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## OTORHINOLARYNGOLOGY THROUGH THE EYES OF A FORENSIC EXPERT

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### ABSTRACT

The article presents a retrospective analysis of the provision of medical care by otolaryngologists according to the data of a forensic medical examination. The analysis revealed the predominance of defects in diagnosis and treatment, which arose due to subjective reasons, more often in institutions of the prehospital and hospital stages, and in the outcome contributed to the onset of death or did not have a significant impact on the outcome.

### KEYWORDS

Otorhinolaryngologic, commission forensic medical examination, defects in diagnosis and treatment, subjective causes, places of admission, outcomes.

### INTRODUCTION

According to the incidence of acute processes, otolaryngological diseases predominate among all

diseases. Unfortunately, experience shows that although high conversion rates are not always timely.

Often there is self-treatment of patients, and sometimes incorrect work at the level of primary care [7, 9, 13].

Unfavorable outcomes after the provision of medical care contribute to the appeal of citizens to law enforcement agencies [2, 10]. The assessment of illegal actions of medical workers is carried out by judicial and law enforcement agencies, according to the conclusion of a commission forensic medical examination [1, 6]. Such examinations are also appointed by them upon the discovery of improper provision of medical care, which are examined from a forensic medical standpoint and aspects of medical, organizational and legal nature [11]. When identifying defects in medical care, the expert commission, along with identifying the nature, should establish the cause of occurrence, the place of the defect and the outcome in the context of specialties [3, 4, 9]. It should be noted that most often their admission is facilitated by factors that depend on the actions or inactions of medical workers [5, 7, 8].

The purpose of the study is to determine the nature of the admitted defects in medical care among otolaryngological specialists.

## **MATERIALS AND RESEARCH METHODS**

As a material, we carried out a retrospective analysis of the conclusions of the commission forensic medical examinations appointed regarding professional offenses of medical workers by law enforcement agencies and conducted in 2022 in the Samarkand regional branch of the Republican Scientific and Practical Center for Forensic Medical Examination together with the Department of Otolaryngology of the Samarkand State Medical University.

## **RESEARCH RESULTS**

During the study period, 58 examinations were carried out in the branch regarding the offenses of medical workers, of which defects in medical care were revealed in 65.5% of cases. By specialty, 7.9% belonged to general practitioners and otolaryngologists. By nature, the following prevailed: failure to recognize the underlying pathology 26.3% and its complications 5.3%, late hospitalization 7.9%, as well as errors in prescribing and conducting medical procedures 36.8%, violation of transportation rules 2.6%. Among the reasons, there is a clear predominance of subjective 73.7%, of which an inattentive attitude towards the patient in 85.7% of cases, an inadequate examination of the patient in 14.3%, and also a late visit to the doctor 18.4%. At the prehospital stage in 7.9% of cases, of which in SVPs, district polyclinics and at home, 2.6% each; at the hospital stage 92.1%, of which 65.8% in the Central District Hospital, 23.7% in the regional hospital and 2.6% in self-supporting institutions.

In the outcome, they led to death in most cases (68.4%), as well as to the onset of disability in 7.9% and did not significantly affect the outcome in 23.7%.

## **CONCLUSIONS**

Therefore, based on the analysis of the materials of the forensic medical service, the defects in medical care identified in the activities of otolaryngologists had the following features - in particular, defects in diagnosis and treatment prevailed in nature, which arose due to subjective reasons, more often in institutions of the prehospital and hospital stages, and in the outcome contributed to the onset of death or did not significantly affect the outcome.

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