

FORENSIC ASPECTS OF THE ACTIVITIES OF AN ANESTHESIOLOGIST-RESUSCITATOR

Hakimov Sarvar Abduazimovich

*Tashkent Medical Academy, Department of
Forensic Medicine and Medical Law*

ANNOTATION

Citizens' access to qualified medical care is guaranteed by the state. Currently, special attention is paid to measures aimed at improving the quality of medical care. In this regard, a special place is occupied by commission forensic medical examinations related to the activities of medical personnel. It should be noted that the analysis of these materials is neglected.

Keywords: Commission forensic medical examination, medical care deficiencies.

Commission forensic medical examinations conducted on the activities of anesthesiologists-reanimatologists in forensic medical expertise institutions of our country were obtained. First, a special classification of medical care deficiencies was developed, taking into account the characteristics of the anesthesiologist-reanimatologist. In this classification, the types of defects, the causes of the defect, the institutions and the impact of the defects on the health and life of the patient were distinguished.

In total, 59 commission forensic medical examination related to the activities of anesthesiologist-reanimatologist were conducted, and in 54 of them it was found that deficiencies were allowed. In most cases, a total of 86 medical care deficiencies were identified due to the fact that several deficiencies were made and each of them was studied in detail.

Medical care deficiencies were divided into diagnostic, treatment, and other deficiency groups based on their nature. According to the results of the analysis, out of 86 medical care deficiencies, the leading place was occupied by diagnostic deficiencies made by anesthesiologists-resuscitators, which accounted for 40.7%. Of the 35 identified diagnostic medical care deficiencies, 10 (28.6%) were associated with the failure to identify the underlying disease or injury (mainly brain edema, cerebral circulation disorders, acute cardiovascular and respiratory failure) and 11 (31.4%) with late diagnosis. Treatment deficiencies were identified in 31 cases (36.0%), of which 20 (64.5%) consisted of late hospitalization of the patient in the hospital or anesthesiology-resuscitation department. Other deficiencies in the appointment, conduct of medical procedures and treatment were observed relatively rarely. Group 3

defects (20, 23.3%) were mainly related to deficiencies in medical record keeping and patient transportation.

In the legal assessment of shortcomings in the activities of medical personnel, the causes of their occurrence and the degree of impact on the outcome are of great importance. According to the data obtained, 41.8% of medical care deficiencies are associated with subjective reasons, which are mainly due to the inadequate qualification of anesthesiologists and resuscitators. Out of 86 medical care deficiencies, 29 (33.7%) occurred for reasons unrelated to medical personnel and the medical institution. Most of them were due to late referral for medical care. In total, 24.4% of medical care deficiencies were identified as organizational reasons, including deficiencies in the organization of the treatment and diagnostic process in the medical institution and the provision of diagnostic tools.

It was found that the shortcomings in the work of anesthesiologists-resuscitators have a serious impact on the health of patients, and 29 out of 86 shortcomings (33.7%) had a significant impact on the outcome and predisposed to the death of the patient. In 16 cases, shortcomings in the work of anesthesiologists-resuscitators were the direct cause of the death of patients.

According to the conclusions of the Commission forensic medical examination, deficiencies in the activities of anesthesiologists and resuscitators were mainly observed in central district hospitals (34.9%), in the emergency medical care system (25.6%), and in city hospitals (22.0%).

Conclusion: A comprehensive analysis of the shortcomings made by anesthesiologists-resuscitators according to the KSTE materials can be useful in developing measures to improve their performance.

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