



## Study of handling of medico-legal cases in governmental hospitals in Cairo

Magda Mokhtar<sup>a</sup>, Sonya M.S. Azab<sup>a,\*</sup>, Shaimaa Hassan<sup>a</sup>, Hanan Said Ez-Elarab<sup>b</sup>

<sup>a</sup> Department of Forensic Medicine and Toxicology, Faculty of Medicine, Ain Shams University, Cairo, Egypt

<sup>b</sup> Public Health Department, Faculty of Medicine, Ain Shams University, Cairo, Egypt



### ARTICLE INFO

#### Keywords:

Medico-legal case

Handling

Cairo

Hospital

### ABSTRACT

Medico-legal case (MLC) represents an integral part of medical practice in the emergency departments and causalities. Therefore, the physicians should have the sufficient knowledge of their roles and responsibilities while handling these cases to aid legal justice.

This study on the physicians working in governmental hospitals in Cairo aimed to assess physicians' knowledge, practice and attitude regarding handling of MLCs.

The study included 452 physicians working in 7 governmental hospitals in Cairo. There were non-significant differences in physicians' knowledge, practice and attitude scores according to their age groups, gender, job titles or duration of work experience. Physicians working in the day surgery centre had the lowest knowledge and attitude scores.

Daily rate of confrontation with MLCs was reported by 42% the participants (190 physicians) and weekly rate was reported by 21.7% (98 physicians). Writing ML report was found as the most frequently encountered difficulty faced the participants during handling of MLCs (67.1%), followed by dealing with the patients' relatives.

In conclusion, this study revealed absence of a well defined protocol for recognition and handling of MLCs in all included governmental hospitals in Cairo.

### 1. Introduction

Medico-legal case (MLC) refers to a case of injury or illness that indicates investigation by law enforcement agencies to establish and fix the criminal responsibility for the case according to the law of the country.<sup>1</sup>

MLCs represent an integral part of medical practice in the causalities. This indicates the important role of physician as he/she is the first one see the injuries before its alteration by surgical intervention or healing. Therefore, medical practitioners share the responsibility of the administration of justice by providing the relevant medical insight to the court.<sup>2</sup>

In addition, medico-legal cases can be brought to the court by the primary medical reports without referring to the medico-legal experts. This reveals the seriousness and importance of documentation by the physician as it may be the only technical document before the judge. This study on the physicians working in governmental hospitals in Cairo aimed to assess physicians' knowledge, practice and attitude regarding handling of MLCs.

### 2. Participants and methods

This study was conducted on physicians working in governmental

hospitals in Cairo during the period from 1st of July to the end of September 2016. The approval of the local ethical committee was obtained before conduction of the study.

Single stage cluster sampling design was used to select a representative sample of governmental hospitals in Cairo that receive cases of emergencies and causalities. These hospitals were divided into 7 clusters and each cluster was represented in the sample as the following; Ain Sham University Hospital (El Demerdash) as a university hospital, El Khazendara Hospital as a general public hospital, Nasr City Health Insurance Hospital as a health insurance organization, Heliopolis Hospital as a curative organization, El Sahel Hospital as a teaching hospitals and institutes organization, El Helal and Dar El Shefa as specialized hospitals, AL-Zawiya El Hamra Day Surgery Hospital as a day surgery centre.

The sample size was calculated using Epi info™ 7 statistical programs, as a population survey with expected frequency 50%, margin of error 5%, Confidence level 95% and test power 80%. The calculated sample size was 384 participants. This number was divided on the number of the included clusters; therefore, each one was represented by 55 physicians.

A convenient sample of the physicians attending the emergency or causality room was selected for this study. Physicians with periods of work experience less than 6 months were excluded from the study.

\* Corresponding author.

E-mail address: [sonyamohamed@med.asu.edu.eg](mailto:sonyamohamed@med.asu.edu.eg) (S.M.S. Azab).

<https://doi.org/10.1016/j.jflm.2018.09.001>

Received 14 October 2017; Received in revised form 28 July 2018; Accepted 3 September 2018

Available online 05 September 2018

1752-928X/ © 2018 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.

### 3. Tool for data collection

A **Self-administered structured questionnaire** was used to assess physicians' knowledge, attitude and practice regarding handling of MLCs. The questionnaire included five sections;

**The first section** was concerned with **characteristics** of the respondent physicians such as age, gender, job title, specialty, educational background and duration of work experience.

**The second section** comprised 49 points to assess **physicians' knowledge of proper handling of medico-legal cases** (definition and examples of medico-legal cases, its ethical and legal issues, items of medico-legal report (MLR), handling of medico-legal evidences, legal classification of the wound according to Egyptian law as well as Arabic terminologies of the wounds' types.

**Scoring system:** Correct responses were given a score of 1 and incorrect responses were given a score of 0, with 'undecided' answers included in the incorrect category (potential range: 0–49).

**The third section:** contained items **measuring physicians' attitude towards dealing with MLCs** (12 items). Participants were asked to respond on a 5-point Likert scale about whether they 'strongly agree', 'agree', 'don't have an opinion', 'disagree' or 'strongly disagree'.

**Scoring system:** Each item was given a score of 5 for 'strongly agree' to 1 for 'strongly disagree' and vice versa for negatively phrased items. Thus, high scores reflected positive attitudes and low scores reflected negative attitudes (potential range: 12–60).

**The fourth section:** consisted of 30 points to assess **physicians' practice regarding dealing with medico-legal cases**. This section addresses notifying the authorities of MLCs, preservation of medico-legal evidence, documentation and writing of MLR. Participants were asked to respond to each item on a 3-point Likert scale about whether they 'always', 'sometimes' or 'never' performed these practices.

**Scoring system:** Most of the items were reflective of more favorable practices towards dealing with MLCs, with scores of 3 for 'always' to 1 for 'never' having adopted such practices. The negative item was reverse-scored. Thus, a score of 30 indicated the most undesirable practice while 90 indicated the best practice in handling of MLCs.

The fifth section was for self-reporting of the frequency of confronting MLCs and the challenging difficulties on dealing with these cases.

Each questionnaire was accompanied by an information sheet that described the purpose of the study and explained that participation was voluntary. Responses were anonymous and physicians were assured that confidentiality would be maintained.

### 4. Procedure of the study

The questionnaire was prepared by the researchers and then, it was revised by a group of three experts in Forensic Medicine and Toxicology Department, Faculty of Medicine, Ain Shams University for content's validity.

A pilot study was conducted on 20 physicians who were excluded from the study sample. Based on the opinion of a panel of expertise and the result of the pilot study; vague and confusing questions were excluded, some modifications were done; and then the final form was developed.

The questionnaire format was filled in the clinical area by the respondent physicians in the presence of the researcher. The questionnaire was distributed and recollected within a maximum period of 3 h from all participants.

### 5. Statistical analysis

The collected data was coded and tabulated in an Excel sheet and software IBM SPSS statistics version 19 was used for statistical analysis.

To test significant differences of the measured scores between groups, Mann-Whitney-Wilcoxon test was used for comparison between

two groups and Kruskal-wallis test was used for comparison between multiple groups. All reported P values were two-sided ( $P > 0.05$ : non-significant,  $P < 0.05$ : significant).

### 6. Results

At the start of conduction of this study, 500 questionnaires were distributed on the physicians attending casualties and emergency rooms in the selected hospitals. The total number of the completed questionnaires was 452, with a response rate 90.4%. **Table 1** shows number and percentage of the respondent physicians in each hospital and their characteristics.

**Figure (1)** shows sources of respondent physicians' knowledge of dealing with MLCs; senior staff was the most common source of their knowledge (306, 68%).

Participants' responses to items assessing their knowledge of proper handling of MLC are represented in **Table 2**.

**Fig. 2** shows participants' responses to items assessing their recognition of different types of MLCs. The majority of them (55.3%) misidentified all cases of poisoning, even accidental cases as MLCs. **Fig. 3** shows their responses to items assessing their knowledge of the contents of MLR.

**Fig. 4** shows respondents' knowledge of Arabic terminologies of wounds' types. Most of them were knowledgeable of the Arabic terminologies of the mentioned wounds' types except for depressed fracture, punctured wound and fissure fracture since these were named correctly by 180 physicians (39.8%), 219 physicians (48.5%) and 172 physicians (38%) respectively.

**Table 3** shows participants' responses to items assessing physicians' attitude toward dealing with MLC. shows participants' responses to

**Table 1**  
Characteristics of the respondents.

Respondents' characteristics	Frequency	Percent
<b>Age group</b>		
< 30 years	301	66.6
30–40 years	122	27
> 40–50 years	18	4
> 50 years	11	2.4
<b>Gender</b>		
Female	157	34.7
Male	295	65.3
<b>Job title</b>		
Residents	330	73
Specialists	98	21.7
Consultants	24	5.3
<b>Hospital category</b>		
University hospital	79	17.5
Teaching Hospitals and Institutes organization	66	14.6
General public hospital	69	15.3
Specialized hospital	60	13.3
Curative Care organization	60	13.3
Health insurance organization	58	12.8
Day Surgery Centre	60	13.3
<b>Post graduation study</b>		
Master	274	60.6
Diploma	18	4
MD	17	3.8
Membership of the Royal Colleges of Physicians of the United Kingdom (MRCP (UK))	4	0.9
None	123	27.2
No response	16	3.5
<b>Duration of experience</b>		
<5 years	316	69.9
5–10 years	101	22.3
≥ 11years	35	7.8
<b>Medical training/clinical experience abroad</b>		
No	403	89.2
Yes	49	10.8
<b>Total</b>	<b>452</b>	<b>100.0</b>

Download English Version:

<https://daneshyari.com/en/article/10130829>

Download Persian Version:

<https://daneshyari.com/article/10130829>

[Daneshyari.com](https://daneshyari.com)