



REVIEW

Clinical forensic medicine in the present day trauma-care system—An overview

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KEYWORDS

Trauma;
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Chain of evidence

Summary Criminal violence and its associated trauma comprise a critical health problem throughout the world. Clinical forensic medicine represents a new discipline of medical practice that is evolving in direct response to the sequelae of criminal and interpersonal violence. The application of the principles and standards of the forensic specialist has been increasingly recognized as playing a crucial role in trauma care; the results of the extremes of human behaviour—abused children, individuals suffering from blatant neglect and maltreatment, or self-inflicted injury, and victims of road-traffic accidents, firearm injuries and other assaults. These cases must be reported to a legal agency for investigation and follow-up.

As trends in crime and violence change, new antiviolence legislation is likely to be implemented; consequently, new personnel resources are required to ensure that these legislative mandates effectively meet the needs of society.

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Introduction

Trauma physicians are frequently involved in the assessment and treatment of patients who may be victims of violence or accidents. These physicians usually have little or no training in the forensic aspects of trauma, and therefore, necessary evidence may often be overlooked, lost, inadvertently discarded, or its subsequent admissibility denied, because of improper handling or documentation.¹⁶ Furthermore, trauma surgeons have a duty to provide timely care for injured patients, while simultaneously recognizing and preserving evidence.²⁴

The roles of the trauma physician and the medical examiner/police surgeon/forensic medical scientists, have recently been recognized to have areas of mutual and complementary interest, such as the proper assessment and documentation of the mechanism of injury, in determining injury extent, or reconstructing an accident scene, or cause of death. In addition, appropriate securing, handling and documentation of evidence will not only assist the medical examiners or pathologists, but also assist the police and legal authorities in the forensic aspects of an investigation.⁸

In some countries, physicians are additionally trained as 'police surgeons' in order to fill the void between the office of the medical examiner/pathologist, which is largely involved in homicides and unexplained deaths, and the police and the legal authorities responsible for investigating both civil and criminal complaints in homicides, non-homicides and surviving injured patients.⁸ Through proper and timely preservation of evidence, the police surgeon facilitates both medical and non-medical examiner's investigations.

Since trauma physicians are frequently called to testify in the civil and/or criminal cases involving their patients, they have a responsibility to appropriately document care and secure evidence, since it is rarely possible without a proper written record to rely on personal recollection, months or years later, of the actual events of a given patient's care, or the location of evidence. Studies from level-1 trauma centres have identified and reported areas of concern in documentation, handling and securing of evidence.⁴

Clinical forensic medicine has been challenged to share responsibility with the legal system to augment the resources available to patients with liability-related injuries, victims of crime and

perpetrators, or suspects, in police custody. The 'mutual responsibility' concept represents a new perspective in the holistic approach to legal issues surrounding patient care in clinical or community-based, institutions. There has been strong support for this concept from those who recognize the amount of knowledge required, extending beyond the traditional treatment of crime victims, and the need to fill loopholes through forensic health care expertise. The role of forensic medicine has been designed expressly to provide solutions to some of the most urgent concerns in our society. Forensic medicine focuses on those areas in which medicine and human behaviour have an interface with the law. Existing problems are great, multifaceted and call for innovative solutions. The application of forensic science to contemporary medical practice brings a wider role, one that contributes to public health and safety in the fields of investigation of crime and the legal process. The responsibility of forensic medicine is to provide continuity of care from the healthcare institution, or the crime scene to the courts of law . . . 'from trauma to trial'.²²

At the scene of trauma

The triage principles listed below have their own legal implications, and accordingly, the utmost care must be exercised to avoid any litigation at a later stage. The emergency personnel must be prepared to justify the rationale for assigning priorities and identify the standard indicators that he/she would use for pre-hospital notification and documentation during transfer of the patient from incident scene to hospital or trauma centre report.

ABCDE of care

The degree of threat to life posed by each injury is determined by considering the order of priorities, as revealed by the primary survey of the patient and applying those same principles to groups of patients. Thus, a patient with an airway or breathing problem has priority over a patient with circulatory or neurological disability.

Injury severity

The overall severity of injury in a particular patient may not just be related to one individual injury. It is

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