, Secretariat, Dated 09.05.2018	Commission Advocate
51	Ex.C50		Dean Rajiv Gandhi Government General Hospital, Chennai, Letter No. 032474/P&D/2018, dated 30.11.2018 addressed to the Director of Medical Education, Chennai.	Commission Advocate
52	Ex.C51		Scrutinised report of medical records by Doctor M. Nandhakumaran. Cardiologist	Dr.M. Nandhakumaran, C.W.150
53	Ex.C52		Dean, Rajiv Gandhi Government General Hospital, Chennai, Letter No.032474/1/P&D3/2018, dated 30.11.2018 addressed to the Director of Medical Education, Chennai.	Commission Advocate
54	Ex.C53		X-Ray taken from 22.09.2016 to 03.12.2016 Scrutinised report of doctor R. Ravi, Department Radiology	Dr.R.Ravi, C.W.151
55	Ex.C54		Report of review of case sheets of Hon'ble former C.M. Selvi J.Jayalalithaa, (marked by consent).	Dr.R.Nandakumar



**LIST OF PETITIONER EXHIBITS**

Sl.No. (1)	Exhibit No. (2)	Description (3)	Produced by
1	Ex.P1	Bulletins 12 Nos. issued by Apollo Hospitals dated 23.09.2016 to 05.12.2016.	Tr.P.Saravanan P.W.1
2	Ex.P2	Press Release of Raj Bhavan dated 01.10.2016, 11.10.2016 and 22.10.2016 regarding visit of his Excellency Governor of Tamil Nadu to Apollo Hospital, Transfer of Portfolio and visit of his Excellence Governor of Tamil Nadu to Apollo Hospital respectively.	Tr.P.Saravanan P.W.1
3	Ex.P3	Comparative table by the petitioner showing inconsistency in the treatment summary and bulletins issued by Apollo Hospitals.	Tr.P.Saravanan P.W.1
4	Ex.P4	Statement issued by Pratap C.Reddy, Chairman of Apollo Groups of Hospitals.	Tr.P.Saravanan P.W.1
5	Ex.P5	Finger Print of Ms. J. Jayalalithaa dated 27.10.2016, Letter dated 23.09.2016 signed by J Jayalalithaa, Notification dated 13.11.2016.	Tr.P.Saravanan P.W.1
6	Ex.P6	Copy of Affidavit filed by P.A.Joseph in W.P.No.44378/2016 on the file of the High Court, Madras and Counter affidavit dated 22.2.2017 filed by the Govt. in W.P.No.44378/2016.	Tr.P.A.Joseph P.W.4
7	Ex.P7	Copy of Affidavit dated 21.11.2017 filed by Mr. P. A. Joseph before this Commission.	Tr.P.A.Joseph P.W.4
8	Ex.P8	Copy of Counter Affidavit dated 21.02.2017 filed by S. M. Mohan Kumar, Manager-Legal, Apollo hospitals Enterprises Ltd, Chennai 600 006 in W.P.No.44378/2016 on the file of the High Court, Madras.	Tr.P.A.Joseph P.W.4

9	Ex.P9	Copy of "The Hindu delivered to your inbox Everyday" dated 17.06.2017 describing the payment of Rs.6 Crores towards Former C.M.Jayalithaa hospitalisation from Sep 22, 2016 to Dec 5, 2016 through cheque of the Party.	Tr.P.A.Joseph P.W.4
10	Ex.P10	Copy of Publication in The Hindu dated 6.2.2017 about Dr. Richard Beale and other doctors in Press Conference in Chennai and Press release of Apollo Hospitals & Raj Bhavan of various dates.	Tr.P.A.Joseph P.W.4

**LIST OF DEFENCE EXHIBITS**

Sl. No. (1)	Exhibit No. (2)	Description (3)	Produced by (4)
1	Ex.D1	Copy of the letter dated 23.9.2016 from the Principal Secretary to Government, H&FW Dept.	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
2	Ex.D2	Govt Press release issued by the Director of Information & Public relation dated 27.9.2016.	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
3	Ex.D3	Govt Press release issued by the Director of Information & Public relation dated 23.9.2016.	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
4	Ex.D4	Raj Bhavan Press Release dated 1.10.2016.	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
5	Ex.D5	Namadhu MGR Newspaper dated 21.5.2014 (Pages 2&3 )	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
6	Ex.D6	AIADMK Head Office Notification dated 16.06.2014 (relieve of Mr. P.H.Manoj Pandian, M.P.,)	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
7	Ex.D7	Namadhu MGR Newspaper dated 09.06.2016 (Removal of Ravindranath Kumar) AIADMK Head Office Notification dated 08.06.2016.	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
8	Ex.D8	Namadhu MGR Newspaper dated 31.12.2016 (page No.1 selection of Tmt. V.K.Sasikala as General Secretary)	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
9	Ex.D9	Executive Committee meeting held on 18.06.2016 which was published by Namadhu MGR on 19.6.2016.	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
10	Ex.D10	AIADMK Party head office Notification dated 13.12.2015 (Removal of Thiru R. Nataraj)	Thiru N.Raja Senthoo Pandian, Counsel for Tmt. V.K. Sasikala
11	Ex.D11	AIADMK Party Head Office	Thiru N.Raja

		Notification dated 14.12.2015 (Cancellation of Removal of Thiru R.Nataraj)	Senthoor Pandian, Counsel for Tmt. V.K. Sasikala
12	Ex.D12	AIADMK Party Head Office Notification dated 18.8.2014. (Removal of Dr. V.Maiythreyan, M.P.,)	Thiru N.Raja Senthoor Pandian, Counsel for Tmt. V.K. Sasikala
13	Ex.D13	AIADMK Party Head Office Notification dated 12.9.2016. (Removal of Thiru Natham R.Viswanathan).	Thiru N.Raja Senthoor Pandian, Counsel for Tmt. V.K. Sasikala
14	Ex.D14	AIADMK Party Head Office Notification dated 8.6.2016. (Removal of Thiru.Thoppu N.T.Venkatachalam).	Thiru N.Raja Senthoor Pandian, Counsel for Tmt. V.K. Sasikala
15	Ex.D15	AIADMK Party Head Office Notification dated 17.8.2016. (Removal of Thiru S.P. Shanmuganathan).	Thiru N.Raja Senthoor Pandian, Counsel for Tmt. V.K. Sasikala
16	Ex.D16	AIADMK Party Head Office Notification dated 8.6.2016 (Removal of Thiru T.Nagar. B.Sathya, M.L.A.,)	Thiru N.Raja Senthoor Pandian, Counsel for Tmt. V.K. Sasikala
17	Ex.D17	AIADMK Party Head Office Notification dated 2.3.2016 (Removal of Dr. C.Vijaya Bhaskar as District Secretary)	Thiru N.Raja Senthoor Pandian, Counsel for Tmt. V.K. Sasikala
18	Ex.D18	List of Doctors, Nurse, Staff and Treatment given in Apollo Hospital.	Thiru N.Raja Senthoor Pandian, Counsel for Tmt. V.K. Sasikala
19	Ex.D19	Photo of Releasing Report of Doctors of AIIMS on 03.06.2017 produced by M/s. N.Raja Senthoor Pandian, Counsel for V.K.Sasikala.	Thiru N.Raja Senthoor Pandian, Counsel for Tmt. V.K. Sasikala
20	Ex.D20	Tamil Table issued for By-Election for Aravakurichi, Thanjavur & Thiruparankundram Assembly Constituencies by the Chief Election Officer of Tamil Nadu, marked during the Cross-	Dr.P. Saravanan, P.W.1



		Examination of P.W.1 on 4.9.2018.	
21	Ex.D21	Letter of clarification regarding signature in ink means Left thumb Impression as well dated 26.10.2016, marked during the Cross-Examination of PW-1 on 4.9.2018.	Dr.P. Saravanan, P.W.1
22	Ex.D22	Authentication Form A & B Letter No.4/SDR/2016, dated 27.10.2016 from the Election Commission of India, marked during the Cross-Examination of PW-1 on 4.9.2018.	Dr.P. Saravanan, P.W.1
23	Ex.D23	Notice dated 28.10.2018 as to name of Candidate for Bi-Election of Tiruparankundram Assembly Constituency, marked during the Cross-examination of PW.1 on 4.9.2018.	Dr.P. Saravanan, P.W.1
24	Ex.D24	Form 2-A of Nomination dated 31.10.2016, filed by Mrs.Kanimozhi, alternate candidate for Tiruparankundram Assembly Constituency Bi-Election, marked during the Cross-examination of PW-1 on 4.9.2018.	Dr.P. Saravanan, P.W.1
25	Ex.D25	Affidavit of Mr.P.Saravanan and Authorisation of Party for the By-Election of Tiruparankundram Assembly Constituency dated 31.10.2016, marked during the Cross-examination of PW-1 on 4.9.2018.	Dr.P. Saravanan, P.W.1
26	Ex.D26	Copy of order in CrI.O.P.Nos.2432 to 2434 of 2016 on the file of the Madurai Bench of Madras High Court, filed by Mr.P.Saravanan, during the Cross-examination of PW-1 on 4.9.2018.	Dr.P. Saravanan, P.W.1
27	Ex.D27	Copy of order in CrI.O.P.No.21762 of 2015 dated 16.3.2016 on the file of the Madurai Bench of Madras High Court, filed by Dr. P.Saravanan, marked during the cross-examination of PW-1 on 4.9.2018.	Dr.P.Saravanan, P.W.1

28	Ex.D28	Copy of order in Crl.O.P.No.12483/2016 dated 9.8.2016 on the file of the Madurai Bench of Madras High Court, filed by Dr.P.Saravanan-PW1-during the cross-examination on 4.9.2018.	Dr.P. Saravanan, P.W.1
29	Ex.D29	Photos of Visitors in Kauvery Hospital where Tr.M.Karunanidhi, Hon'ble former Chief Minister was admitted, marked during the cross-examination of P.W.1 on 4.9.2018.	Dr.P.Saravanan, P.W.1
30	Ex.D30	Press Release of Kauvery Hospital dated 1.12.2016, 16.12.2016, 23.12.2016, 16.8.2017, 26.7.2018, 28.7.2018, 29.7.2018, 31.7.2018, 6.8.2018 and 7.8.2018, where Tr.M.Karunanidhi, Hon'ble former Chief Minister was admitted, marked during the cross-examination of P.W.1 on 4.9.2018.	Dr.P.Saravanan, P.W.1
31	Ex.D31	Copy of order in Dispute Case No.2/2017 on the file of the Election Commission of India (two leaves) dated 23.11.2017, marked during the cross-examination of PW-1 on 4.9.2018.	Dr.P.Saravanan, P.W.1
32	Ex.D32	Copy of Press Release dated 27.9.2016 issued by the Director of Information and Public Relations, Govt. of Tamil Nadu, produced by Mrs.Maimoona Badsha, Counsel for R2, during the cross-examination of R2/CW33 on 10.9.2018.	Tr.Ramalingam, C.W.33
33	Ex.D33	Copy of order dated 6.10.2016 made in W.P.No.35112/2016 on the file of the High Court, Madras, produced by the counsel for R-2 during the cross-examination of CW91 on 11.9.2018.	Tr.Ramesh Chand Meena, C.W.91
34	Ex.D34	Copy of the order dated 28.11.2016 made in W.PSR.No.145059/2016 on the file of the High Court of Madras,	Tr.Ramesh Chand Meena, C.W.91

		produced by the counsel for R2, during the cross-examination of CW-91 on 11.9.2018.	
35	Ex.D35	Copy of Press Statement of Prof. Dr. Richard Beale, dated 5.12.2016 produced by Mr.N.Raja Senthoo Pandian, Counsel for R-1 and marked during the cross-examination of CW-62 on 24.9.2018.	Dr.Shilpa, C.W.62
36	Ex.D36	AIADMK Headquarters Notification dated 11.2.2012 nominating Mr.P.H.Pandian for the post of Organisation Secretary relieving from the post of President, All World MGR Mandram and marked during the cross-examination of CW-24 on 25.09.2018.	Tr.P.H.Manoj Pandian, C.W.24
37	Ex.D37	Namadhu MGR Daily dated 23.10.2015 published by list of party post and marked during the cross-examination of CW-24 on 25.09.2018.	Tr.P.H.Manoj Pandian, C.W.24
38	Ex.D38	Copy of G.O.Ms.No.20, Higher Education Department dated 20.02.2012 appointing Dr.Synthia Pandian as Vice Chairman of TN State Council for Higher Education, and marked during the cross-examination of CW-24 on 25.09.2018.	Tr.P.H.Manoj Pandian, C.W.24
39	Ex.D39	Copy of Judgment dated 14.2.2017 in CrI. Appeal Nos. 300 - 303/2017 (2017) 6 SCC 263 (State of Karnataka vs. J.Jayalalithaa), and marked during the cross-examination of CW-24 on 25.09.2018.	Tr.P.H.Manoj Pandian, C.W.24 (First page only)
40	Ex.D40	Copy of Wall Poster published by Mr. R.V.Babu and others and marked during the cross-examination of CW-24 on 25.09.2018.	Tr.P.H.Manoj Pandian, C.W.24
41	Ex.D41	Copy of Photo honouring Mr.Paul Manoj Pandian CW-24 by Mr.R.V.Babu and marked during the cross-examination of CW-24	Tr.P.H.Manoj Pandian, C.W.24

		on 25.09.2018.	
42	Ex.D42	Tuglak Weekly Magazine dated 4.7.2018 produced by Mr.N.Raja Sendoor Pandian, Counsel for R1 on 04.10.2018 during Cross-examination of CW-79.	Tr.K. Swaminathan, C.W.79
43	Ex.D43	Tuglak Weekly Magazine dated 5.9.2018 produced by Mr. N.Raja Sendoor Pandian, Counsel for R1 on 04.10.2018 during Cross-examination of CW-79.	Tr.K. Swaminathan, C.W.79
44	Ex.D44	Photo of the Hon'ble Deputy Chief Minister Tr.O.Panneer Selvam and the Hon'ble Chief Minister Tr.Edapadi K.Palaniswamy, visiting His Excellency the Governor.	Tr.Ramesh Chand Meena, C.W.91
45	Ex.D45	Press Release of Raj Bhavan, dated 07.10.2016	Tr.Ramesh Chand Meena, C.W.91
46	Ex.D46	Press Release of Raj Bhavan, dated 06.12.2016	Tr.Ramesh Chand Meena, C.W.91
47	Ex.D47	Press Release of Raj Bhavan, dated 07.12.2016	Tr.Ramesh Chand Meena, C.W.91
48	Ex.D48	Resignation Letter of the Hon'ble former Chief Minister Tr. O.Panneer Selvam, dated 05.02.2017.	Tr.Ramesh Chand Meena, C.W.91
49	Ex.D49	Acceptance of Resignation Letter of the Hon'ble former Chief Minister Tr.O.Panneer Selvam, issued by His Excellency the Governor dated 06.02.2017.	Tr.Ramesh Chand Meena, C.W.91
50	Ex.D50	Press Release of Raj Bhavan, dated 16.02.2017.	Tr.Ramesh Chand Meena, C.W.91
51	Ex.D51	Press Release of Raj Bhavan, dated 23.02.2017.	Tr.Ramesh Chand Meena, C.W.91
52	Ex.D52	Press Release of Raj Bhavan, dated 21.08.2017.	Tr.Ramesh Chand Meena, C.W.91
53	Ex.D53	Press Release of Raj Bhavan, dated 22.08.2017.	Tr.Ramesh Chand Meena, C.W.91
54	Ex.D54	Address by His Excellency the Governor in Release Book "Those Eventful Days".	Tr.Ramesh Chand Meena, C.W.91
55	Ex.D55	Namadhu MGR Daily, dated 13.12.2016. (Only first and last pages kept to	Tr.T.Anand, C.W.89

		show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	
56	Ex.D56	Namadhu MGR Daily, dated 05.12.2016. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
57	Ex.D57	Namadhu MGR Daily, dated 18.12.2016. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
58	Ex.D58	Namadhu MGR Daily, dated 31.12.2016. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
59	Ex.D59	Namadhu MGR Daily, dated 09.2.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
60	Ex.D60	Namadhu MGR Daily, dated 14.2.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
61	Ex.D61	Namadhu MGR Daily, dated 17.2.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
62	Ex.D62	Namadhu MGR Daily, dated 18.2.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
63	Ex.D63	Namadhu MGR Daily, dated 21.2.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
64	Ex.D64	Namadhu MGR Daily, dated 28.2.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89

65	Ex.D65	Namadhu MGR Daily, dated 01.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
66	Ex.D66	Namadhu MGR Daily, dated 2.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
67	Ex.D67	Namadhu MGR Daily, dated 4.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
68	Ex.D68	Namadhu MGR Daily, dated 5.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
69	Ex.D69	Namadhu MGR Daily, dated 7.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
70	Ex.D70	Namadhu MGR Daily, dated 8.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
71	Ex.D71	Namadhu MGR Daily, dated 10.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
72	Ex.D72	Namadhu MGR Daily, dated 16.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
73	Ex.D73	Namadhu MGR Daily, dated 21.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
74	Ex.D74	Namadhu MGR Daily, dated 24.3.2017. (Only first and last	Tr.T.Anand, C.W.89

		pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	
75	Ex.D75	Namadhu MGR Daily, dated 27.3.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
76	Ex.D76	Namadhu MGR Daily, dated 7.4.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
77	Ex.D77	Namadhu MGR Daily, dated 8.4.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
78	Ex.D78	Namadhu MGR Daily, dated 12.4.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
79	Ex.D79	Namadhu MGR Daily, dated 14.7.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
80	Ex.D80	Namadhu MGR Daily, dated 20.7.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
81	Ex.D81	Namadhu MGR Daily, dated 12.8.2017. (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu MGR)	Tr.T.Anand, C.W.89
82	Ex.D82	Press Statement dated 27.9.2018 of admission and discharge of Mr. M.K.Stalin, President, DMK, marked during cross-examination of CW-96, on 24.10.2018.	Tr.S.M.Mohn Kumar, C.W.96
83	Ex.D83	Dinakaran Daily dated 30.07.2018 photo showing the ward where the	Dr.Ramesh Venkataraman

		Late CM Mr.M.Karunanidhi was taking treatment, which was taken at the time of inspection by Standing Counsel.	C.W.102
84	Ex.D84	"Namadhu Amma" Daily dated 04.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
85	Ex.D85	"Namadhu Amma" Daily dated 05.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
86	Ex.D86	"Namadhu Amma" Daily dated 06.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
87	Ex.D87	"Namadhu Amma" Daily dated 07.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
88	Ex.D88	"Namadhu Amma" Daily dated 09.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
89	Ex.D89	"Namadhu Amma" Daily dated 10.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
90	Ex.D90	"Namadhu Amma" Daily dated 13.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
91	Ex.D91	"Namadhu Amma" Daily dated 17.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
92	Ex.D92	"Namadhu Amma" Daily dated 24.10.2018 (Only first and last	Tr.Marudhu Azhaguraj, C.W.45



		pages kept to show that Mr.Marudhu Azhaguraj is the editor of Namadhu Amma)	
93	Ex.D93	"Namadhu Amma" Daily dated 26.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
94	Ex.D94	"Namadhu Amma" Daily dated 29.10.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
95	Ex.D95	"Namadhu Amma" Daily dated 01.11.2018 (Only first and last pages kept to show that Mr. Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
96	Ex.D96	"Namadhu Amma" Daily dated 10.11.2018 (Only first and last pages kept to show that Mr.Marudhu Azhaguraj is the editor of Namadhu Amma)	Tr.Marudhu Azhaguraj, C.W.45
97	Ex.D97	AIADMK Notification dated 30.03.2018	Tr.Marudhu Azhaguraj, C.W.45
98	Ex.D98	Press Interview of Marudhu Azhaguraj CW45 dated 20.02.2017	Tr.Marudhu Azhaguraj, C.W.45
99	Ex.D99	Interview of Marudhu Azhaguraj CW45 dated 12.2.2017 in Puthia Thalaimurai TV.	Tr.Marudhu Azhaguraj, C.W.45
100	Ex.D100	Prescription of Dr.Murlidhar Rajagopal (CW-129) dated 31.5.2016 produced by CW-17 on 3.12.2018.	Tr.K.S.Siva Kumar, C.W.17
101	Ex.D101	Dr.Jayashree Gopal message in of the CD dated 16.8.2015 series (14) produced by CW-17 on 3.12.2018.	Tr.K.S.Siva Kumar, C.W.17
102	Ex.D102	Report of Blood Test dated 7.7.2014 produced by CW-17 on 3.12.2018	Tr.K.S.Siva Kumar, C.W.17
103	Ex.D103	Report of Blood Test dated 18.12.2015 produced by CW-17 on 3.12.2018	Tr.K.S.Siva Kumar, C.W.17
104	Ex.D104	Report of Blood Test dated	Tr.K.S.Siva

		14.3.2016 produced by CW-17 on 3.12.2018	Kumar, C.W.17
105	Ex.D105	Daily Pattern with Ambulatory Glucose Profile dated 3.8.2015	Tr.K.S.Siva Kumar, C.W.17
106	Ex.D106	Daily Patterns with Ambulatory Glucose Profile dated 17.08.2015	
107	Ex.D107	Copy of Tamil Nadu Plan for 2012-13 finalized, produced during cross-examination of CW-136, on 20.12.2018.	Dr.J.Radha Krishnan, C.W.136
108	Ex.D108	Copy of photo of First Cabinet Meeting	
109	Ex.D109	Copy of Press Briefing of CW-146 (Mr.C.Vijayabaskar)	Mr.C.Vijaya baskar, C.W.146
110	Ex.D110	Copy of Press Release made by CW-147-(Mr.M.Thambidurai)	Mr.M.Thambi Durai, C.W.147
111	Ex.D111	Copy of Press Release dated 2.1.2017 made by CW-147 (Mr.M.Thambidurai)	Mr.M.Thambi Durai, C.W.147

**LIST OF EXHIBITS FILED DURING CROSS-EXAMINATION**

Sl.No (1)	Exhibit No. (2)	Description (3)	Produced by
1	Ex.X1	G.O(D) No.1368,Health and Family welfare Department, dated 30.9.2016.	-
2	Ex.X 2	Principal Secretary to Govt. Letter, dated 23.9.2016.	-
3	Ex.X 3	Report of visit of Specialist of AIIMS to Chennai to see Hon'ble Chief Minister of Tamil Nadu.	Tr. Raja Senthoo Pandian, Counsel for Mrs. V.K. Sasikala
4	Ex.X 4	Indian Overseas Bank, Loan Statement. (filed by CW-34)	Tmt. Lila Selvakumari, C.W.34
5	Ex.X 5	Diary maintained by Former CM from 16.6.2016 to 2.8.2016.(filed by CW- 17)	Dr. K.S. Sivakumar, C.W.17

**MATERIAL OBJECTS**

Sl.No.	Object No.	Description	Produced by
1	MO-1	Pen Drive Containing last speech of Former CM. (filed by CW-17)	Dr.K.S.Sivakumar, C.W.17
2	MO-2	Pen Drive displaying Late CM Selvi J.Jayalalithaa drinking cool drink, produced by Thiru. P.Vetrivel MLA on 26.12.2017 Marked as M.O.2 during cross-examination of CW-106 on 22.10.2018.	-
3	MO-3	23 CD's Regarding treatment given to late C.M. Selvi J.Jayalalithaa submitted by C.W.96	Mr.S.M.Mohan kumar, Legal Manager, C.W.96

- i. 2 Pen Drives Produced by C.W.17 - M.Os 1 & 2 original alone
- ii. 23 CDs Produced by C.W.96 -M.Os 3 Series (1 to 23) original alone
- iii. Sleeping / Sedation Chart for 75 days - 21 Pages
- iv. Chart showing the Food / Fluid given late C.M. - 24 Pages
- v. List of Medicines administered to C.M. - 13 Pages
- vi. Blood sugar chart - 6 Pages

### 3.Details of S.L.P.

#### Special Leave Petition Volume – 28 Nos.

Sl. No.	Details of Documents
1.	Constitution of the Commission of Inquiry G.O.
2.	Terms of Reference G.O.
3.	Order of the Commission of Inquiry on the Prayer of the Apollo Hospital to constitute a Medical Board (Application No.213/2018, dated 22.01.2019)
4.	Order of the High Court of Madras, dated 04.04.2019 in W.Ps filed by the Apollo Hospital (W.P. Nos.3947 and 3953/2019)
5.	SLP along with Typed set of papers
6.	Synopsis of the SLP
7.	SLP Applications
8.	Counter Affidavit by the State Government (R1) in SLP Nos.10189 and 10190/2019
9.	Statement of Facts filed by the Commission (R2)
10.	Counter Affidavit filed by Tmt. V.K.Sasikala (R3)
11.	Application for vacating Stay (R1)
12.	Rejoinder Affidavit filed by the Petitioner Hospital
13.	Intervention Application filed by a Party Cadre
14.	Early Hearing Application filed by R1
15.	Reply Affidavit filed by the petitioner Hospital to Application to vacate stay order dated 26.04.2019
16.	Additional documents filed by the petitioner hospital
17.	Written Submission filed by the petitioner hospital
18.	Written Submission filed Government of Tamil Nadu
19.	Written Submission filed Commission of Inquiry
20.	Additional Documents filed by Commission of Inquiry
21.	Additional Documents filed by Commission of Inquiry
22.	Order of High Court in W.P. No.25940/2017 filed by P.A.Joseph Challenging the Constitution and terms of reference of this Commission of Inquiry
23.	Order of the High Court in W.P.No.44738/2016 filed by P.A.Joseph praying for Constitution of Commission headed by three Supreme Court Judges.
24.	Synopsis of extreme urgency
25.	Additional written statement by Commission of Inquiry
26.	S.L.P. Judgment
27.	Compilation of documents by Commission of Inquiry Volume-1
28.	Compilation of documents by Commission of Inquiry Vol.2

#### 4. Details of Writ Petitions

Sl. No.	Details of Documents
1.	Affidavit in W.P.3947/2019 filed by The Manager, Apollo Hospital Enterprises, Chennai
2.	Affidavit in W.P.3953/2019 filed by The Manager, Apollo Hospital Enterprises, Chennai
3.	Written Submissions of petitioner in W.P. Nos. 3947/2019 and 3953/2019
4.	Counter filed by R1 in W.P. No.3947/2019
5.	Written Submissions by R2 in W.P.No.3947/2019 and 3953/2019
6.	Counter filed by R2 in W.P. Nos. 3947/2019 and 3953/2019
7.	Common typed set filed by R2
8.	Additional common typed set filed by R2
9.	Petitioner's reply to counters in W.P. No.3947/2019 and W.P. No.3953/2019
10.	Common typed set of documents
11.	Order of the High Court in W.P. No.3947/2019 and W.P. No.3953/2019, dated 04.04.2019

#### 5. Copy Applications filed and issued:

Copy Applications during 2018 - 3 Volumes- 144 Nos.

Copy Applications during 2019 - 1 Volume - 10 Nos.

Copy Applications during 2022 - 1 Volume - 51 Nos.

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Five booklets in all

#### 6. Applications filed by R1 & R2 and other witnesses for interim orders and orders passed:

2017 - 2 Nos.

2018 - 66 Nos.

2019 - 17 Nos.

2022 - 22 Nos.

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**7. E-mails:- (88 pages correspondence among Commission, Advocates, Doctors and Witnesses)**

**8. AIIMS Doctors' Reports** –Five Reports (Ex A1)

**9. Dr. Richard Beale's Report** –Six pages Reports (Ex A1)

**10. Notification in Papers** - 1 (English–The Indian Express)  
2 (Tamil – Dhina Thanthi)

**11. Paper cuttings about former Chief Minister Dr. M.G.R** - 37 Pages

**12. Paper cuttings on Health issues of former Chief Minister Selvi J.Jayalalithaa** - 25 Pages

**13. Sworn Affidavits** - 25 Nos.

**14. Complaints Filed Before Police Station** - 302 Nos.  
(English & Tamil)

**15. Correspondence between State Government and Commission** - 20 Pages

**16. Details of disposal of Cases by Hon'ble Mr.Justice A.Arumughaswamy.** - 20 (19 + 1)

**17. AIIMS Report received on 18.08.2022.** - 4 pages

**18. Income by way of stamps affixed in 209 Copy Applications-Copies furnished** - Rs.41,335/-



## **ABSTRACT**

The Commission of Inquiry - Hon'ble Justice Thiru A. Arumughaswamy Commission of Inquiry constituted under the Commission of Inquiry Act, 1952 (Central Act LX of 1952) to inquire into the circumstances and situation leading to the hospitalization of the late Hon'ble Chief Minister on 22.09.2016 and subsequent treatment provided till her unfortunate demise on 05.12.2016 – Findings of the Commission of Inquiry – Orders issued.

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## **PUBLIC (SC) DEPARTMENT**

G.O.No.SS.II/500-4/2022

Dated: 17.10.2022

Read:

G.O.Ms.No.817, Public (SC) Department dated 25.09.2017.

G.O.Ms.No.829, Public (SC) Department dated 27.09.2017.

### **ORDER:**

In the Government orders read above, Hon'ble Justice Thiru A. Arumughaswamy, Retired Judge of Hon'ble High Court of Madras was appointed as Commission of Inquiry under the Commission of Inquiry Act, 1952 (Central Act LX of 1952), to inquire into unfortunate demise of late Hon'ble Chief Minister of Tamil Nadu Selvi J Jayalithaa on 05.12.2016. The terms of reference of the Commission of Inquiry is as follows:-

To inquire into the circumstances and situation leading to the hospitalization of the late Hon'ble Chief Minister on 22.9.2016 and subsequent treatment provided till her unfortunate demise on 05.12.2016.

2. The Commission of Inquiry, submitted its report on 27.08.2022 to Government. In the report, the Commission of Inquiry, among other things have concluded that

- i) The Commission has considered the report given by the AIIMS Medical Board carefully and thoroughly and noticed that they have only copied the treatment summary and given opinion. For the above reason, the Commission could not accept the report of the Medical Board.
- ii) The first part of the Reference made by the Government relates to the circumstances and the situations leading to the hospitalization of the Late C.M. on 22.09.2016. The Commission has not found anything abnormal or unnatural in the conduct of the people including R.1 in the house in taking adequate care to shift the late C.M. to the Apollo hospital promptly without delay.

- iii) So far as the latter part of the Reference is concerned, the Commission concludes that R.1-V.K.Sasikala, C.W.17-K.S.Sivakumar, C.W.136-Dr.J. Radhakrishnan, then Health Secretary and C.W.146-Dr.C.Vijayabaskar, then Health Minister have to be found fault with and investigation is to be ordered.
- iv) Investigation is to be ordered against C.W.99-Dr.Y.V.C.Reddy and C.W.106-Dr.Babu Abraham, C.W.12-Dr.Rama Mohana Rao, then Chief Secretary.
- v) To decide and investigate the matter against Dr.Pratap C.Reddy, Chairman of R.2 hospital.

3. The report of the Commission of Inquiry was discussed in the Cabinet meeting held on 29.08.2022. It was decided to place the Commission's Inquiry Report in the Tamil Nadu Legislative Assembly. Considering that the Commission had disagreed with the certain aspects of the AIIMS Doctors Committee's Report, it was decided to initiate appropriate action on the Commission of Inquiry report's recommendations against certain individuals, after obtaining the considered opinion of the legal experts.

4. The extract of the report of the Commission of Inquiry furnished to the Principal Secretary to Government, Health and Family Welfare department and action is being pursued by that Department.

(By order of the Governor)

V.IRAI ANBU  
Chief Secretary to Government.

To  
The Principal Secretary to Government,  
Health and Family Welfare Department, Chennai-9.

The Secretary to Government,  
Public (Law and Order-F) Department, Chennai-9.

The Director General of Police/Head of Police Force,  
Tamil Nadu, Chennai-4.

Copy to:

The Principal Secretary to Governor, Raj Bhavan, Chennai – 25.  
The Principal Secretary-I to Hon'ble CM, Chennai – 9.