FORENSIC CHARACTERISTICS OF INADEQUATE MEDICAL CARE

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ABSTRACT

In recent years, the number of citizen complaints to law enforcement agencies regarding poor-quality medical care has been increasing. Both objective and subjective factors contribute to the development of adverse outcomes in medical practice.

In recent years, the number of citizen complaints to law enforcement agencies regarding poor-quality medical care has been increasing. Both objective and subjective factors contribute to the development of adverse outcomes in medical practice.

The aim of the study was to identify the nature of defects in medical care among specialists of various specialties, based on forensic medical records.

Research Materials and Methods: A retrospective analysis of forensic medical examination reports conducted at the Samarkand Regional Branch of the Republican Scientific and Practical Center for Forensic Medical Examination was conducted.

Study results. Fifty-eight assessments of medical worker violations were conducted at the Samarkand Regional Branch, of which 38 (65.5%) revealed deficiencies in medical care. By specialty, the most frequent violations involved obstetricians and gynecologists (16 cases, 42.1%), surgeons and traumatologists (4 each, 10.5%), pediatricians, general practitioners, and ENT specialists (3 each, 7.9%), anesthesiologists and resuscitators (2, 5.3%), and neurosurgeons, oncologists, and toxicologists (1 each, 2.6%). The most common types were: 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 performing medical procedures (improper management of labor) 14 (36.8%), violation of transportation rules, etc. 1 each (2.6%). Among the reasons, there is a clear predominance of subjective ones 28 (73.7%), including inattentive attitude towards the patient 24 (85.7%), incomplete examination of the patient 4 (14.3%), as well as late referral to a doctor 3 (7.9%) and other 7 (18.4%). At the pre-hospital stage 3 (7.9%), including in the rural medical station, district polyclinic and at home 1 (2.6%); at the hospital stage 35 (92.1%), including in the central district hospital and maternity homes 25 (65.8%), in the regional hospital 9 (23.7%) and self-supporting institutions 1 (2.6%). In the outcome, they led to death 26 (68.4%), the onset of disability 3 (7.9%) and did not have a significant impact on the outcome 9 (23.7%).

Conclusions. Thus, according to forensic medical records, deficiencies in medical care were most often identified in the work of obstetricians and gynecologists, as well as surgeons and traumatologists. Diagnostic and treatment deficiencies were predominant in nature, primarily arising from subjective causes, more frequently occurring during the hospitalization phase, and ultimately leading to death and disability.