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ASPECTS OF QUALITY OF MEDICAL CARE IN FORENSIC EXAMINATION

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Abstract: When conducting forensic medical examinations of the considered episodes of failure to provide or improper provision of medical care, forensic experts are asked to resolve the issue of assessing the quality of medical care. The developed methodological recommendations on the procedure for conducting forensic medical examinations and establishing cause-and-effect relationships in cases of failure to provide or improper provision of medical care.

Keywords: quality criteria for the provision of specialized medical care, shortcomings in the provision of medical care, justification, defects in the provision of specialized medical care, conclusions.

INTRODUCTION

The essence of our proposal is that before formulating conclusions and drawing up the summary part of the conclusion, it is necessary to conduct a retrospective analysis in the form of an expert commission discussion using quality criteria for specialized medical care, which are proposed to be presented in the form of a protocol of discussion and references to specialized literature in the research part of the expert's report in the sections "Research of specialized literature" and "Discussion of the results obtained."

MATERIALS AND METHODS

It should be noted that, firstly, the quality of medical care depends on subjective and objective factors, and secondly, not all medical specialties still have developed standards and criteria for the quality of specialized care. In resolving this issue, it is very important to take into account the so-called "golden hour", i.e. timeliness of medical care, and in fatal cases it must be established on the basis of not only a retrospective clinical analysis, but also a thanatological one, using modern methods of forensic diagnostics [1,2].

RESULTS AND DISCUSSION

Romodanovsky P.O., Kovalev A.V., Barinov E.Kh. (2018) believe that: "...Relatively recently, in relation to issues of medico-legal assessment of the quality and effectiveness of medical care, the concepts of shortcomings and defects in the provision of medical care appeared. A deficiency in the provision of medical care is any discrepancy with modern standards of volume and quality, the requirements of regulations governing this type of medical activity, scientifically substantiated from the standpoint of evidence-based medicine, the principles of medical practice and theoretical knowledge. A lack of medical care may not be the cause of an unfavorable outcome and may not have a direct causal connection with it, that is, not affect its occurrence. A defect in the provision of medical care is a deficiency in the provision of medical care that was the cause of an unfavorable outcome or had a direct causal connection with it, that is, influenced its occurrence. Like medical errors, shortcomings and defects in the provision of medical care can be classified into diagnostic, medicinal and tactical shortcomings in the organization of medical care. Also, shortcomings in the provision of medical care include shortcomings in maintaining medical records" [1].

"...The doctor on duty did not make a timely diagnosis of peptic ulcer and did not prescribe anti-ulcer therapy, which contributed to the progression of the disease and the development of perforation. In turn, the attending physician N. did not promptly detect the developed

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perforation, which led to the progression of peritonitis within 5 hours. Subsequently, the head of the surgical department R. performed surgical intervention in an unjustifiably excessive volume, which also could not help but affect the health status of citizen R. The cause of death of citizen R. - progression of peritonitis - is quite clear, but the reasons why peritonitis progressed after the operation remain unclear. Neither the operation report nor the pathoanatomical autopsy report reflects the prevalence of peritonitis and does not indicate which parts of the vitreous were affected. The operation protocol does not indicate whether sanitation of the abdominal cavity was carried out, what solution was used and in what quantity the solution was used. It is not known from the text of the operation protocol how many drains were installed in the abdominal cavity, i.e. whether the drainage was adequate and whether the operating surgeon R. took all necessary measures for sanitation and drainage of the abdominal cavity. It is unclear from the case materials, including medical documents, whether the need for a programmed sanitary relaparotomy was discussed. It is noteworthy that the anastomoses were not described in the pathological autopsy report, although the pathologist should have checked their consistency. Anastomotic failure could be the reason for the progression of peritonitis after surgery. In the autopsy report of a patient who underwent gastrectomy, anastomoses are not mentioned at all. The progression of widespread seroeno-fibrinogenic peritonitis in citizen R. is confirmed by operation protocol No. 382 dated April 25, 2016, pathoanatomical autopsy protocol No. 049 and data from the medical record of an inpatient No. 2394/889, in particular, indicators of a general blood test dated April 28, 2017 (leukocytes 16.5, toxic neutrophil levels), biochemical blood tests, reflecting the characteristic signs of progressive peritonitis (pronounced catabolic reaction - decrease total protein level up to 54 g/l on 04/27/17 and acute renal failure – urea 41.1 mmol/l, creatinine 737.4 μ mol/l from 04/28/17). The patient had signs of an acute inflammatory process of bacterial etiology, severe intoxication and acute renal failure, which pointed to peritonitis as the direct cause of death of R. Standards of medical care for acute pancreatitis and perforated gastric ulcer, approved by the - in accordance with the procedure established by law, were absent at the time of providing medical assistance to citizen R.

CONCLUSION

We are convinced that in complex cases, when it is necessary to resolve the issue of assessing the quality of medical care, it is advisable to additionally involve doctors in clinical expert work in the commission of experts.

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