

Determination of role and issues of autopsy in medical negligence

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Abstract

Background: The fright that destructive data from autopsy may be presented as proof in lawsuits alleging medical malpractice is often referred to as one factor contributing to the drop in autopsy rates.

Objective: To determine the role of autopsy and issues related to autopsy in medical negligence.

Materials and Methods: A total of 36 medical negligence cases reported during the period of 3 years (i.e., from July 2011 to June 2014) were gathered from hospital case records, inquest reports, postmortem examination reports, and forensic science laboratory reports.

Result: In this study, male and female subjects equally experienced medical negligence. Among the female subjects, pregnant cases were more common. Most of the medical negligence cases had arrived to the hospital with major health problems. Regular autopsy is a common compare to the autopsy after exhumation. Postmortem findings in surgical cases were more clear compare to medical cases. In surgical cases, hemorrhage is the most common cause of death, and drug hypersensitivity is more common in medical cases.

Conclusion: Proof of negligence was found in more surgical cases than medical cases on postmortem examination. In case of death owing to medical negligence, postmortem examination is must to take action against the negligent doctor. The final opinion should not be speculative or premature, but should be brief, simple, and based upon a complete review of all the facts and findings of the case.

KEY WORDS: Medical negligence, autopsy, exhumation, cause of death, Consumer Protection Act

Introduction

Medical profession is like any other profession to cater the needs and aspirations of the society.^[1] All medical professionals, doctors, nurses, and other health-care providers are responsible for the health and safety of their patients and are

expected to provide day-to-day requirements of the society and high level of quality care.^[2]

Unfortunately, medical professionals and health-care providers may fail in this duty to their patients by not providing them proper care and attention, acting unkindly or by providing substandard care, thus leading to far-reaching complications such as personal injuries and even death. When the medical profession is utilized for selfish needs at the expense of the society needs, they have to be corrected by putting regulations in the form of ethics and laws.^[3]

In the present scenario, doctors cannot be sure enough that they will never be threatened with an action for negligence, particularly by urbanites, mainly among educated and affluent classes, as they are health conscious and aware of defects in medical managements. When the patients face

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injury owing to medical negligence, they deserve to be compensated for the damage.

Unlike uneducated people, educated people are no longer willing to accept “the will of god” as an acceptable answer for an unfortunate complication after treatment or to explain a child born with congenital defects; rather, they feel “somebody has to be responsible” and that “somebody ought to pay.”^[4]

One of the major areas of current interest and concern to doctors in medical profession in the practice of medicine is professional liability, with the inclusion of medical profession in Consumer Protection Act;^[3] so, it became a topic most talked about. The practice of Medicine has already been loaded with risk factors, and horizon of jurisprudence is expanding beyond the limits of practice, if being unaware the law takes its own action.^[4]

This study was conducted to determine the role of autopsy and discuss issues related to autopsy in medical negligence.

Materials and Methods

This study was conducted in the Department of Forensic Medicine and Toxicology, Osmania General Hospital, Hyderabad. Materials for this study included 36 medical negligence cases reported during the period of 3 Years (i.e., from July 2011 to June 2014). Data for the study were gathered from hospital case records, inquest reports, post-mortem examination reports, forensic science laboratory reports, and history of the patient collected from patient attendants, and expert opinions.

The following parameters were considered for study.

1. Age and sex of patient
2. Medical ailment
3. Type of autopsy
4. Postmortem findings
5. Cause of death
6. Time of death
7. Proof of negligence

Result

Among the 36 medical negligence cases, six (17%) cases were under 18 years of age, and 30 (83%) cases were older than 18 years. Among them, 18 (50%) cases were female and another 18 (50%) cases male subjects.

Of the 36 medical negligence cases, six (17%) cases visited the hospital for treatment of minor medical ailments and 30 (83%) cases for major health problems. Among all, 18 (50%) cases were medically related and another 18 (50%) cases surgically related [Table 1]. Of these 36 medical negligence cases, regular autopsy was conducted in 30 (83%) cases, and, in another 17% cases, autopsy was conducted after exhumation.

Among the 36 cases, clear findings opining the cause of death were present in 16 (44%) cases only. In 14 (39%)

Table 1: Distribution of patients according to medical ailment

Health problem	Minor	Major	Total
Medical problem	3	15	18
Surgical problem	3	15	18
Total	6	30	36

Table 2: Postmortem findings in study group

Findings	Minor	Percentage
Clear findings	16	44
Obscure findings	14	39
No positive findings	16	17
Total	36	100

Table 3: Cause of death in study group

Cause of death	Minor	Percentage
Drug hypersensitivity	12	33
Known adverse effects of drug	3	8
Hemorrhage	9	25
Other specified opinions	6	17
Not opined from the (PME)	6	17
Postmortem examination findings		
Total	36	100

cases, there were obscure findings, and, in 16 (17%) cases, there were no findings opining the cause of death [Table 2].

Of these 36 medical negligence cases, cause of death was not opined from postmortem findings in six (17%) cases. In 12 (33%) cases, the cause of death was drug hypersensitivity; in three (8%) cases, known adverse effects of drug; in nine cases, hemorrhage; and, in six cases, other causes [Table 3].

Among the 36 cases of medical negligence, six (17%) patients died during the medical treatment, and 12 (33%) patients died sometime after medical treatment. Twelve (33%) patients died during surgical procedure, and six (17%) patients died after surgical procedure. Among the 36 cases of medical negligence, proof of negligence was found only in 21 (58%) cases, and it was not found in 15 (42%) cases.

Discussion

Most of the medical negligence cases had visited the hospital with major health problems and that complicated procedures. So, there are chances for medical maloccurrence and therapeutic misadventure. Few cases visited the hospital with minor health problems. In those cases, there are chances for drug hypersensitivity.^[5] In this study, 17% cases came to the hospital for treatment of minor medical ailment and 83% (50% medical-related and 50% surgical-related) for major health problems.

According to legislations in some European countries, the doctor who has made a mistake while treating a patient

is allowed to perform the external examination of the corpse and determine the cause and certify the manner of death by himself.^[6,7]

The anesthesia team can often be readily and, usually, unjustly blamed for deaths that occur during the administration of anesthetics. The rates of anesthetic-associated deaths may vary depending on study design, study period, and study population. It has been stated that the risk is increased in children, in infants under the age of 1 year, and in people aged older than 65 years.^[8]

Autopsy is nowadays an efficient method of clarifying medical malpractice claims.^[9-10] The great value of autopsies for verifying medical malpractice becomes also evident by a recent study from the UK.^[11] Autopsy often yields findings not suspected in living persons. For instance, major discrepancies between clinical diagnosis and postmortem findings are encountered in 20.3% (81 of 346) of autopsies. Similar results are known from other studies.^[8-10,12]

According to an American evaluation of autopsy reports in litigation cases, doctors accused of medical malpractice do not have to fear the autopsy. Fear of autopsy findings is an obstacle to the pursuit of excellence through uninhibited outcome analysis. The incidence of negligent adverse events exceeds the incidence of medical malpractice claims. A study from US states of Utah and Colorado on negligent care and medical malpractice behavior revealed furthermore a negative correlation between medical negligence and medical malpractice claims.^[13,14]

Investigating lethal cases of medical malpractice and their objective clarification by autopsies as additional sources for the evaluation and prevention of errors requires sampling of cases, not only on a local but also on a national or better international level.^[15]

In case of death owing to medical negligence, postmortem examination is a must to take any action against the negligent doctor. In postmortem examination, forensic expert should be very careful as this type of postmortem examination constitutes most difficult examination, and even there is reporting problem. Examination should be exact with the help of multi-disciplinary examination.

Conclusion

With the increase in medical negligence litigation, forensic expert has got a greater role to play. In case of death owing to medical negligence, it is him to say the exact cause of death and its relation to the act of omission or commission. No action against medical negligence can be taken in the absence of proper investigations. It is difficult for forensic expert to keep abreast of all the developments in various specialty techniques; hence, it is better forming an adhoc committee, which could be composed of virtually any combination of specialists to evaluate a case of medical negligence. Rare but serious events detected at autopsy have to be reported and evaluated and risk factors identified for preventive measures.

An often-heard criticism of the malpractice system is that it fails to prevent medical mistakes.

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