

"UNVEILING TRUTHS: AUTOPSY'S CRUCIAL ROLE IN EXPOSING MEDICAL NEGLIGENCE FOR LEGAL JUSTICE": A CASE SERIES

Dr Richa Gupta*

Associate professor, Department of Forensic medicine and toxicology, S.N medical College Agra *Corresponding Author

Dr Alok Kumar

Registrar, UP State Medical Faculty, Lucknow

Dr Pranay Chakotiya

Assistant Professor, Department of surgery, S.N medical College Agra

Dr Anjesh Mittal

Post graduate student, Department of Forensic Medicine and toxicology, S.N medical College Agra

ABSTRACT

In the Eminent Field of healthcare, the role of autopsy in unraveling the Complexity of medical negligence is critical. With an alarming prevalence of cases involving potential malpractice, this research explore into the critical significance of autopsies in shedding light on litigation arising from medical negligence. The medical field is not immune to the complexities and uncertainties inherent in any human attempt, and instances of alleged misconduct prompt a closer examination of postmortem procedures. Healthcare practitioners and medical experts may neglect their patients by acting rudely toward them, failing to provide them the necessary attention and information, or by offering inadequate treatment, which can have a wide range of consequences, including serious injury and even death. Regulations in the form of laws and ethics must be put in place to address the situation where the medical profession is used to further personal interests at the expense of societal demand. In contrast to those who lack education, educated people no longer believe that "the will of god" can be used to explain any unfortunate complication or to explain an unfortunate side effect of treatment; instead, they believe that "someone has to be responsible and answerable" and that "someone ought to pay." for the misfortune. In this study we aim to explore the symbiotic relationship between autopsy findings and the legal field by offering insights into the contribution of postmortem to the resolution of disputes arising from alleged medical malpractice.

KEYWORDS :

Case series

Case 1:

A 38-year-old male, a known hypertensive, weighing 110 kg, was brought to mortuary with history of volar and ulnar plate fixation surgery with plaster cast done for distal radial-ulnar fracture 6 weeks back and had come for subsequent surgery of plate removal. Patient suddenly collapsed after administration of IV anaesthetic. After all attempts of resuscitation, patient could not be revived, and death occurred on the operating table. The attendants alleged the treating doctor for medical negligence. Autopsy revealed a healed surgical incision scar on the left wrist with plates present at lower radial and ulnar ends. There were no significant internal findings in the brain, abdominal organs, or lungs. The heart exhibited full right chambers, empty left chambers without clots. Histopathological examination of the heart showed mild increase in left ventricular wall thickness, coronaries were patent. Blood and urine tests from the Forensic Science Laboratory indicated no illicit drugs. The detailed investigation showed the administration of anaesthetic drug in proper dosage. The cause of death was determined to be cardiogenic shock due to ventricular arrhythmia.

Case 2:

The autopsy involved a 28-year-old female, 4 months pregnant, alleged to die due to medical negligence. Examination revealed severe anaemia and moderate to severe oedema present all over the body. Internal examination revealed adhered pleura with mild pleural effusion. Liver was enlarged with ascites present. All other viscera were found to be congested. The cause of death was determined to be septicaemic shock resulting due to chronic lung disease.

Case 3:

This case is of a middle-aged woman with full term pregnancy admitted for delivery. The patient died after 6 hours of admission. Relatives alleged the hospital for delay in

providing treatment. Postmortem examination revealed all visceral organs were pale and all chambers of heart were empty. Uterus was enlarged, wall thickened with full term dead foetus attached to placenta. Placental examination showed a low lying placenta completely detached from the uterine wall with excessive blood clots being present between placenta and uterine wall (Fig 1& Fig 2). The foetus on examination showed caput succedaneum. Postmortem examination indicated that the case was of obstructed labor, and demise resulted from haemorrhagic shock due to concealed placental abruption.



Fig 1 shows foetus along with uterus



Fig 2 shows blood clot attached to uterine wall

Case 4

A 8-year-old boy, was admitted for pneumonia, passed away on the 15th day following routine antibiotic administration. The hospital was accused of negligence in administration of prescribed drug by the attendant. However, detailed autopsy examination revealed healed pneumonia patches in the lungs, all other organ congested with no other significant findings. The blood samples were negative for presence of any drug. The cause of death was determined to be anaphylactic shock due to idiosyncratic drug reaction.

Case 5:

A 32-year-old man underwent ERCP stent surgery for biliary obstruction and tragically passed away within 24 hours. The hospital faced allegations of negligence from the attendant. During the post-mortem examination, the entire body appeared pale with no significant external findings. Internally, all organs were pale. A 12 cm long tube like structure was present perforating at duodeno-jejunal junction (Fig 3& 4). First perforation was of size 2*1 cm and present at duodenal-jejunum junction and second, same size 97 cm ahead from the first perforation at anti-mesenteric border of intestine. Peritoneal cavity was filled with 500 ml of free blood and clotted blood. The cause of death was ascertained to be haemorrhagic shock due to intestinal perforation



Fig 3 showing duodenal perforation

Fig 4 showing tubular foreign body Perforating duodenal junction

Case 6: This case is of a middle-aged woman with full term pregnancy admitted for delivery. She had undergone caesarean section at private hospital. After few hours of delivery the patient suddenly collapsed. Relatives alleged the hospital for negligence. Postmortem examination revealed all visceral organs were congested and all chambers of heart were filled with clotted blood. The cause of death was cardiogenic shock due to myocardial infarction.

Table 1 : Description of different cases with cause of death

S. No	Gender	Age	Cause of death
1	Male	38	Cardiogenic shock due to ventricular arrhythmia
2	Female	28	Septicaemic shock resulting due to chronic lung disease.
3	Female	30	Haemorrhagic shock due to concealed placental abruption
4	Male	8	Anaphylactic shock due to idiosyncratic drug reaction.
5	Male	32	Haemorrhagic shock due to intestinal perforation
6	Female	33	Cardiogenic shock due to myocardial infarction

DISCUSSION

- Out of 6 cases, medical negligence or medical maloccurrence was suspected to be in 2 cases with cause of death being haemorrhagic shock due to concealed placental abruption and haemorrhagic shock due to intestinal perforation. Other four cases were found to be due to medical maloccurrence, therapeutic misadventures or drug hypersensitivity (Table 1).
- Most medical negligence lawsuits included patients who had arrived at the hospital were either with serious health issues and required intricate operations or delayed approached the hospital. Thus, there is always a possibility of medical maloccurrence or therapeutic misadventures. Few patients had minor health issues when they visited to the hospital. There is a possibility of drug hypersensitivity in those circumstances.³
- In similar study from other parts of country showed that the anaesthesia team is most often and unjustly accused of death due to medical negligence for a medical maloccurrence.
- Autopsies play a pivotal role in medical negligence cases, unravelling crucial insights that can determine accountability and justice. Recent study from UK also

supports the immense value of autopsies for verifying medical malpractice cases.

- It is imperative to underscore the ongoing significance of autopsies in both legal and medical spheres, fostering a commitment to thorough investigations for the betterment of healthcare and legal outcomes.
- Sampling is necessary when looking into fatal medical malpractice instances and the objective explanation provided by autopsies are additional sources for the assessment and mistake prevention of cases, not just locally but also nationally or, more appropriately, globally.⁹
- If a patient dies as a result of medical malpractice, a postmortem examination is required before the negligent physician can be held accountable.
- Forensic experts should use extreme caution while conducting postmortem examinations since such cases are the most challenging to do and can present reporting challenges. Multidisciplinary examination should be used to ensure accuracy during the examination.

CONCLUSION

As the number of medical negligence cases rising, importance of postmortem examination is becoming more and more important. If medical carelessness results in death, it is crucial to determine the precise cause of death and its connection to the commission or omission of an act. Autopsies may reveal uncommon but dangerous events that need to be recorded, examined, and risk factors identified for preventative action. With the advances in medical field and new techniques of treatment, it is always preferable to form an expert panel/committee consisting of almost any combination of specialists as required to assess the concerned medical negligence case. Criticism in medical practice should be positively taken to improve and avoid medical error.

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