



REVIEW OF POOR-QUALITY MEDICAL CARE IN SURGICAL AND TRAUMATOLOGICAL PRACTICES IN TREATMENT AND PREVENTIVE INSTITUTIONS

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Abstract

A study was carried out of 176 examinations in cases of unfavorable outcomes of medical care for the years 2018-2023. The paper presents the results of an analysis of defects in the provision of surgical and trauma care in medical institutions in Fergana.

Keywords

Surgery, method, assessment of the quality of medical care, traumatology, defects in the provision of medical care.

INTRODUCTION

It is well known that in the context of democratic changes in Uzbek legislation, the introduction of health insurance, and a significant increase in the legal awareness of the population, there has been a sharp increase in the number of patient requests to law enforcement agencies with claims for medical care. The number of cases of appeals to judicial authorities with claims for compensation for material damage caused by improper provision of medical and diagnostic care, as well as for the recovery of compensation for moral damage, has especially increased.

MATERIALS AND METHODS

In connection with such circumstances, the volume of forensic medical examinations has increased based on the materials of the case of poor-quality provision of medical services, resulting in harm to health and other consequences.

Despite the fact that currently there are three types of quality control of medical care: (departmental, non-departmental and forensic), a significant share of the assessment of medical care belongs to forensic medical examination.

Therefore, one of the most important tasks of forensic medical examination is to improve expert research on the essence of assessing the quality of medical services.

Previously, investigative and judicial cases related to defects in medical care were called cases of professional misconduct of medical workers, or “medical cases.”

RESULTS AND DISCUSSION



The trigger point for patients or their relatives to file complaints - statements to the prosecutor's office or lawsuits in court is not only harm to health caused by incorrect diagnosis or treatment, but often gross violations of ethical and deontological norms, lack of proper attention to the patient on the part of doctors, nurses and junior medical staff.

When conducting commission forensic medical examinations on "medical cases," the members of the commission are provided with materials from a criminal or civil case containing official medical documents (outpatient and inpatient cards, materials from official checks and other materials).

The main task of the experts - members of the expert commission is to competently professionally assess the strategy and tactics of doctors in making a diagnosis, surgical or other treatment, preventing complications, etc [2].

The above allows you to answer the questions of the investigator and the court that appear in the resolution or determination on the appointment of a forensic medical examination.

In this regard, the most frequent questions of the investigative authorities and the court are the following: was the diagnosis of the disease or injury made correctly and in a timely manner? What complications developed in the patient, and what is their origin? Is there a direct causal relationship between the actions of medical personnel and the occurrence of an unfavorable outcome of the disease or the death of the patient? Was there a real opportunity to prevent an unfavorable outcome? What departmental instructions and methodological recommendations did doctors follow when diagnosing and treating the disease?

Defects in the strategy and tactics of patient management were varied. In particular, in 3.7% there was untimely hospitalization, in 13.5% - untimely diagnosis of disease and injury, in 11.4% - erroneous (incorrect diagnosis), in 24.5% - incomplete treatment volume.

The issue of compliance with industry standards and violations of job descriptions, and the application of methodological recommendations remains difficult. This question is quite often raised by investigative and judicial authorities before the expert commission.

According to commission examinations, in 17.2% of cases, industry standards were not observed and job descriptions were violated.

As for the latter, in medicine there are not instructions, guidelines, or rules for all types of diagnosis and treatment.

This raises the problem of how the expert commission should answer questions from the investigation and the court regarding this matter.

Another problem is revealed, which is that job descriptions are written formally and do not reflect a clear algorithm for the actions of a doctor, paramedic or nurse. In addition, many regulatory documents on diagnostic and treatment tactics are outdated and do not meet modern requirements for providing qualified medical care [3].

According to our analysis, in 9.8% of cases an insufficient level of organizational and diagnostic treatment actions was identified.



All of the above indicates that patients' accusations of medical personnel about improper provision of medical care have sufficient grounds. This is confirmed by the fact that in 53.7% of cases the expert commission identified defects in the provision of medical care.

The consequences of such defects were death in 5.4% of cases and health disorders of varying duration in 28.3%.

Among the defects in the provision of medical care, the following were identified: late diagnosis (11%), inadequate therapy, both in terms of volume and composition of administered drugs (14%), late hospitalization, which led to untimely (delayed) provision of medical care (5%).

CONCLUSION

1. Currently, in the surgical and traumatological practice of Fergana medical institutions, there are still quite a lot of various types of defects and errors.
2. Defects in the provision of medical care in the form of delayed diagnosis and untimely hospitalization led not only to long-term health problems for patients, but also to permanent disability or death.

REFERENCES

1. Pristanskov V.D. Iatrogenic crimes: medical and forensic criteria for studying professional activities in the provision of medical care that had an unfavorable outcome // Criminalist. 2008. No. 2. pp. 71–79.
2. Grishin A.V. Forensic characteristics of crimes against life and health associated with improper provision of medical care, committed through negligence // Russian justice. 2014. No. 1 (93). pp. 75–80.
3. Bessonov A.A., Malanina N.V. Forensic characteristics of crimes associated with improper provision of medical care and medical services // Investigation of crimes: problems and ways to solve them. 2018. No. 4 (22). pp. 150–157.
4. Samitov E.O., Amirov R.G. Forensic characteristics of crimes associated with causing grievous harm to health as a result of improper provision of medical care // Law and Law. 2015. No. 2. pp. 145–147.