

## **Forensic-Medical Characteristics of Diagnosis Defects**

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**Abstract:** According to the materials of the forensic medical service, it was revealed that defects in medical care were more often found in the activities of surgeons and mid-level medical personnel, diagnostic defects predominated in nature (most often failure to recognize the underlying pathology), which mainly arose due to subjective reasons (mainly due to insufficient qualifications of medical personnel), more often at the hospital stage and in the outcome in most cases led to death.

**Keywords:** commission forensic medical examination, diagnostic defects, nature, cause of occurrence, places of admission, outcome.

**Relevance.** Every year the number of citizens' appeals to law enforcement agencies regarding poor-quality medical care is growing [3]. However, both objective and subjective factors contribute to the development of unfavorable outcomes in medical practice [5].

The country's basic law enshrines the right of citizens to receive qualified medical care. Illegal actions of medical workers become the reason for patients' complaints to law enforcement agencies about the inadequacy and poor quality of medical care provided [1,4]. The study of aspects of this problem from a forensic medical standpoint is directly related to the study of issues of a medical, organizational and legal nature [2,6,7].

**The purpose of the study** is to establish the nature of the admitted defects in medical care among specialists of various profiles, based on the materials of the forensic medical service.

**Materials and methods of the study.** A retrospective analysis of 52 conclusions of commission forensic medical examinations conducted regarding professional offenses of medical workers in the Tashkent city branch of the Republican scientific and practical center of forensic medical examination was carried out.

**Results of the study.** In Tashkent city branch 52 examinations were conducted on violations of medical workers, of which in 12 cases (23.1%) defects in medical care were revealed. By specialty most often in relation to surgeons 4 (33.3%), mid-level medical personnel 2 (16.7%), obstetrician-gynecologists, anesthesiologists-resuscitators, therapists, urologists, dermatovenerologists, emergency medical doctors 1 each (8.3%). By nature, the following prevailed: failure to recognize the underlying pathology 6 (50.0%) and its complications 1 (8.3%), treatment defects in the form of defects in surgical treatment - 2 (16.7%), late hospitalization, errors in prescribing and performing medical procedures, improper use of drugs 1 each (8.3%).

Among the reasons, there is a clear predominance of subjective ones 9 (75.0%), including inattentive attitude towards the patient 3 (25.0%), insufficient qualification of medical personnel 6 (50.0%). Of the organizational ones - deficiencies in the organization of the treatment and

diagnostic process 2 (16.7%). Of the objective ones - atypical course of the disease 1 (8.3%). At the pre-hospital stage 4 (33.3%), including 3 (25.0%) in the district clinic and 1 (8.3%) by emergency medical care; at the hospital stage 7 (58.33%), including 3 (25.0%) in the city hospital (maternity hospitals) and divisions of the Republican Scientific Center for Emergency Medical Care, 1 (8.3%) in the clinical hospital and 1 (8.3%) self-supporting institutions.

Example. On March 24, Mr. E.D. came to the City Hospital complaining of abdominal pain, nausea, black stool, general weakness, and cough. Palpation of the abdomen revealed pain in the epigastric, right hypochondrium, and right iliac regions. The diagnosis was "Acute appendicitis" and surgery was performed. During examination of E.D. on March 29, his general condition was moderate, shortness of breath, weakness, and palpitations were noted, in connection with which the attending surgeon recommended examination by an endocrinologist and therapist. Chest X-ray revealed chronic bronchitis and a small left-sided hydrothorax. During examination by a therapist, E.D. complained of shortness of breath, palpitations, headaches, dizziness, weakness during physical exertion. During auscultation, against the background of vesicular breathing, weak breathing is heard in the lower lobe of the lungs on the left. Diagnosis: Primary: condition after appendectomy. Concomitant pathology: Non-alcoholic fatty liver disease. Chronic duodenal ulcer, exacerbation period. Chronic bronchitis, remission period. Chronic iron deficiency anemia, mild. Complication: slight left-sided hydrothorax. The patient was prescribed furosemide, ursosan, heptral, maltofer and continue treatment according to the prescription sheet. On April 1 at approximately 14:20 in the intensive care unit of the city clinical hospital, E.D. died. Based on the analysis of medical records in this case, the following shortcomings committed by the doctors of the city clinical hospital (the attending surgeon and the general practitioner) in providing medical care to patient E.D. were revealed: a) The cause of the left-sided small hydrothorax (500 ml of fluid in the left half of the chest) detected during an X-ray examination in patient E.D. has not been established. b) A CT scan of the chest organs was not performed to determine the cause of the small left-sided hydrothorax in E.D. c) The diagnosis of "bilateral pneumonia" that led to the death of E.D. has not been established and the appropriate treatment has not been provided; the patient has not been transferred to the therapeutic department. The defects in medical care committed by the doctors of the city clinical hospital in providing medical care to patient E.D. had a significant impact on the outcome of the disease and contributed to the death of the patient.

In the outcome, they led to death in 9 cases (75.0%), prolongation of the treatment period in 2 cases (16.7%), and disability in 1 case (8.3%).

**Conclusion.** Thus, according to the materials of the forensic medical service, defects in medical care were more often identified in the activities of surgeons and mid-level medical personnel, diagnostic defects predominated in nature (most often failure to recognize the underlying pathology), which mainly arose due to subjective reasons (mainly due to insufficient qualifications of medical personnel), more often at the hospital stage, and in the outcome, in most cases, they led to death.

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