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Research Article

DIAGNOSIS ERRORS ACCORDING TO THE MATERIALS OF THE FORENSIC MEDICAL SERVICE

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ABSTRACT

According to the materials of the forensic medical service we have found out that inadequate medical care in the form of defects was revealed more often in the activity of obstetricians-gynecologists, as well as surgeons and traumatologists; defects of diagnosis and treatment prevailed in character; they occurred mainly due to subjective reasons, more often at the hospital stage and in the outcome they resulted in death and disability more often.

KEYWORDS

Forensic medical examination, defects of medical care, character, cause of origin, places of admission, outcome.

INTRODUCTION

According to recent observations, the number of citizens' applications to law enforcement agencies

concerning defective medical care has been growing [3]. Both objective and subjective factors contribute to

the development of adverse outcomes in medical practice [11].

At the same time, the right of citizens to receive qualified medical care is enshrined in the Constitution of the country. In this regard, the right of citizens to receive qualified medical care is enshrined in the Constitution of the country. The study of aspects of this problem from forensic medical standpoint is closely related to the study of medical, organizational, and legal issues [2,12,13].

At the prehospital stage the first stage of diagnosis and mainly outpatient treatment of patients with various pathologies is carried out [4]. It is during this period that health care workers should make a timely and correct diagnosis of serious pathology requiring mandatory hospitalisation [10], (although patients treated in primary care are less likely to seek emergency medical care and need hospitalisation) [5]. Unfortunately, there is a problem where medical professionals

have a great desire to help the injured but lack experience in emergency care [6]. This leads to a reduction in pre-hospital care. In this case, victims are exposed to additional risk due to defects in prehospital treatment and diagnosis arising from subjective and organizational reasons (abandonment of patients at the site of illness, incorrect choice of emergency treatment method) [8,9].

The aim of the study is to identify the essence of admissible defects in medical care among professionals of different profiles, according to the materials of the forensic medical service.

MATERIALS AND METHODS OF THE STUDY

A retrospective analysis of the reports of the forensic medical examinations conducted in Samarkand

regional branch of the Republican Scientific and Practical Center of forensic-medical examination was carried out.

RESULTS OF THE STUDY

The Samarkand regional branch carried out 58 examinations of malpractice cases of medical workers. 38 of them (65.5%) identified defects in medical care. There were 16 cases (42.1%) of obstetrician-gynaecologists, 4 cases (10.5%) of surgeons and traumatologists, 3 cases (7.9%) of paediatricians, internists and ENT doctors, 2 cases (5.3%) of anaesthetists and intensive care specialists, and 1 case (2.6%) of neurosurgeons, oncologists and toxicologists. The following predominated by nature: failure to recognize the underlying pathology 10 (26.3%) and its complications 2 (5.3%), late hospitalization 3 (7.9%), as well as errors in prescribing and carrying out medical procedures (inappropriate delivery management) 14 (36.8%), violation of transportation rules, etc. by 1 (2.6%). The reasons were clearly predominantly subjective - 28 (73.7%), including inattention to the patient - 24 (85.7%), incomplete examination of the patient - 4 (14.3%), late medical examination - 3 (7.9%), and other - 7 (18.4%). At the pre-hospital stage, 3 (7.9%), including 1 (2.6%) at SVP, district clinic and at home; at the hospital stage, 35 (92.1%), including 25 (65.8%) at CDH and maternity hospitals, 9 (23.7%) at the regional hospital and 1 (2.6%) at self-supporting institutions.

Example. On 13 November, Ms. M.N. came to the emergency room of the district medical association complaining of weakness, abdominal distension, pain in the right subcostal area, cough, lack of appetite and darkened urine. She was admitted to the infectious diseases department with a diagnosis of chronic viral hepatitis C, jaundice of moderate severity. Consultation with specialists (obstetrician-gynecologist, internist, phthisiatrician, neurologist,

oculist) and laboratory tests (general blood test, urine test, biochemical blood test) were carried out. Three days with a diagnosis of pyelonephritis she was treated in the physiotherapy department. A week after admission she was discharged. On 24.11. with complaints of cough with sputum, pain in the left side of the chest, fever, rapid fatigue, admitted to the regional TB dispensary with a preliminary diagnosis of left-sided tuberculous empyema. Sputum examination did not confirm the diagnosis of tuberculosis. On the following day a puncture of the left pleural cavity was performed and 30.0 ml of purulent fluid was isolated. On 28.12. he was discharged home after improvement of his condition. On 04.01. she came to Republican Specialized Research Center for Phthiology and Pulmonology, where she was diagnosed with left pulmonary fibrotic-cavernous tuberculosis, left-sided pyopneumothorax, viral hepatitis C, 2nd degree cachexia and underwent surgical intervention "Left-sided pleuropulmonectomy. The excised material was subjected to pathohistological examination and an inflammatory infiltrate with specific features was detected. Expert analysis of the patient's X-rays from the district association revealed the following: an image from 13.11. - there is an infiltrative shadow on the background of scapula shadow at the level of the 3rd rib of the middle field of the left lung field, shadow intensity is low, contours are uneven, uncertain, in the upper and middle fields foci of high intensity are revealed, disturbance of lung root structure, deformation of lung pattern, presence of fluid shadow in small amount in the left costophrenic sinus, heart thalium is smoothed; on X-ray image from 27. 11. the presence of an infiltrate on the left side and the conclusion that such changes are characteristic of tuberculosis.

In the opinion of the expert committee at the district medical association, due to an incomplete

examination, lack of consultation with narrow specialists (general practitioner, phthiatrician), the correct diagnosis was not established in time. In the outcome they resulted in 26 (68,4%) deaths, 3 (7,9%) disabilities and had no significant impact on the outcome in 9 (23,7%).

CONCLUSIONS

Thus, according to the materials of the forensic medical service, defects in medical care were more frequently identified in the activities of obstetrician-gynaecologists, as well as surgeons and trauma surgeons, and defects in diagnosis and treatment predominated, mainly due to subjective reasons, more often at the hospital stage, and in the outcome more often resulted in death and disability.

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