



Analysis of the Effectiveness and Errors of Medical Care

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ABSTRACT

In a retrospective analysis of the materials of the forensic medical service, it was revealed that the improper provision of medical care in the activities of otolaryngologist and others had specific features. Defects in diagnosis and treatment prevailed by nature, which arose due to subjective reasons, more often in institutions of the prehospital and hospital stages, and in the outcome contributed to the onset of death or did not have a significant impact on the outcome.

Keywords:

Commission forensic medical examination, defects in diagnosis and treatment, subjective causes, places of admission, outcomes

Introduction. Unfavorable outcomes after the provision of medical care contribute to the appeal of citizens to law enforcement agencies [2, 10]. Evaluation of illegal actions of medical workers is carried out by judicial and law enforcement agencies, according to the conclusion of the commission forensic medical examination [1, 6]. Such examinations are also appointed by them upon the discovery of improper provision of medical care, which are examined from a forensic medical standpoint and aspects of a therapeutic, organizational and legal nature are studied [11]. When identifying defects in medical care, the expert commission, along with identifying the nature, should establish the cause of occurrence, the place of the defect and the outcome in the context of specialties [3, 4, 9]. It should be noted that most often their admission is facilitated by factors that depend on the actions or inactions of medical workers [5, 7, 8].

The purpose of the study is to determine the nature of the admitted defects in medical care among specialists of various profiles.

Materials and research methods. As a material, we carried out a retrospective analysis of the conclusions of the commission forensic medical examinations appointed regarding professional offenses of medical workers by law enforcement agencies and conducted in 2018 in the Samarkand regional branch of the Republican Scientific and Practical Center for Forensic Medical Examination.

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 defects in medical care were revealed in 65.5% of cases. By specialty, more often in relation to obstetrician-gynecologists 42.1% of cases, surgeons and traumatologists 10.5% each, pediatricians, therapists and otolaryngologist 7.9% each, anesthesiologists-resuscitators 5.3%, neurosurgeons, oncologists and toxicologists 2.6%. By nature, the following prevailed: failure to recognize the underlying pathology 26.3% and its complications 5.3%, late hospitalization

7.9%, as well as errors in the appointment and conduct of medical procedures (improper delivery) 36.8%, violation of the rules of transportation, etc. by 2.6%. Among the reasons, there is a clear predominance of subjective 73.7%, of which an inattentive attitude towards the patient in 85.7% of cases, an inadequate examination of the patient in 14.3%, as well as a late visit to the doctor 7.9% and other 18.4%. At the prehospital stage in 7.9% of cases, of which in SVPs, district polyclinics and at home, 2.6% each; at the hospital stage 92.1%, of which 65.8% in the Central District Hospital and maternity hospitals, 23.7% in the regional hospital and 2.6% in self-supporting institutions.

Example. F.A., 25 years old, 09.02. with a diagnosis of "Pregnancy 13-14 weeks" was registered in a rural medical center, dispensary observation was carried out. 17.06. with complaints of nausea, vomiting, general malaise, fever, fever was hospitalized in the regional perinatal center. After the examination, the diagnosis "Pregnancy 1, 36 weeks. The period of exacerbation of chronic cholecystitis, chronic pancreatitis, chronic pyelonephritis. Chronic hepatitis of unknown etiology. Anemia of moderate severity. A re-examination by a general practitioner was carried out. Complaints of headache, weakness, dizziness, nausea, body temperature 37.6C and 20.07. hospitalized in the regional perinatal center. 21.07. after examination by an infectious disease specialist, a diagnostic lumbar puncture was performed and no signs of meningitis were detected, 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. The period of exacerbation of chronic gastritis, chronic pancreatitis. chronic pyelonephritis. Hypertensive encephalopathy. Chronic hepatitis of unknown etiology. Anemia of moderate severity. Recommended detoxification and antibacterial therapy, the implementation of the appointments of the therapist and obstetrician-gynecologist. Despite this, her condition continued to deteriorate. 23.07. examination by a neurosurgeon was performed and MSCT was recommended. On the same day, he was

examined by an otolaryngologist and the right ear was filled with pus, after cleansing from pus, a perforation of the tympanic membrane was established, the diagnosis was "Right-sided chronic purulent otitis media", treatment was prescribed. 24.07. A neurosurgeon was called through the air ambulance line, 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 examined by a neurosurgeon and an otolaryngologist, it was revealed that she was treated by an otolaryngologist of the district medical association. At otoscopy, the external auditory meatus is wide, there is purulent discharge with a fetid odor. During cleansing, there is a pulsation of the tympanic cavity with the release of pus. The posterior-upper part of the bony part of the external auditory canal is edematous, overhangs. The diagnosis was "Abscess - a cystic-volumetric process of the right hemisphere of the cerebellum. Dislocation syndrome. Secondary internal occlusive hydrocephalus. Right-sided acute suppurative otitis. Mastoiditis. Pregnancy 36-37 weeks" and surgery was recommended. 24.07. at 15.00. hours examined by a gynecologist and hospitalized in the department. 25.07. at 02.35. hours, the patient's condition deteriorated sharply, fell into a coma and convulsive contractions were observed. She was transferred to an artificial respiration apparatus due to respiratory failure. At 03.00 am, she was examined by a neurosurgeon, a gynecologist was called through the line of medical aviation, examined by an anesthesiologist, a general practitioner, and surgery was prescribed. At 04.00 hours, a burr hole was placed at the Kocher point and ventriculostomy was performed. Next, resection trepanation of the right posterior cranial fossa, drainage of the abscess cavity of the right cerebellar hemisphere was performed. An obstetrician-gynecologist performed a caesarean section and delivery of a live-born child. Cardiac arrest was observed during the operation. After the restoration of cardiac activity, she was

transferred to the neurocritical care unit in an extremely serious state of terminal coma. Despite ongoing treatment 28.07. at 13.45 hours death was declared.

According to the opinion of the expert commission, there are no records in the outpatient card from the SVP about visiting an otolaryngologist. According to the conclusion of the forensic medical examination of the corpse, the cause of death was multiple organ failure due to toxic hepatitis, toxic myocarditis, necrosis of kidney cells, degeneration of the adrenal glands and pancreas, inflammation of the meninges, purulent inflammation of the right hemisphere of the cerebellum due to right-sided purulent otitis, limited abscess of the right hemisphere of the cerebellum. In the individual outpatient card, the records are superficial, the condition of the pregnant woman is not fully covered, there are no records of narrow specialists. Surgical intervention was carried out late, X-ray of the skull in two projections and chest, ECHO of encephalography of the brain, bacterial seeding of the brain abscess were not performed.

In the outcome, they led to death in most cases (68.4%), as well as to the onset of disability in 7.9% and did not significantly affect the outcome in 23.7%.

Conclusions. Therefore, based on the analysis of the materials of 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 institutions of the prehospital and hospital stages, and in the outcome contributed to the onset of death or did not significantly affect the outcome.

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