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### A STUDY TO ASSESS COMPLETENESS OF THE DOCUMENTATION OF MEDICOLEGAL CASES IN THE MLC REGISTER IN A TERTIARY CARE HOSPITAL

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ARTICLE INFO	ABSTRACT
Article History: Received 12 <sup>th</sup> January, 2021 Received in revised form 17 <sup>th</sup> February, 2021 Accepted 20 <sup>th</sup> March, 2021 Published online 24 <sup>th</sup> April, 2021	Hospital being the first point of contact for the MLC cases, proper documentation of the cases is vital for the hospital to fulfill the legal responsibilities. Keeping clear, accurate and contemporaneous patient records is a prime responsibility of all medical practitioners. A good medical record should be comprehensive and accessible, legible and pinned to a particular date in a legal context, good patient records are always more valuable than memory. Aim: The aim of the study is to assess the completeness of the documentation of medico-legal cases
Key Words:	in a MLC register in a tertiary care hospital.
,	<b>Objectives:</b> To study the pattern of distribution of different mlc cases
MLC, Documentation, legal responsibilities, Continuous Medical	To study the age and gender distribution of mlc cases To study the area wise distribution of cases- urban vs rural
Education	<ul> <li>Methodology: A total of 1530 cases were registered as medicolegal during the year 2020. Sample Size is 312 obtained from Raosoft Inc. (sample size calculator). These cases were studied by stratified random sampling (26 cases from each month)</li> <li>The relevant details in the hospital mlc form were analyzed, grouped, tabulated and assessed for completeness by taking various parameters like Name, Age, Address, Brought By, Identificaton marks, Type of Injury, Diagnosis, Details of the Doctors, Overwriting, Striking</li> <li>Results: Out of 312, A total of only 74 mlc records were having all the parameters completely filled. 232 were males, 72 were females, 160 were from urban area and 146 were from rural area. Only 138 records had name and signature of the doctor and 174 records had only the signature of the doctor. Most common manner of injury was the RTA (172 cases out of 312). Conclusion: Vigilance and proper documentation while attending to MLC is instrumental in preventing grave consequences to the patient, the doctor or even the health institution in the court of law. Good notes corroborate evidence given in court and will enhance your credibility. Reorientation courses and Continuing Medical Education programs of medical practitioners are recommended for getting acquainted with the</li> </ul>

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# **INTRODUCTION**

MLC can be defined as a case of injury or ailment, etc., in which investigations by the law-enforcing agencies are essential to fix the responsibility regarding the causation of the said injury or ailment<sup>1</sup>In simple language it is a medical case

with legal implications for the attending doctor where the attending doctor, after eliciting history and examining the patient, thinks that some investigation by law enforcement agencies is essential. Hospital being the first point of contact for the MLC cases, proper documentation of the cases is vital for the hospital to fulfill the legal responsibilities.

The doctor should record a proper history and analyze the injuries so as to find out whether it should be classified as a medicolegal case or not. A "medicolegal register" should be maintained in the emergency department of every hospital and details of all MLCs should be entered in this register. This should include the time, date, and place of examination and the name of the examining doctor. A completed record can serve justice. It is very important for the treating doctor to properly document. The legal system relies mainly on documentary evidence. Inspite of knowing the importance of proper record keeping it is still in a nascent stage in India. It is wise to remember that "Poor records mean poor defense, no records mean no defense". An incomplete medical record demonstrates that care was incomplete, contains gaps reflecting poor clinical care, demonstrates noncompliance with organizational policies, is used to support allegations of negligence and allegations of fraud. Profiling of Medico legal cases is an integral aspect for the prevention of preventable causalities in future and to study the crime rate in area. Keeping clear, accurate and contemporaneous patient records is a prime responsibility of all medical practitioners. A good medical record should be comprehensive and accessible, legible and pinned to a particular datein a legal context, good patient records are always more valuable than memory.

**Aim:** The aim of the study is to assess the completeness of the documentation of medico-legal cases in a MLC register in a tertiary care hospital.

#### Objectives

- To study the pattern of distribution of different mlc cases
- To study the age and gender distribution of mlc cases
- ) To study the area wise distribution of cases- urban vs rural

### METHODOLOGY

Methodology: A total of 1530 cases were registered as medicolegal during the year 2020. Sample Size is 312 obtained from Raosoft Inc. (sample size calculator). These cases were studied by stratified random sampling (26 cases from each month). The relevant details in the hospital mlc form were analyzed, grouped, tabulated and assessed for completeness by taking various parameters like Name, Age, Address, Brought By, Identificaton marks, Type of Injury, Diagnosis, Details of the Doctors, Overwriting, Striking

### RESULTS

Table 1.	Parameters	studied
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Age& Gender:
 Address:
 Brought By:
 Identificaton marks:
 Type of Injury:
 Diagnosis/Manner of injury:
 Patails of the Doctors:
 Overwriting:
 Striking:

**AGE DISTRIBUTION:** 137 cases (44%) were under the age group of 21-40 years, followed by 81 cases (26%) under the age group of 41-60 years.

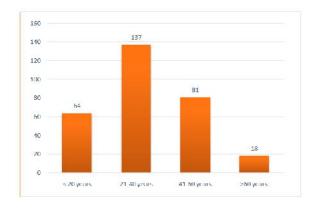


Fig. 1. Age Distribution

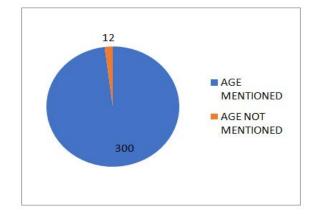


Fig 2. age mentioned in 300 records (96%), not mentioned in 12 records (4%)

#### Gender Distribution (fig 3 and 4)

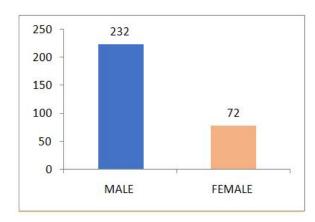


Fig 3. 232 cases (74%) were males and 72 cases (26%) were females

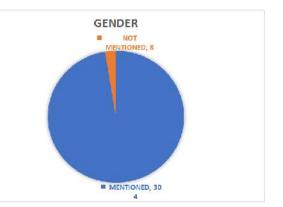


Fig. 4. Gender mentioned in 304 records and not mentioned in 8records

#### AREA DISTRIBUTION: (fig 5)

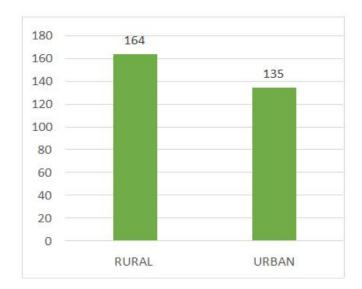
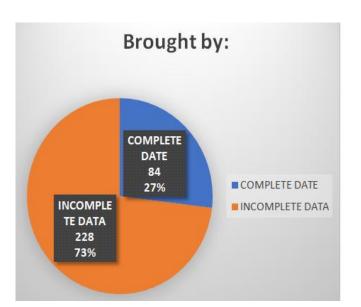


Fig. 5. 164 cases (52%) were from urban area and 135 cases (43%) were from rural area and 13 cases (5%) had incomplete data

#### **BROUGHT BY:**

Table 2.

NUMBER OF CASES	BROIUGHT BY
64	RELATIVES
6	FRIENDS
4	UNKNOWN
2	SELF
2	SECURITY
4	POLICE
2	SOCIAL WELFARE DEPARTMENT



# Fig 6. Only 84 records out of 312 had brought by parameter filled

Table 3.	Туре	of Injury
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Type of injury	Number
Simple	282
Grevious	18

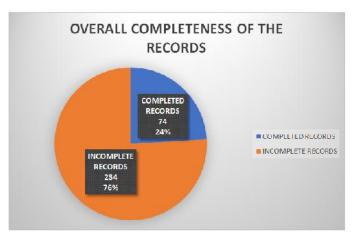
12 cases had pending decision regarding the type of injury

Table 4. Manner of injury

RTA	172
POISONING	32
WORK PLACE INJURY	30
FALL FROM HEIGHT	22
ASSAULT	20
FALL OF HEAVY OBJECT	8
HIT BY BULL HORN	4
SNAKE BITE	4
INJURY DURING PLAY AT SCHOOL	4
ELECTRIC SHOCK	2
SUSPICIOUS INJURY	2
BROUGHT DEAD	2

10 out of 312 cases had no data on manner of injury

Overall completeness of the MLC records



#### Fig 7. Out of 312 cases, only 74 records (24%) had complete data and 234 records (76%) had incomplete data

Identification marks were recorded in 286 cases (91.6%) and not recorded in 26 cases (8.4%). Only 138 records had name and signature of the doctor and 174 records had only the signature of the doctor. Over writing was seen in 16 records (5.1%) and striking was seen in 20 records (6.1%).

## DISCUSSION

The doctor is the prime person who has to oversee this process and is primarily responsible for the documentation of the records. It is important for the doctors and medical establishments to properly maintain the records of patients for two important reasons. The first one is that it will help them in the scientific evaluation of their patient profile, helping in analyzing the treatment results, and to plan treatment protocols. It also helps in planning governmental strategies for future medical care. In our study only 24% of records were completely filled and 76% of the records had one or the other parameter incompletely filled. In our study the number of Males -232 (76%) outnumbered Females- 72 (24%) which is similar to the studies done by Hussain SN. et al,<sup>2</sup> Dileep Kumar R et al,<sup>3</sup> Santhosh Chandrappa Siddappa et al,<sup>4</sup>Timsinha et al,<sup>5</sup> 172 cases (55%) had RTA as the manner of injury which is similar to the findings in the studies done by Yatoo G H et al,<sup>6</sup> Garg V et al,<sup>7</sup>Haridas SV et al.<sup>8</sup> The most common age group is 21-40 years- 137 cases (43%), followed by 41-60 years- 81 cases (26%) cases which is similar to the studies done by Muhammad Amjad Bhatti et al,9 and Hussain SN. et al.<sup>2</sup>

## CONCLUSION

Vigilance and proper documentation while attending to MLC is instrumental in preventing grave consequences to the patient, the doctor or even the health institution in the court of law. <sup>10</sup> Good notes corroborate evidence given in court and will enhance your credibility. Reorientation courses and Continuing Medical Education programs of medical practitioners are recommended for getting acquainted with the management of medicolegal cases

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