ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 03 | March - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

MEDICOLEGAL CASE PROFILE OF A CENTRAL TERTIARY HOSPITAL IN CHHATTISGARH

Forensic Medicine

Dr. Rupjyoti Medhi Department of Forensic Medicine and Toxicology. All India Institute of Medical Sciences, Raipur, Chhattisgarh- 492099.

Dr. Kavyesh Sahu Department of Forensic Medicine and Toxicology. All India Institute of Medical Sciences, Raipur, Chhattisgarh- 492099.

Dr. Jyotish Guria Department of Forensic Medicine and Toxicology. All India Institute of Medical Sciences, Raipur, Chhattisgarh- 492099.

Dr. Bhoj Kumar Sahu* Senior Resident, Department of Forensic Medicine and Toxicology. All India Institute of Medical Sciences, Raipur, Chhattisgarh- 492099. * Corresponding Author

ABSTRACT

Background: Medicolegal cases accounts for an important and crucial bulk in any hospital. It involves meticulous handling in both examination and paper-work. Categorization of MLC cases under certain groups is vital for understanding the trending pattern. These parameters help the concerned authorities to formulate policies and norms accordingly.

Methods: A retrospective study was carried out in the Clinical Forensic Medicine Unit of a tertiary care hospital in Raipur, Chhattisgarh, India. All cases during the period from 1st January 2019 to 31st December 2019 were considered and evaluated. Non MLC and MLC cases with incomplete records were excluded. Both percentage and numbers of the evaluated data are mentioned.

Results: A total number of 1488 cases were reported during 1st January to 31st December 2019. Among the 1488 cases reported, 33.06% were among the age group 21-30 years followed by 20.56 % and 15.66 % in the age groups 31-40 years and 11-20 years respectively. Most of the medico legal cases registered were of are males (77.15 %). Highest number of MLC cases were recorded (37.70 %) during the time period of 06:00 pm to 12:00 Midnight. Road Traffic accidents accounted for 59.07% of the cases followed by brought dead cases (8.40 Percent).

Conclusion: Study of the Medicolegal Cases pattern requires keen and exhaustive observation skills. Proper training of Registered Medical Practitioners is vital in today's practice so that the fallacies and mistakes can be reduced, thus aiding the Law of the country and its legal implications.

KEYWORDS

Medicolegal; Policies; Road Traffic accidents.

INTRODUCTION:

A Medico legal Case (MLC) is defined as "any case of injury or ailment where, the attending doctor after history taking and clinical examination, considers that investigations by law enforcement agencies (and also superior military authorities) are warranted to ascertain circumstances and fix responsibility regarding the said injury or ailment according to the law"[1].

MLCs are an indivisible part of practicing Registered Medical Practitioners (RMP) both in government hospitals and private setup. Common medico-legal cases include alleged cases of road traffic Accidents, hanging, physical assault, poisoning, railway tract accidents, alcoholic intoxications etc. Classification of medico legal cases is essential for the prevention of avoidable causalities in forthcoming time and to analyse the pattern of criminal activities in a particular area.

Any Registered medical practitioner may label a case as a MLC after taking an exhaustive history and clinical examination with application of his/her professional experience and knowledge. Considering the fact that law and order is subjected to state guidelines, the RMP should be well versed with the various methods and policies of that particular state before proceeding with the MLC case. All MLC cases should be attended without delay. Consent of the patient/relatives is not required for labelling a case as MLC.[2] However, consent is required for examination of the patient in MLC Cases.[2] All cases which are declared brought dead at the hospital must be taken under the category of MLC. The salient features of MLC documentation are detailed history, consent for examination, identification marks, general condition of the patient, description of each injury (type, size, shape, direction, part of the body inflicted, age, nature), type of weapon(if available) and remarks.[2]

METHODS

Present study is a record based retrospective study in Forensic Medicine & Toxicology Department of All India Institute of Medical Sciences (AIIMS), Raipur in Chhattisgarh, India. All cases reported from 1st January 2019 to 31st December 2019 were collected and analysed. Incomplete records and non medicolegal records were excluded from the study. A total number of 1488 cases were analysed. Data related to age, gender, time of arrival, month and cause of being MLC were collected from the records.

RESULT AND DISCUSSION:

Under Section 39 of Criminal Procedure Code, the attending RMP is legally bound to inform the police about the arrival of a MLC. Any failure to report the occurrence of a MLC may lead to prosecution under Sections 176 and / or 202 of Indian Penal Code.[1] Proper documentation of the particulars of a MLC case is important which includes in-depth recording of the patient's significant history and details of events during the course of patient care. The case file includes various investigation and treatment records along with outcome of the patient which should be kept confidential and sent to the medical records department of the concerned hospital for safe-keeping and proper handling. As and when required, it should be handed over to the concerned authorities (Police Investigating Officer / Court).

During the study period of one year, 1488 MLC cases were attended by Clinical Forensic Medicine Unit (CFMU) of our hospital. Male cases were predominated over female cases which were 1148 (77.15%) and 340 (22.85%) respectively. Table no (1) This is due to the fact that males are more involved in outdoor activities, exposing them to accidents and injuries. Similar finding were found in Garg *et al* and Malik *et al*.[3,4]

The maximum numbers of cases were in the age group 21-30 years, 492 cases (33.06%) followed by the age group 31-40 years with 306 cases (20.56%) which is similar to the study conducted by Garg *et al* , Dileep Kumar R *et al* and Trangadia MM *et al*.[3,5,6] These age groups are physically more involved in almost all activities like sports, recreation, travelling etc. The least affected age group was less than one year of age. Table no (2).

Out of 1488 cases, maximum numbers of MLCs were reported in October ie 186 cases (12.50%). It was followed by November with 182 cases (12.23%). While least number of MLCs were reported in to the month of July, 88 cases (5.91). Table No. (3) In relation to time, maximum cases arrived between 6 p.m. to 12 a.m., 561 cases (37.70%), followed by 463 cases (31.12) from 12 p.m. to 6 p.m. The

least number of cases were noted between 12 a.m. to 6 a.m., 176 cases (11.83 %). Table No. (4)

In our Study, the maximum number of cases registered were of RTA (58.13%), followed by brought dead(8.4%), poisoning and drug overdose(8.0%), physical assault(6.25%), injury due to fall(4.56%) and least being railway tract accidents (0.40%). The higher percentage of RTAs is also recorded by Garg *et al* and Harish *et al*.[3,7] The trend of majority cases being RTA can be explained by the outburst in transport sector in recent times, without proper knowledge of road safety guidelines and ignorance of traffic rules by the general population.

TABLES

Table No. 1- Sex Wise Distribution

SEX	CASES	PERCENTAGE
MALE	1148	77.15%
FEMALE	340	22.85%
TOTAL	1488	100%

Table No. 2 -age Wise Distribution

AGE (YEARS)	CASES	PERCENTAGE
<1	7	0.47
1-10	73	4.90
11-20	233	15.66
21-30	492	33.06
31-40	306	20.56
41-50	200	13.44
51-60	110	7.40
61-70	52	3.50
>70	15	1.01
TOTAL	1488	100

Table No.3-month Wise Distribution

MONTH	MALE	FEMALE	TOTAL	PERCENTAGE
JANUARY	94	32	126	8.47
FEBRUARY	86	17	103	6.92
MARCH	92	24	116	7.79
APRIL	81	27	108	7.26
MAY	73	19	92	6.18
JUNE	64	30	94	6.32
JULY	61	27	88	5.91
AUGUST	88	24	112	7.53
SEPTEMBER	92	23	115	7.73
OCTOBER	152	34	186	12.5
NOVEMBER	138	44	182	12.23
DECEMBER	127	39	166	11.16
TOTAL	1148	340	1488	100

Table No.4-time Wise Distribution

TIME DURATION	MLC CASES	PERCENTAGE
12:01 AM-06:00 AM	176	11.83 %
06:01 AM-12:00 PM	288	19.35%
12:01 PM-06:00 PM	463	31.12%
06:01 PM-12:00 AM	561	37.70%
TOTAL	1488	100%

Table No.5- Case Wise Distribution

TYPE OF MLC	MALE	FEMALE	TOTAL	PERCENTAGE
RTA	695	170	865	58.13
PHYSICAL ASSAULT	68	25	93	6.25
BROUGHT DEAD	93	32	125	8.4
POISONING + DRUG OVERDOSE	76	44	120	8.0
INJURY DUE TO FALL (STAIRS/ROOF)	54	14	68	4.56
SELF FALL	20	8	28	1.88
ELECTROCUTION	14	3	17	1.14
BURN	5	12	17	1.14
SNAKE BITE	34	6	40	2.69
FALL OF HEAVY OBJECT	6	2	8	0.54
ANIMAL/INSECT BITE/STING	6	3	9	0.60
SELF INFLICTED INJURY	6	5	11	0.74
WORK PLACE INJURY	10	0	10	0.67
HANGING	11	0	11	0.74
RAILWAY TRACK ACCIDENT	6	0	6	0.40
OTHER	44	16	60	4.03
TOTAL	1148	340	1488	100

CONCLUSION:

Study of the Medicolegal Cases pattern requires keen and exhaustive observation skills. Proper training of Registered Medical Practitioners is vital in today's practice so that the fallacies and mistakes can be reduced, thus aiding the Law of the country and its legal implications. Furthermore, proper education, perception, following of law and order among both medical fraternity and general population is required to reduce the number of Medicolegal case load in the country.

REFERENCES

1. MEDICOLEGAL ISSUES : GUIDELINES TO MEDICAL OFFICERS, Available from : qi.nhsrcindia.org> sites> default> files> medico legal
2. Aggrawal A. Textbook of Forensic Medicine and Toxicology. New Delhi.APC.2016.214-16
3. Garg V, Verma SK. Profile of medico legal cases at Adesh institute of medical sciences and research, Bhatinda, Punjab. J. Indian Acad.2010; 32(2):150-2.
4. Malik Y, Chawla R, Sharma G, Malik P, Singh R, Tripathi A. Profile of medico legal cases in causality of a rural medical college of Hariyana. J. Indian Acad .2013; 35(4):367-8.
5. R Dileep Kumar, Siddaramanna TC, Parate SV, Hemanthraj M N. Retrospective Study of Profile of Medico-legal Cases in Tumkur Region, Karnataka. Int. J. Biomed. Res. 2015; 6(04): 339-340.
6. Trangadia MM, Mehta RA, Rada NH, Gupta BD. Profile of medico-legal cases in tertiary care hospital in Jamnagar, Gujarat: Retrospective study of one year. J Res Med Den Sci. 2014; 2(4):57-62.
7. Harish KN, Srinivasa RP. Analysis of Medico-Legal Cases at Harsha Hospital Nelamangala, Bangalore Rural. Indian J Med Forensic Med Toxicol 2013; 7(1):254-87.