MEDICAL PRACTICE ISSUES IN TRAUMATIC PATIENT ASSISTANCE, VICTIM OF HETEROAGRESSION

SANDA DURA[1]

[1] *"Lucian Blaga" University of Sibiu*

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Abstract: *When turning from mechanically traumatic patient, victim of heteroagression into a forensic patient, multidisciplinary clinical management of traumatic patient also acquires a multisectoral character through the involvement of the prosecution, criminal investigation, court or social services. The central position the doctor holds, involves new responsibilities, as well the need for new knowledge that would support his decisions. Purpose: Identifying and prioritizing the key issues, challenges and information needs of doctors regarding the management of traumatic patient, secondary to mechanical interpersonal aggression. Materials and methods: I conducted a qualitative, multicenter study. Recruiting the nominal groups was achieved through a two-stage guided sampling to reproduce as faithfully as possible the share of assistance levels and specialties involved in the healthcare of the patient who suffered a mechanical trauma. The results were ranked and categorized by level of care / specialty. Results: The study identified problems revealed by health professionals in health facilities belonging to three counties. The results obtained in the three study sites were synchronous. Conclusions: There are no rules defined for the traumatic patient's healthcare, secondary to interpersonal aggression. There is a natural tendency of doctors to prioritize medical care and to put on second place, the medical paperwork. Numerous shortcomings were identified regarding how to fill out the medical, forensic and legal papers and their circuit. There is a need expressed by physicians at various levels of healthcare to regulate the approach of the mechanically traumatic patient with forensic aspects.*

INTRODUCTION

When turning from mechanically traumatic patient, victim of heteroagression into a forensic patient, multidisciplinary clinical management of traumatic patient also acquires a multisectoral character through the involvement of the prosecution, criminal investigation, court or social services.(1,2,3) Therefore, the doctor is forced to collaborate with various institutions, both directly and especially indirectly through medical records released. In this regard, it is essential that the doctor be aware of his responsibility to properly prepare and issue the medical documents, which actually represent the support for the accurate legal decision.(4,5,6)

The central position the doctor holds involves new responsibilities, as well the need for new knowledge that would support his decisions.(7) Clear and comprehensive regulation in the field of the clinical management of the traumatic patient secondary to heteroagression must be substantiated by exhaustive research of the difficulties encountered in medical practice at every level of healthcare and in the related areas.

PURPOSE

Identifying and prioritizing the key issues, challenges and information needs of doctors regarding the management of traumatic patient, secondary to mechanical interpersonal aggression.

MATERIALS AND METHODS

Study method: Qualitative research through combined methods.

1. *Repeated focused individual interview* - aimed at deepening the issue, obtaining primary research data, completing and verifying the information obtained by other techniques (nominal group and literature). Because the questions and their sequence were not preset, the participants benefited from a greater degree of freedom which allowed the formation of a complex overview on the topic. Following the interview, research hypotheses were formulated and there has been developed a conceptual plan that fixed the matters to be discussed within the nominal groups;
2. *Nominal group.* I chose this qualitative research technique as it provides increased efficiency in the identification, selection and ranking of priority problems and possible solutions, based on discussion and valuing different views simultaneously.(8) On the other hand, this technique has a high level of attractiveness for health professionals, being regarded as the best option for the identification of issues and decision making in the health units, regardless of their level or profile.
3. *Case study.*

Location: multicentre study (three study centers: Sibiu, Cluj and Hunedoara;

Structure of the nominal group: 50 participants divided into five nominal groups: 2 groups of 12 participants in Sibiu study center, one group of 8 participants in Cluj study center and two groups of 8 and 10 participants in Hunedoara study center, with two locations (table no. 1).

Nominal groups' selection was done by two-stage guided sampling.

In stage 1, there was conducted the selection of medical units by the method of quotas.

Quota criterion: the addressability level of mechanical trauma pathology secondary to interpersonal aggression towards healthcare units / services and related fields (criminal investigation bodies, prosecution bodies, courts).

[1]Corresponding author: Sanda Dura, Str. Lucian Blaga, Nr. 2A, 550169, Sibiu, România, E-mail: sanda.dura@yahoo.com, Phone: +40728 856116
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Table no. 1. Info-biographic characteristics of the nominal groups

Study centre	*Health units/clinical specialities*	*Gender*		*Age groups (years)*			
		M (no)	*F (no)*	*30-39 (no)*	*40-49 (no)*	*50-59 (no)*	*60 and over (no)*
Sibiu	Sibiu County Clinical Emergency Hospital:						
	• Medical clinical specialities	1			1		
	• Surgical clinical specialities	8			4		
	• Paraclinical specialities	2		4	2		
	Sibiu County Forensic Service	4		1	2		**1**
	Mobile Emergency Service for Resuscitation and Extrication (SMURD)	2	1		3		
	Family Medicine units within Sibiu County						
	• Urban		1		1		
	• Rural	1	2		1	1	**1**
	Related fields	1	1		1		**1**
	Total	**24**					
Cluj	Cluj Napoca County Clinical Emergency Hospital:						
	• Medical clinical specialities		1			1	
	• Surgical clinical specialities					1	
	• Paraclinical specialities	4	1			1	**3**
	Family Medicine units within Cluj County						
	• Urban						
	• Rural	1	1		1	1	
	Total	**8**					
Hunedoara	Deva County Clinical Emergency Hospital:						
	• Medical clinical specialities		1		1		
	• Surgical clinical specialities	2	3			1	
	• Paraclinical specialities						**4**
	Brad Town Hospital						
	• Medical clinical specialities	1	1				**2**
	• Surgical clinical specialities	6	1			1	**6**
	• Paraclinical specialities	1					**1**
	Family Medicine units within Hunedoara County						
	• Urban	1					
	• Rural	1			1	1	
	Total	**18**					
Total		**50**					

**Related fields – criminal investigation bodies, prosecution bodies, courts*

In stage two, respondents' selection was performed according to logical sampling method. *Selection criteria:* individual experience relevant in relation to the research topic; accessibility to the location of study.

Characterization of the nominal group:

- *sex ratio=2,7/1;*
- *group distribution on clinical specialties / areas is shown in table no. 1.*

Length of the working session: 5 sessions of three hours each.

Study period: July 2013-January 2014.

Summary of the protocol work: At the beginning of the working sessions, research objectives were clarified, as well as group composition, assumptions and how the results will be evaluated and an overview of the working technique.

Given the complexity of the topic, each participant was asked to submit in writing five issues related to the research topic and 5 proposals for solving the problems identified. There were a total of 55 original ideas. After a brief description and argumentation of ideas, there followed the systematic analysis. screening, the development or the debate on the idea.

Due to the complexity and multiple levels of intervention, prioritizing the identified problems was made by group consensus without using the traditional method of giving scores, which was labour intensive and less productive for a large number of ideas. The selection criterion was the feasibility of the idea within the organizational and regulatory context of the current health care system.

Representativeness. The chosen control features ensure representativeness of the batch depending on the purpose of research, individual interviews highlighting the theoretical saturation phenomenon.

Validity, reliability of research: Research shows the validity of the instrument (the results obtained by the nominal group technique were similar to those identified during the documentation process and individual interviews); conceptual and procedural validity (the concepts and methods applied being usual in the scientific community care). Thus, Malinescu (9) communicates similar issues related to the responsibilities of the family physician in filling out the medical certificate confirming the death and Mihalache (10), in a study on drafting forensic documents, highlights a number of obstacles and difficulties overlapping those identified by this study. Reliability (reproducibility) is ensured by the fact that the three research centers obtained synchronous results.

RESULTS AND DISCUSSIONS

Following the workshops in the 3 study locations, there were noted 26 separate issues considered as priorities in terms of clinical approach of the traumatic patient secondary to interpersonal aggression. For the presentation of results, responses were processed, classified and grouped by level of healthcare at which these were identified (table no. 2).

Table no. 2. The main problems identified in the healthcare of the traumatic patient secondary to heteroagression

Description of issue/ Type of healthcare
Family medicine
- Brief description of the traumatic injuries in the medical records;
- Precarious guidance on the circumstances of production of the traumatic injuries;
- Necessity to deepen the concepts of thanatological semiology;
- The need to define more clearly the competencies, limits and how to fill out the medical certificate of death,

especially in the cases when the doctor is forced to refuse to issue the certificate;
- Insufficient knowledge of the responsibilities regarding the relation with the criminal investigation and forensic bodies.

Mobile Emergency Service for Resuscitation and Extrication/Ambulance
- Insufficient coordination of actions between emergency team and police and gendarmerie crews when they intervene in a conflict;
- Undervaluation of the situations that require the intervention of mixed crews: SMURD / Ambulance, Police and Gendarmerie;
- The need for healthcare team to overcome their medical duties and to be involved in the psychological management of the conflict in order to facilitate early access to the victim.

Emergency Room (ER)
- Working under pressure due to high addressability towards ER;
- Summary record of the original appearance of lesions in the patient observation sheet in the case interventions are performed that change the look of lesions;
- Summary record of clinical, biological and functional parameters of the traumatic patient, requiring hospitalization (relevant for state or traumatic or hemorrhagic shock);
- Lack of systematic collection of alcohol in traumatic patients post-interpersonal aggression;
- Lack of a systematic practice in issuing medical letters after the consultation of the traumatic patient in ER and summary description of the patient's condition, the results of investigations and manoeuvres performed;
- Handing radiographs performed in ER to the patient or carers (investigations which did not have duplicates in the archives).

Clinical medicine
- Insufficient awareness of the role that medical services have at attending physician level in the patient's subsequent legal approach;
- Summary description or the lack of description of minor traumatic injuries;
- Automatisms in noting down the biological, functional parameters and of the objective examination on different equipment;
- Lack of information on patient's history and comorbidities;
- Formal writing of the evolution and the omission of certain events occurring during hospitalization;
- Lack of interpretation for some medical investigations that are mentioned in the clinical observation sheet;
- The absence of laboratory investigations to confirm the clinical diagnosis;
- Exclusive mentioning of the medication in the log and omitting additional medication obtained from sources other than the hospital pharmacy;
- Setting uncertain diagnoses upon discharge;
- Epicrisis gaps that do not reflect the evolution of the patient's condition from admission until discharge or death;
- Difficulties and delays in obtaining copies of clinical observation sheets or bulletins of analyzes and results of laboratory investigations required to draft the documents required by the court for the forensic patients.

CONCLUSIONS

- The research results reveal that there are no rules defined for the traumatic patient's healthcare, secondary to interpersonal aggression.
- There is a natural tendency of doctors to prioritize medical care and to put on second place, the medical paperwork.
- Numerous shortcomings were identified regarding how to fill out the medical, forensic and legal papers and their circuit.
- There is a need expressed by physicians at various levels of healthcare to regulate the approach of the mechanically traumatic patient with forensic aspects.(11,12,13)

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