

DEFECTS IN THE PROVISION OF MEDICAL CARE IN THE PRACTICE OF ENTRY NOLARYNGOLOGY

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Abstract

A retrospective analysis of materials from the forensic medical service revealed that improper provision of medical care in the activities of ENT doctors had specific features. Diagnostic and treatment defects prevailed in nature, which arose due to subjective reasons, more often in pre-hospital and hospital settings, and in the outcome contributed to death or did not have a significant impact on the outcome.

Keywords

Otorhinolaryngologist, subjective reasons, diagnostic and treatment defects, commission forensic medical examination, places of admission, outcomes.

INTRODUCTION

Unfavorable outcomes after medical care contribute to citizens turning to law enforcement agencies [2]. The assessment of unlawful actions of medical workers is carried out by judicial and law enforcement agencies, based on the conclusion of a commission of forensic medical examination [1]. They also order such examinations based on the fact that improper provision of medical care is identified, which are examined from a forensic medical point of view and aspects of a medical, organizational and legal nature are studied [3]. When identifying defects in medical care, along with identifying the nature, the expert commission must establish the cause of occurrence, the location of the defect and the outcome in the context of specialties [3, 4]. It should be noted that most often their occurrence is facilitated by factors depending on the actions or inactions of medical workers [2].

MATERIALS AND METHODS

As a material, we conducted a retrospective analysis of the conclusions of commission forensic medical examinations appointed regarding professional offenses of medical workers by law enforcement agencies and carried out in 2022 in the Fergana regional branch of the Republican Scientific and Practical Center for Forensic Medical Examination.

RESULTS AND DISCUSSION

The results of the study indicate that during the study period, 58 examinations were carried out in the branch regarding the offenses of medical workers, of which in 65.5% of cases defects in medical care were identified. By specialty, more often in relation to obstetricians-gynecologists 42.1% of cases, surgeons and traumatologists 10.5% each, pediatricians, general practitioners and ENT doctors 7.9%



each, anesthesiologists-resuscitators 5.3%, neurosurgeons, oncologists and toxicologists each 2.6%. The prevailing nature was failure to recognize the main pathology 26.3% and its complications 5.3%, late hospitalization 7.9%, as well as errors in prescribing and carrying out medical procedures (incorrect management of childbirth) 36.8%, violation of transportation rules, etc. .by 2.6%. Among the reasons, there is a clear predominance of subjective ones - 73.7%, of which inattention to the patient in 85.7% of cases, incomplete examination of the patient in 14.3%, as well as late access to a doctor in 7.9% and other 18.4%. At the prehospital stage in 7.9% of cases, of which in SVP, district clinic and at home 2.6% each; at the hospital stage 92.1%, of which in the central district hospital and maternity hospitals 65.8%, in the regional hospital 23.7% and self-supporting institutions 2.6%.

Example. Gr-ka F.A., 25 years old, 09.02. with a diagnosis of "Pregnancy 13-14 weeks" was registered at a rural medical center, and a dispensary observation was carried out. 17.06. with complaints of nausea, vomiting, general malaise, fever, increased temperature, she was hospitalized at the regional perinatal center. After the examination, a diagnosis of "Pregnancy 1, 36 weeks" was made. The period of exacerbation of chronic cholecystitis, chronic pancreatitis, chronic pyelonephritis. Chronic hepatitis of unknown etiology. Moderate anemia." A repeat examination was carried out by a general practitioner. Complaints of headache, weakness, dizziness, nausea, body temperature 37.6C and 20.07. hospitalized at the regional perinatal center. 21.07. After an examination by an infectious disease specialist, a diagnostic lumbar puncture was performed and no signs of meningitis were detected (no cerebrospinal fluid analysis), a diagnosis of "Meningism" was made and recommendations were given. On the same day, a consultation of doctors was held and the diagnosis "Pregnancy 1, 39 weeks" was made. The period of exacerbation of chronic gastritis, chronic pancreatitis. chronic pyelonephritis. Hypertensive encephalopathy. Chronic hepatitis of unknown etiology. Moderate anemia." Detoxification and antibacterial therapy is recommended, as well as following the prescriptions of a therapist and obstetrician-gynecologist. Despite this, her condition continued to deteriorate. 23.07. An examination by a neurosurgeon was performed and MSCT was recommended. On the same day, he was examined by an ENT doctor and it was discovered that the right ear was filled with pus; after clearing the pus, a perforation of the eardrum was established, a diagnosis of "Right-sided chronic purulent otitis media" was made, and treatment was prescribed. 24.07. A neurosurgeon was called via air ambulance, who after examination diagnosed "Abscess of the right hemisphere of the cerebellum. Dislocation syndrome" and, by agreement with the administration of the regional branch of the Republican Scientific and Practical Center for Emergency Medicine, translated. 24.07. at 14.40. hours, was examined by a neurosurgeon and an ENT doctor, and it was revealed that she was treated by an ENT doctor from the district medical association. On otoscopy, the external auditory canal is wide, there is purulent discharge with a foul odor. During cleansing, pulsation of the tympanic cavity is noted with the release of pus. The posterior-superior part of the bony part of the external auditory canal is swollen and overhangs. The diagnosis was "Abscess - a cystic-volume process of the right hemisphere of the cerebellum? Dislocation syndrome.

CONCLUSION

Consequently, based on the analysis of materials from the forensic medical service, the defects in medical care identified in the activities of ENT doctors had the following features - in particular, defects in diagnosis and treatment prevailed in nature, which arose due to subjective reasons, more



often in pre-hospital and hospital institutions, and in the outcome contributed to the occurrence of death or did not have a significant effect on the outcome.

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WORDLY
KNOWLEDGE