

Medico legal Aspects and Pattern of Head and Neck Injury Cases in a Tertiary Care Centre: A Retrospective StudyShowket Rashid¹, Mohammad Zahoor Hamdani², Arshad Bashir³¹Assistant Professor, Department of Forensic Medicine, Government Medical College Handwara, Jammu & Kashmir^{2,3}Assistant Professor, Department of General Surgery, Government Medical College Handwara, Jammu & Kashmir

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Abstract:

Background and Aim: The goal should be to eliminate head and neck injuries, which can be accomplished by improving socioeconomic conditions, raising educational standards, implementing more security measures in this evolving and changing lifestyle, and extending corroboration to judicial authorities through the best submission of evidences as an expert to avoid failure of justice. We attempted to identify factors influencing allegations and verdicts in cases involving head and neck practices in this study.

Material and Methods: The current study was conducted for one and a half years in the Department of Forensic Medicine and Toxicology of a Tertiary Care Medical Teaching Institute. A total of 100 Medicolegal head and neck reports were reviewed. Age, gender, diagnosis, treatment information, surgical note, plaintiff allegations, and date of verdict were all extracted. Cases were divided into medical or surgical treatment groups, and the distribution of cases by year was examined. Plaintiff demographics, defendant speciality, procedure performed, plaintiff symptoms, cause of claim, distribution of files by years, treatment centre, and jury final report data were gathered. Cases were also categorised based on the nature of allegation.

Results: The most common reasons for claims were dyspnea (n=24) and dysphonia (n=22) after thyroidectomy. These were followed by the requirement for additional procedures (n=19), mortality (n=11), needless procedures (n=13), unsuccessful procedures (n=8), and delayed diagnosis (n=3).

Conclusion: Malpractice claims in head and neck practises cover a broad spectrum. According to studies, the majority of head injury victims admitted to a tertiary care hospital were involved in traffic accidents, and males are more likely to sustain a brain injury. Aside from otolaryngologists, other physicians who practise in the head and neck region, such as general surgeons, radiologists, and anaesthesiologists, should be wary of malpractice lawsuits.

Keywords: Claims, Head and Neck Injury, Malpractice, Medicolegal issue.

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Introduction

Malpractice is defined as negligence or misbehaviour that causes harm to a patient who is being treated by a physician or surgeon under regular settings. [1] According to our local medical association, malpractice occurs when a patient suffers injury as a result of a lack of information, expertise, or attention, which might include failure or delay in diagnosis, wrong performance in complication of operation, or poor postoperative management. [2]

In India, the majority of deaths from road traffic accidents (RTAs) occur within 24 hours of injury, often before reaching the hospital. This is primarily due to a delay in obtaining access to a health-care facility. Some of the biggest issues with trauma care in India are a lack of first aid, patient transfer

delays, prolonged transit times, the absence of triage, and a lack of hospital facilities. [3,4,5] Sharp force cranial trauma is more commonly associated with interpersonal violence (e.g., assault), accident (e.g., effect in car crashes), or self-inflicted harm (suicide by jumping from elevated areas), whereas blunt force trauma is more commonly associated with accident.

Researchers believe that cranial injuries are more likely to be caused by interpersonal violence than postcranial fractures. [6] Otorhinolaryngology (ORL) is a diverse speciality with a wide range of illnesses and treatments. Malpractice allegations in ORL subspecialties such as head and neck surgery, rhinology, otology, and facial plastics have been widely documented. [7-12] Furthermore, trends in

malpractice in specific ORL operations, such as endoscopic sinus surgery, tonsillectomy, laryngeal carcinoma surgery, sleep surgery, tracheal and laryngeal surgeries, and salivary gland surgery, have been well documented. [13-16] increasing the quantity of such studies could provide a potentially useful source of information on malpractice claims. As a result, a more extensive examination of the claims may highlight their root cause and so aid in the prevention of future occurrences. [17-19]

The goal should be to eliminate head and neck injuries, which can be accomplished by improving socioeconomic conditions, educational standards, adding more security measures in this evolving and changing lifestyle, and extending corroboration to judicial authorities through the best submission of evidences as an expert to avoid failure of justice. [20] We attempted to identify factors influencing allegations and verdicts in cases involving head and neck practices in this study.

Material and Methods

The current investigation was conducted for one and a half years at a Tertiary Care Medical Teaching Institute's Department of Forensic Medicine and Toxicology. The institutional ethical committee provided ethical approval, and all participants provided signed informed consent. The study had 100 individuals in total. Prior to examination, family, police panchnama, and accessible clinical data were used to determine the mechanism and likely pathology of the injury.

A total of 100 medicolegal head and neck reports were reviewed. Age, gender, diagnosis, treatment information, surgical note, plaintiff allegations, and date of verdict were all extracted. Cases were divided into medical or surgical treatment groups, and the distribution of cases by year was examined.

Plaintiff demographics, defendant speciality, procedure performed, plaintiff symptoms, cause of claim, distribution of files by years, treatment centre, and jury final report data were gathered. Cases were also categorised based on the nature of allegation.

Statistical Analysis

The collected data was assembled and input into a spread sheet programme (Microsoft Excel 2007) before being exported to the data editor page of SPSS version 15 (SPSS Inc., Chicago, Illinois, USA). The confidence level and level of significance for all tests were set at 95% and 5%, respectively.

Results

Out of the 100 cases, 57 (57%) were female, while 43 (43%) were male. The average age of the claimants was 26.2 ± 18.5 years. Among these cases, there were 86 surgical procedures and 14 non-surgical procedures. The most common cause of brain injury in these cases was traffic accidents, followed by falls from great heights and assaults. In some instances, other causes, such as falling trees, were also observed. Following thyroidectomy, the most common reasons for claims were dyspnea (n=24) and dysphonia (n=22), followed by the need for additional procedures (n=19), mortality (n=11), unnecessary procedures (n=13), unsuccessful procedures (n=8), and delayed diagnoses (n=3) (see Table 1). Misconduct occurred in various treatment facilities, including state hospitals, private hospitals or clinics, university hospitals, and teaching and research institutions. Otolaryngologists were the most frequently involved group, followed by general surgeons, radiologists, and anesthesiologists.

Table 1: Causes of malpractice claims of study participants

Causes of claims	Number	Percentage (%)
Vocal cord paralysis	46	46
Dyspnea	24	
Dysphonia	22	
Need for additional procedure	19	19
Death	11	11
Unnecessary procedure	13	13
Unsuccessful procedure	8	8
Failure/delay diagnosis	3	3

Discussion

While judicial systems surrounding malpractice vary by country, similar risks, challenges, and outcomes persist. Physicians often lack awareness of the medicolegal aspects of their specialty until they are faced with malpractice litigation. Therefore, it is essential for all physicians to be knowledgeable about common legal terminology

and the medicolegal aspects of their specialty, including the responsibilities of both plaintiffs and defendants in malpractice cases. "Trauma is one of the main causes of death in the globe. Head injuries account for a considerable proportion of all injuries, particularly in underdeveloped nations. [21] RTAs are the leading cause of fatal head injury. [22] Even though head injury is a leading cause of death, statistics on the actual cause of

death and clinically significant missed injuries in the emergency department are scarce in India. [23-25] Based on our research, the number of malpractice lawsuits has been on the rise over time. This upward trend may be attributed to legal reforms, advances in medical practices, increased societal awareness and education, the development of the insurance system, and heightened media sensitivity. It is expected that these issues will undergo further examination in the future. According to Nikoghosyan-Bossen et al [26], the most common malpractice claims in ORL litigation were problems of the head and neck region.

Furthermore, because to the intricate anatomy and procedures of this surgical location, decision-making is frequently hard and time-consuming. [10,14] However, this phase can be especially stressful for the physician, resulting in burnout, a drop in general physical and mental health quality, and a decrease in work satisfaction. Furthermore, physician burnout can result in poor judgement in patient care, less mercy and antagonism towards patients, and a low commitment to quality of care. [27]

The current investigation found that males were the most common gender composing gender. In a similar line, Yadav et al (2008) [28] discovered that the gender distribution of severe head injury sufferers was predominately male (82.4%). These findings are also consistent with a study conducted in Egypt by Taha and Barakat (2016) and a study conducted in Pakistan by Hassan et al. (2017). [29] "In comparisons between hard surfaces, like concrete, and soft surfaces such as sand, dirt, and grass, hard surfaces consistently result in more severe injuries. Brain and spine injuries are more prevalent than fractures, aligning with the findings of the FRAILCO study. When falls occurred on firm ground, we often observed organ involvement, whereas falls on soft surfaces were more likely to result in isolated fatal injuries.

In our investigation, the most common complication resulting in malpractice claims in head and neck practices was voice cord paralysis following thyroidectomy. Recurrent laryngeal nerve injury can lead to aspiration, airway blockage, dysphagia, and dysphonia, significantly affecting quality of life and potentially causing social withdrawal, reduced employment opportunities, and declining health. [30-32] Consequently, symptoms associated with vocal fold dysfunction are a primary focus of malpractice lawsuits. According to Ta et al. [27], the most common allegation in recurrent laryngeal nerve injury is dysphonia. In contrast, the most common claim in our survey was dyspnea, followed by dysphonia. The socioeconomic, sociocultural, and intellectual position of potential claimants may influence their ability to become plaintiffs. When a

tonsillectomy is performed, a number of complications can occur, including bleeding, airway burns, mucosal tears, fractured teeth, and hypoxia episodes. A number of studies examined the problems of tonsillectomies and the legal ramifications, revealing that bleeding and burn injuries were the most commonly reported adverse events. [33] Our paper does have some limitations. Demographic findings such as education level have been published in some studies. [12,19,34] The rates of malpractice claims were influenced by age and nationality. [35] However, our research only showed patients' ages, and our study's failure to report additional characteristics is another shortcoming.

Conclusion

Malpractice claims in head and neck practices cover a broad spectrum. According to studies, the majority of head injury victims admitted to a tertiary care hospital were involved in traffic accidents, and males are more likely to sustain a brain injury. Aside from otolaryngologists, other physicians who practice in the head and neck region, such as general surgeons, radiologists, and anesthesiologists, should be wary of malpractice lawsuits. Despite the growing number of studies, further study, collaboration with jurists, and the development of a common language or guideline are required.

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