

THE SIGNIFICANCE OF MEDICAL HISTORY IN THE HEALTH CARE ASSISTANCE OF THE VICTIM OF PHYSICAL AGGRESSION

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Abstract: The significant share of post-traumatic traumatic pathology in medical activity, insufficient regulation of the approach of the traumatic mechanical patient secondary to heterogression, and the physician's responsibility in case of medico-legal development of the case generates a series of difficulties for doctors at different levels of health care. The qualitative research of the physician's difficulties in case of a traumatic patient revealed both the need for better understanding of the caretaker's doctor on the responsibilities and limits of the health care provided to the traumatic patient and the need to operationalize the legal notions in medical practice. The paper provides guidance to primary and secondary health care professionals about how to perform a patient's history with affirmative or possibly physical trauma.

In case of transformation of the traumatic victim of heterogression into a medical-legal patient, the multidisciplinary clinical management of the traumatic patient acquires a multisectoral character, involving the bodies of criminal investigation, court or social services. Thus, the physician is in a position to collaborate with different institutions, both directly and indirectly, through the medical documents issued.

There is a natural tendency for physicians to give priority to the medical care and to place on a secondary level the medical investigation of trauma circumstances and the completion of the medical records. Many shortcomings have been identified with regard to how to complete and circulate medical records, which create medical, forensic and legal issues.(1-3) In fact, medical records reflect the quality and quantity of health care provided by a physician to his patient and, justify his diagnostic and therapeutic decisions. In this regard, it is essential for the doctor to be aware of his responsibility for the proper preparation and release of medical records, which is the support of the court's correct legal decision. There are no defined regulations for the health care in the particular case of the traumatic patient secondary to interpersonal aggression, which is always a forensic case. There is an urgent need for physicians at different levels of assistance to regulate how to approach the traumatic patient with medical-legal potential.

The paper provides guidance to primary and secondary health care professionals about how to perform a patient's history in the case of a patient with traumatic lesions possibly produced by physical aggression.

Punctually, the stages the physician has to undergone in the medical assistance of a traumatic patient are: the medical history; the external examination; formulation of the diagnosis; completion and releasing the medical records to the patient and institutions involved (Forensic Department, Police); Recommendations.

The work was carried out by investigating the regulations regarding the preparation of the forensic documents for the victims with traumatic injuries caused by heterogression, also by consulting an expert group involved in solving the cases of heterogression (police, prosecutor's office, justice court).

In essence, the physician who provides medical assistance to a traumatic patient may be faced with three situations:

- when the patient, victim of physical aggression, declares aggression;
- when the patient declares he is the victim of aggression in the absence of traumatic injuries or suggestive circumstances (simulation).
- when the patient, victim of an aggression, does not declare aggression (dissimulation).

Patient correct identification

- by identity papers;
- by fingerprinting of the index (in the case of minors who do not have an identity document or adults who do not have an identity document).(4-6)

Discussion: This practice is useful in the care of forensic cases when there has been a situation where a person other than the one aggressor has been examined for the purpose of obtaining advantages.

Data when traumatic injury occurs

- the date declared by the patient or caregivers (as well as indications of possible inconsistencies between them).

Discussion: Knowing the date that the patient or entourage declares that the injured traumatic injuries have resulted is important in order to differentiate the traumatic lesions secondary to the aggression stated by the patient from the pre-existing traumatic lesions of another nature.(1,4-6)

The place of aggression

- it is important for any subsequent implications related to the territoriality of criminal investigation bodies.(1,4,6)

By who was the injury produced?

- number of aggressors;
- the aggressor/aggressor relationship with the victim
- the health status of other people involved in aggression and the place where they can be found.

Discussion: To identify cases of domestic violence and referral to competent authorities, as well as situations where health care and other victims of the violent event are needed.(1,4,6)

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The mechanism of the injury

- allows the assessment of the harmony between the type of vulnerable agent - the mechanism of producing - the aspect of the lesion;
- allows the identification of agents - mechanisms with high degree of danger (e.g. firearms, in which case the physician should notified the Police regardless of gravity of the injury).(1,4,6)

The aggression was declared to the Police?

Did the patient undergone medical assistance?

- examine the medical documents issued during previous consultations.

Discussion: In the case of minor patient (under 18 years of age) and patient with reduced mental capacity minors, as far as possible, a separate discussion with patient is indicated, besides the anamnesis in the presence of the parent, legal or representative. If patient agrees, the separate discussion frequently allows to identify the cases where the juvenile is intimidated or scared of their parents or representatives, and tempted to dissimulate the physical or psychological abuse on him.(1,7)

Medical history in particular cases

Minors and people with reduced mental capacity

- It is also appropriate to carry out the separate anamnesis of the child, with the consent of the parent or legal representative, depending on the age and level of understanding of the child;
- It is also advisable to carry out the separate anamnesis of the adult with reduced mental capacity, with the consent of the legal representative.

The patient who simulates

- describe in detail traumatic injuries;
- use the phrase "affirmative by aggression" or semantic equivalents.

The patient who dissimulates

- make the patient aware of the importance of recognizing the actual circumstances in which the lesions occurred.(4-6,8)

Discussion: Dissimulation is a special situation in medical practice because it almost always expresses the vulnerability of the victim to the aggressor, especially in the case of domestic aggression. The aggressor who has the suspicion that the victim has revealed the criminal nature of his deed may attempt to intimidate or retaliate. In our study, discussions with representatives of criminal investigation bodies have shown that these situations are very common and can endanger the life of the victim. Cloaking can have different causes: shame or trying to protect the aggressor.

On the other hand, the patient may be tempted to simulate in order to obtain advantages. Thus, the patient may experience traumatic injuries produced under other circumstances (e.g., domestic injuries, road accidents) or self-produced injuries for this purpose. In practice, cases are also cited when patients have "drawn" bruises, in which case the in-depth examination may reveal the self-produced nature (for example, ink drawing of a scar on the scalp, which disappears when washing with water or applying disinfectants).

Recommendations regarding the medical liability and the confidentiality of the medical information

- correctly assess the situations in which the ethical conflict of the physician's double loyalty is manifested;
- not to omit the fact that the information is confidential after the patient's death;
- know situations that are not professional secrets;
- to disclose patient-related information only to the patients

explicitly indicated by the patient;

- refuse any discussion with the aggressor or his representatives and any other person not authorized to hold this information (including medical staff not involved in the patient's current care);
- not allow the press access to the patient's bed without his consent;
- not facilitate access to patient medical data;
- not allow the patient to sell his own image to the management;
- allow media representatives to have access only with the consent of the patient.(1,9,10)

Conclusions:

The significant share of post-traumatic pathology in medical activity, insufficient regulation of the approach of the traumatic mechanical patient secondary to heteroaggression, and the physician's responsibility in case of medico-legal development of the case generates a series of difficulties for doctors at different levels of health care.

The qualitative research of the physician's difficulties before the traumatic patient revealed both the need for better understanding of the caretaker's doctor on the responsibilities and limits of the health care provided to the traumatic patient and the need to operationalize legal notions in medical practice.

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