

LEGAL AND MEDICAL ASPECTS OF THE ACTIVITIES OF AN ANESTHESIOLOGIST-RESUSCITATOR

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ANNOTATION

In the activities of forensic medical examination institutions in Uzbekistan, the role of anesthesiologist-resuscitators is significant in relation to KSTE. The cases of professional misconduct occurring in the activities of anesthesiologist-resuscitators are one of the painful points of the issues in forensic medicine. Deaths related to these cases have been under special attention and have been considered one of the priority tasks of state importance in protecting public health during the years of independence. Studying the causes of medical assistance deficiencies related to the activities of anesthesiologist-resuscitators not only serves to improve the organization and conduct of such commission-based forensic medical examinations but also holds significant importance in planning effective measures aimed at preventing such unfortunate incidents.

Keywords: The judicial and medical aspects of the activities of an anesthesiologist-resuscitator, medical assistance shortcomings, and commission-based judicial medical expertise.

The use of qualified medical assistance for patients is guaranteed by the state. Currently, special attention is being given to measures aimed at improving the quality of medical assistance. In this context, the activities of medical personnel are closely linked to the commission for forensic medical examinations (CFME), which occupies a unique position. It should be noted that the analysis of these materials is being neglected.

The purpose of the meeting. A comprehensive analysis of the conclusions of forensic medical examinations related to the activities of anesthesiologist-resuscitators is conducted. For the research material, forensic medical examinations conducted on the activities of anesthesiologist-resuscitators in the forensic medical expertise institutions of our country during the years 2022-2023 were utilized. Initially, a special classification of medical assistance deficiencies (MAD) was developed, taking into account the specific characteristics of anesthesiologist-resuscitator activities. In this classification, the types of deficiencies are distinguished based on their nature, the reasons for the occurrence of specific shortcomings, the institutions involved, and the impact of these deficiencies on the patient's health and life is particularly emphasized.

Research results. A total of 59 KSTE related to the activities of anesthesiologists and resuscitators were conducted in 2022-2023, and it was determined that deficiencies

were found in 54 of them. In most cases, due to several defects, a total of 86 TĚN were identified, each of which was thoroughly investigated. The essence of TĚN was divided into groups of diagnostic, treatment, and other defects. According to the analysis results, the leading deficiencies in diagnostics by anesthesiologists and resuscitators accounted for 40.7% of the 86 TĚN. Among the 35 identified diagnostic TĚN, 10 (28.6%) were related to the failure to identify the main disease or injury (mainly brain edema, disruption of cerebral circulation, acute heart and respiratory failure) and late diagnosis was associated with 11 cases (31.4%), while in 31 cases (36.0%) treatment defects were identified, of which 20 (64.5%) were due to the late admission of the patient to the hospital or the anesthesiology-resuscitation department. Medical treatment errors are relatively rare in prescribing, conducting, and other treatment processes. Group Z errors (20 cases, 23.3%) are mainly related to deficiencies in maintaining medical documentation and transporting patients. When assessing the shortcomings in the activities of medical staff, the reasons for their occurrence and the degree of impact on the outcome are extremely important. According to the data obtained, 41.8% of medical assistance errors are related to subjective reasons, primarily due to the insufficient qualifications of anesthesiologists and resuscitators. Out of 86 cases of medical errors, 29 (33.7%) occurred due to reasons unrelated to medical staff and institutions. In this case, most were due to late requests for medical assistance. A total of 24.4% of medical errors were identified as organizational reasons, including deficiencies in organizing the treatment-diagnostic process in medical institutions and ensuring the supply of diagnostic tools. It has been determined that the activities of anesthesiologist-resuscitators have a serious impact on the health of patients with critical conditions, with 29 out of 86 critical patients (33.7%) having a significant adverse effect, creating a tendency for patient mortality. In 16 cases, deficiencies in the activities of anesthesiologist-resuscitators were directly responsible for patient deaths. According to the conclusions of the KSTE, the shortcomings in the activities of anesthesiologist-resuscitators are mainly observed in district central hospitals (34.9%), emergency medical assistance systems (25.6%), and city hospitals (22.0%).

Based on the above, it can be concluded as follows: A comprehensive analysis of the shortcomings allowed by the anesthesiologist-resuscitator regarding the KSTE materials may be useful in developing measures aimed at improving their activities.

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