ORIGINAL RESEARCH PAPER
Volume - 14 | Issue - 01 | January - 2025 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

PROBLEMS FACED BY THE DOCTORS WITHOUT FORENSIC MEDICINE DEGREE WHILE DOING MEDICOLEGAL AUTOPSY

Medicine

Dr Geetha O

ABSTRACT

A Medical officer without a Forensic Medicine Degree cannot be considered as competent enough to conduct a medicolegal autopsy which needs very high level of expertise. In Institutions with out a Forensic Medicine degree holder ,medical graduate doctors are forced to conduct it . A short survey was conducted using Google form with 15 questions related to the conduct of Postmortem examination. Different problems were identified at different levels of this medicolegal work .A few points were suggested by the doctors to improve the situation.

KEYWORDS

Postmortem examination, Forensic Medicine degree, problems faced

INTRODUCTION

Post-mortem examination is the examination of a person's dead body with a view of searching primarily for the cause of death. It is also known as Autopsy, Necropsy, Section cadaveris, Thanatopsy. The information so obtained is invaluable in the disbursement of justice [1].

In Institutions where forensic medicine specialist are working, they will conduct all the autopsies. In other institutions the Resident Medical Officer will post the medical officers on a rotation basis .

A Medical officer without a Forensic Medicine Degree cannot be considered as competent enough to conduct a medicolegal autopsy which needs very high level of expertise. The only exposure a Medical graduate obtains, during the MBBS course is just witnessing 10 different cases of autopsy along with the Forensic Medicine studies as stipulated in the MBBS curriculum. They do not get any hands on experience during that period.

It is mandatory that Medicolegal post mortem examination should be complete, should do it himself, should follow the prescribed procedure to ensure completeness .

A medical officer can refer a case of post-mortem examination to a police surgeon based on any finding that makes him convinced that the examination of the body by a a specialist is mandatory to arrive at a correct conclusion. With the concurrence of the Head of the institution, he can refer, in a prescribed format as per the Kerala Medicolegal code (2011).

REVIEW OF LITERATURE

The Inquest report (panchnama)is then signed by the investigating officer. In cases of suspected foul play or doubt, the body is sent for post-mortem examination to the nearest authorised Government doctor(to the nearest civil surgeon or the qualified medical men appointed on this behalf by the state government) , together with a requisition and a copy of the Inquest[2].

OBJECTIVES OF MEDICOLEGAL AUTOPSY

1. To find out the cause of death
2. To find out the manner of death whether accidental, homicidal or suicidal or natural
3. To find out the Time since death
4. To establish Identity when not known
5. To find out how the injuries occurred
6. In new born infants to determine if live born /still born/dead born and if live born the period of survival and the cause of death Kerala Medico-Legal Code 2011and to determine viable or not[3]

Chemical Analysis

Viscera, blood and urine are to be preserved in suspected cases of poisoning and if the cause of death is uncertain. Viscera and other material objects collected should be kept under safe custody till it is forwarded to the Chemical examiner to Government.

Histopathological examination

Bits of relevant internal organs are to be preserved in 10% formalin when death is suspected to b due to natural disease .these samples are to be sent to a government centre where there is facility for Histopathological examination.

Blood Grouping

Sample of blood is to be collected for purposes of grouping in murder cases.

Microbiological Examination

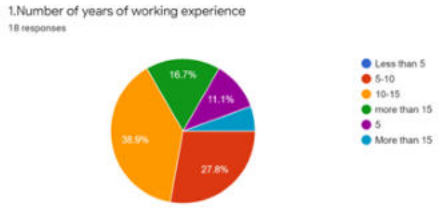
Proper taking of the samples for microbiological examination may be of utmost value in confirming a presumptive antemortem diagnosis in certain cases.

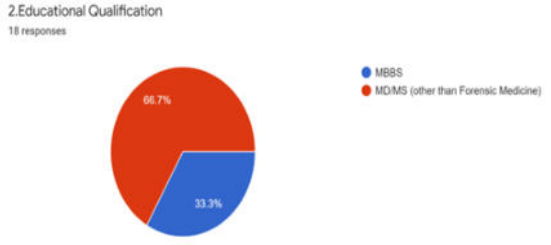
MINIMUM FACILITIES AT THE POSTMORTEM CENTRE

As per the suggestions given in a guideline for uniformity in PM Examination in India, there should be a general ambient surrounding, office, enquiry counter, doctors' room, staff room, cold storage facility , specimen storage, Dissection area for different cases ,etc in a centre with postmortem examination.

RESULTS AND DISCUSSION

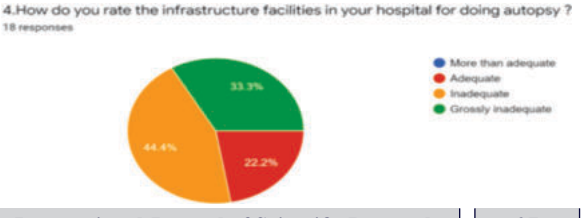
A short survey was conducted using Google form with 15 questions related to the conduct of Postmortem examination. Eighteen doctors without Forensic Medicine degree had responded to the questionnaire in Google form . 5.6% were having more than 15 years of service and 38.9% of them were having 10-15 year of service.





Two third of them were having post graduate degree other than in Forensic Medicine and the rest were with just MBBS degree

Out of those, 22, 2% had done approximately 50 autopsies and 16.7% had done 25 autopsies .



Among them 94.4% of them were not confident about their competency to do an autopsy

Rating Different Aspects Of Autopsy

	Rating				
Sl No		**Grossly inadequate**	**Inadequate**	**Adequate**	**More than adequate**
1	Infrastructure and other facilities in the hospitals for doing autopsies	33.3%	44.4%	22.2%	0
2	Facilities for preserving and dispatching the samples to chemical analysis lab	44.4%	50%	5.6%	0
3	Facilities for maintaining the Autopsy registers and other records	29.4%	11.8%	58.8%	0

A few of the inadequacies in the infrastructure and facilities in the Government Taluk/ District level hospitals the doctors pointed out were

a. No separate building ,no proper lighting or ventilation, improper sanitation
b. Only worn out equipment for autopsy are available
c. No proper waste management facilities
d. No adequately trained technicians
e. Relatives waiting outside can hear them talk inside and even peep through the windows

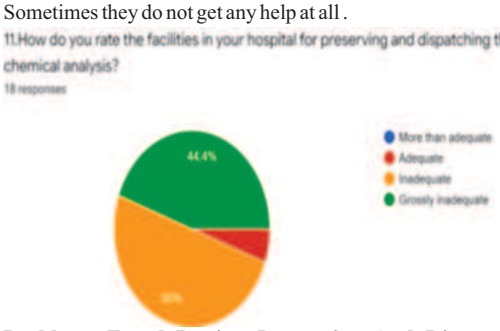
Problems faced during interpretation of findings during autopsy

a. Many a times findings are ambiguous, interpretation of which is very difficult.
b. Differentiating between antemortem and postmortem injuries, blood in thoracic cavity and the signs of any poisoning .
c. Unable to correlate findings with the circumstances of death
d. Interpretation of findings and its relevance is very difficult

Problems faced during Drafting and confirming the cause of Death

a. Fear of misinterpreting the PM findings
b. Difficulty in fixing the cause of death
c. No clerical support. (As per the Kerala Medicolegal code, the typist /confidential assistant assigned with the job of typing the postmortem certificate should typewirte the certificate.)

Most of the doctors seek help from the experts over the telephone or from the senior colleagues when they deal with a difficult situation . Sometimes they do not get any help at all .



Problems Faced During Preserving And Dispatching The Materials For Chemical Analysis To The Lab

a. No bottles, chemical preservatives, formats and labels
b. No proper space for keeping the bottles in safe custody
c. Do not know what are the samples to be preserved ideally in each case
d. Police do not turn up for dispatching it to the lab and the specimens unnecessarily accumulate in the hospital

Other Issues Faced By The Doctors

a. Pressure from local authorities, police and the local politicians to do the autopsy at the local hospital even if the doctor is not confident to do certain cases .
b. Pressure from local authorities, police and local politicians to do autopsies at odd hours which is against rules.

Suggestions Given By The Doctors To Improve The Situation

Skill based forensic training has become a necessity of the world to increase the practice of evidence Based Forensic practice. Unfortunately due to improper reporting of findings and defective workout of cases lead to miscarriage of justice .A few of the suggestions given by the doctors participated in the survey were as follows :

1. Autopsies should be done only by forensic Experts .Outdated rule that any MBBS doctor can do autopay should be revised
2. Creation of posts of Forensic experts and assigning the autopsies of three or four hospitals in one District under a Forensic unit
3. Training of Non Forensic doctors for atleast 3 months with hands on experience ,not just observation alone .
4. Referral system of autopsy cases to experts should be made easier

CONCLUSIONS

1. Postmortem examination is a procedure which needs great amount of expertise. So the guidelines specifying the qualification for conducting Medicolegal autopsy should be revised .It should be made mandatory that all the postmortem examinations should be conducted by Forensic Medicine experts.
2. Postmortem examinations by Non Forensic doctors without adequate training and facilities will lead on to gross injustice to the deceased ,the relatives and the state .
3. Creation of newer posts of Forensic surgeons and new forensic units to cater to a few District hospitals.
4.Doctors should be given 3 months of hands on training in postmortem examination ,before assigning an autopsy case.
5. Referral system of difficult cases to higher centre should be made easier .

Limitation Of The Study :

More authentic and reliable results will be obtained only on a systematic and a wider study including more number of participants.

APPENDIX

Problems Faced By Doctors Without Forensic Medicine Degree

* Required
1. Number of years of working experience *
Less than 5 5-10 10-15 more than 15

2. Educational Qualification *
MBBS MD/MS (other than Forensic Medicine)

3. Total Number of Postmortem examinations done by you *

4. How do you rate the infrastructure facilities in your hospital for doing autopsy ? *
More than adequate Adequate Inadequate Grossly inadequate

5. Please specify the inadequacies

6. How would you rate your confidence level for doing autopsy ? *
very confident confident Not at all Confident Don't know

7. From whom do you seek help ,when you face a difficulty in interpretation of a particular finding? *
Superintendent Senior colleagues
Telephonic consultation with some experts No help at all

8. Please specify the problems you faced during the interpretation of findings

9. From whom do you seek help ,when you face a difficulty while drafting the PM certificate and writing the opinion as to the cause of death ? *
Superintendent Senior colleagues Consult an expert No help at all

10. Please specify the problems you faced during drafting and writing

the opinion

11. How do you rate the facilities in your hospital for preserving and dispatching the samples for chemical analysis? *
More than adequate Adequate Inadequate Grossly inadequate

12. Please specify a few problems you faced during preserving & dispatching specimens for chemical analysis

13. How do you rate the maintenance of autopsy registers and records in your hospital ? *
More than adequate Adequate Inadequate Grossly inadequate

14. Any other issues doctors face in connection with PM Examination

15. Your suggestions to solve the problems in connection with PM Examination by Non Forensic doctors

REFERENCES

1. KrishanVjj, Text Book of Forensic Medicine and Toxicology-Principles and Practice ,V Edn ,Elsevier .2011
2. The Code of Criminal procedure 1973
3. Narayana Reddy ,Essentials of Forensic medicine and Toxicology,33 rd edition
4. Kerala Medico-Legal Code 2011
5. O.P Murthy ,Anil kohli,Tabin Millo et al : Uniform guidelines for Post mortem work in India:Faculty development in Standard Operative Procedure (SOP)in Forensic Medicine and Toxicology Volume 30,No 1&2,January-December 2013