

FACTORS AFFECTING KNOWLEDGE, ATTITUDE, AND PRACTICE OF PHYSICIANS TOWARD MEDICO-LEGAL ASPECTS IN CLINICAL PRACTICE

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ABSTRACT

Background: The public and media in emerging nations are becoming more aware of trends in medico-legal concerns these days. This is frequently demonstrated by complaints about unethical behavior and a rise in the number of lawsuits filed against doctors. **Aim of the work:** The current study's objective is to evaluate the variables influencing the knowledge, attitude, and practice (KAP) of medical professionals at Sohag University Hospitals with regard to various medico-legal issues. **Subjects and Methods:** This survey, which was cross-sectional in nature, was conducted in January and February 2023 among physicians from various disciplines working at Sohag University Hospitals. A standardized questionnaire regarding knowledge, attitudes, and practices regarding several medico-legal topics in the clinical sector was used to gather data. **Results:** The 204 patients in the current research varied in age from 26 to 65 years, with a 55.9% female preponderance. We discovered that the most significant independent determinants for medico-legal knowledge scores were years of experience (>10 years' experience) and prior training, followed by marital status (being single). Years of experience and surgical specializations are separate factors that affect the attitude score. The independent criteria affecting the practice score include years of experience as well as prior medico-legal education and training. **Conclusion:** The most significant elements influencing doctors' knowledge, attitudes, and experiences in their clinical practice at Sohag University Hospitals with regard to medico-legal matters are their length of experience and their prior education and training in this area. **Recommendations:** We recommend to extend the medicolegal training programs of physicians in order to enhance their abilities. **Keywords:** Knowledge; Attitude; Practice; Medico-legal.

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INTRODUCTION

Medical knowledge is just as vital as familiarity with the laws governing its practice. Medicine and law go hand in hand. The contemporary push to codify personal liberties and rights has an influence on the interaction between physicians and patients. Due to paradigm shifts in patient attitudes toward their doctors and the increasing use of technology, the law is now an essential component of health care. Clinical skills and medical ethical knowledge are equally essential to the practice of medicine (Kallianpur et al., 2022; Sudharson et al., 2023).

In many regions of the world, medical ethics and medico-legal concerns overlap in many areas. But each nation has its own rules based on its own cultural background, religious

convictions, and medical practice norms (Anscombe 2020).

The public and media are becoming more aware of trends in medico-legal concerns these days, and complaints against physicians appear to be rising in the developing countries (Gebremariam et al., 2009).

Researching medical professionals' knowledge of medico-legal matters is essential since patient care and health outcomes will be affected. The increased frequency of litigation against physicians in recent years is deeply troubling. These are brought on by decision-making, professional accountability, and the print and electronic media. The once-considered white collar profession has suffered additional harm due to the hostility disseminated by the media (international). The fundamental principles of contemporary medicine require doctors to

identify the variety of medico-legal issues, understand the nature of their duties, and make every effort to fulfill them. Thus, the goal of this study was to assess health professionals' understanding of medicolegal issues among college students studying medicine, dentistry, and physical therapy (Kallianpur et al., 2022; Sudharson et al., 2023).

THE AIM OF THE WORK

The goal of the current study was to evaluate the factors affecting the medical professionals' knowledge, attitude, and practice (KAP) on various medico-legal issues at Sohag University Hospitals.

SUBJECTS AND METHODS

Study design:

A cross-sectional survey research was conducted in January and February 2023 among physicians from various specializations working at Sohag University Hospitals.

Physicians from various disciplines who satisfied the inclusion requirements were asked to participate in the research. Egyptian doctors working in Sohag university hospitals, regardless of their age or gender, were eligible to participate in the study.

The Power and Sample Size Calculations program was used to determine the sample size. Based on data from related research, we determined that 200 participants would be the bare minimum required to get the best possible outcomes.

Ethical considerations:

The Scientific Ethical Committee of Sohag University's Faculty of Medicine gave its approval to the project. Following an explanation of the study's purpose, each participant provided their informed written consent.

Subjects:

The current study involved 204 doctors from various disciplines who worked at Sohag University Hospitals, 90 of whom were men (44.1%) and 114 of whom were women (55.1%).

Methods:

Doctors of all grades (consultants, specialists, and residents) from all departments at Sohag University Hospitals participated in the study after providing their informed permission. A

straightforward stratified sampling method was used. A pre-tested, pre-designed questionnaire was used to gather data (Kandeel et al., 2022).

The demographic information for age, gender, rank, and specialization made up the first section of the questionnaire.

The second part consisted of agreement and disagreement in issues related to confidentiality, record keeping and informed consent.

The last part of the survey dealt with euthanasia and medical malpractice. Respondents were asked to indicate whether or not they agreed with the claims made about these matters.

The questions were multiple checkboxes questions. The questionnaire was divided into four main parts:

- The first section contained the participants' sociodemographic information, such as their age in years, gender, specialization, location of employment, present occupation, length of experience, and prior medicolegal education and training.

- The second section of 13 questions with a score range of zero to two on physicians' knowledge of medico-legal cases (MLCS).

- The third portion had thirteen questions regarding the opinions of physicians toward the handling of medico-legal problems. A five-point Likert scale was used to grade the questions, with the highest score being 65. The questions ranged from strongly disagree to strongly agree.

- The fourth section had twelve questions with a maximum score of 24 and values ranging from 1 for (NO) to 2 for (YES) about medical practice in handling medico-legal issues.

(Appendix 1 included the full questionnaire in English and appendix 2 included the Arabic translation of the questionnaire).

STATISTICAL ANALYSIS: IBM Corp.'s SPSS (statistical software for social science) version 25 was used to tabulate and analyze the acquired data.

Two types of statistics were done:

Descriptive statistics:

- o Quantitative data is represented by mean±SD, whereas qualitative data is expressed as a number and percentage based on the kind of data.

Analytic statistics:

- The Student t-test was the statistical test utilized to compare two groups that have normal-distributed quantitative variables
- ANOVA (f) test: is a test of significance used for comparison between three or more groups having quantitative variables with normally distributed data.
- The relationship (risk) between the independent factor (s) and the dependent factor (outcome) was evaluated using a multi-variate linear regression analytic model.
- A P-value of <0.05 was considered statistically significant and <0.001 for high significant result for two tailed tests.

RESULTS

In the current study, there were 204 cases, with a mean age of 36.97 ± 7.60 years and a little female preponderance of 55.9%. The individuals' ages varied from 26 to 65 years. There were 24 residents (11.8%), 87 specialists (42.6%), and 93 consultants (45.6%) in the current study. Of the participants, 99 (63.2%) were medical professionals, and 75 (36.8%) were surgeons. The experience span was 1-41 years, with a mean \pm SD of 11.79 ± 7.57 . The majority of participants (54) (52.9%) had both undergraduate and postgraduate training in medicolegal law; however, 72 (35.3%) physicians only had undergraduate training, and 24 physicians (11.8%) did not have either postgraduate or undergraduate training in medicolegal law (**Table 1**).

When we looked at the relationship between the research participants' sociodemographic characteristics and their medicolegal knowledge score, we discovered that single people scored far higher than married people. The highest professional degree was attained by consultants, followed by specialists, and lowest by residents. The knowledge score also climbed dramatically as the number of experience years grew. Compared to medical specializations, surgical specialists

demonstrated a better knowledge score. Finally, a considerably better knowledge score was linked to prior medicolegal training (**Table 2**).

In relation to the associations between the medicolegal attitude score and the sociodemographic characteristics of the research subjects, we discovered that the attitude score increased dramatically as the professional degree increased (it was highest among consultants, lowest among specialists, and highest among residents), as well as as the number of years of experience increased. Compared to medical specializations, surgical specialists exhibited a higher attitude score. Finally, there was a considerably higher attitude score correlated with prior medicolegal training (**Table 3**).

We found that the medicolegal practice score increased significantly with increasing professional degree (maximum among consultants, followed by specialists, and lowest among residents), as well as with increasing years of experience, in relation to the socio-demographic parameters of the study participants. When compared to medical specializations, surgical specialists had a higher practice score. Finally, a much higher practice score was linked to prior medicolegal training (**Table 4**). We estimated the potential independent factors affecting physician medico-legal scores using the multivariate linear regression analysis among those factors which showed significant relations (**Tables 2-4**). Years of experience and prior training are the most significant independent factors for medico-legal knowledge scores, followed by marital status (being single) (**Table 5**). We discovered that years of experience and surgical specializations are independent variables influencing the attitude score (**Table 6**). Conversely, with respect to the practice score, we discovered that years of experience as well as prior medico-legal education and training are independent determinants (**Table 7**).

Table (1): Descriptive statistics of the sociodemographic data among the participant physicians.

Parameter	N (total 204)	%
Age	Range	26-65
	Mean \pm SD	36.97 \pm 7.60
Gender	Male	90
	Female	114
Marital status	Single	21
	Married	183
Professional degree	Resident	24
	Specialist	87
	Consultant	93
Specialty	Medical	129
	Surgical	75
Previous medico-legal education and training	None	24
	Undergraduate	72
	Both under and postgraduate	108
Experience in years	Range	1-41
	Mean \pm SD	11.79 \pm 7.57

SD: standard deviation.

Table (2): Relation between medico-legal knowledge score and different socio-demographic parameters among the participant physicians (number of cases 204).

Parameter	Knowledge score Mean \pm SD	Test of significance	P-value	Post hoc test
Gender	Male	18.93 \pm 5.85	-0.497 [^]	0.620
	Female	19.32 \pm 5.14		
Marital status	Single	21.43 \pm 4.48	2.041 [^]	0.043*
	Married	18.89 \pm 5.50		
Professional degree	Resident (1)	16.75 \pm 5.30	3.290 ^{^^}	0.039*
	Specialist (2)	19.01 \pm 4.85		P1=0.070
	Consultant (3)	19.89 \pm 5.87		P2=0.012* P3=0.153
Specialty	Medical	18.28 \pm 4.99	-3.043 [^]	0.003*
	Surgical	20.64 \pm 5.91		
Previous medico-legal education and training	None (1)	15.75 \pm 5.05	11.537 ^{^^}	0.001*
	Undergraduate (2)	18.00 \pm 5.07		P1=0.067
	Both under and postgraduate (3)	20.67 \pm 5.30		P2=0.001* P3=0.001*
Experience in years	\leq 10 years (n=96)	17.35 \pm 5.26	-4.649 [^]	0.001*
	$>$ 10 years (n=108)	20.74 \pm 5.13		

SD: standard deviation:

Tests of significance

[^]: independent t test

^{^^}: one way ANOVA

Post hoc test:

P1: p value between 1 vs 2

P2: p value between 1 vs 3

P3: p value between 2 vs 3

Table (3): Relation between medico-legal attitude score and different socio-demographic parameters among the participant physicians (number of cases 204).

Parameter		Attitude score Mean \pm SD	Test of significance	P-value	Post hoc test
Gender	Male	56.23 \pm 5.29	-0.693 [^]	0.489	
	Female	56.74 \pm 5.05			
Marital status	Single	57.86 \pm 4.19	1.264 [^]	0.208	
	Married	56.36 \pm 5.23			
Professional degree	Resident (1)	54.00 \pm 4.98	8.447 ^{^^}	0.001*	P1=0.070 P2= 0.012* P3=0.153
	Specialist (2)	55.64 \pm 4.09			
	Consultant (3)	57.98 \pm 5.66			
Specialty	Medical	55.37 \pm 4.55	-4.336 [^]	0.001*	
	Surgical	58.48 \pm 5.54			
Previous medico-legal education and training	None (1)	53.71 \pm 3.62	11.519 ^{^^}	0.001*	P1=0.196 P2= 0.001* P3= 0.001*
	Undergraduate (2)	55.21 \pm 4.84			
	Both under and postgraduate (3)	58.01 \pm 5.17			
Experience in years	\leq 10 years (n=96)	54.35 \pm 4.02	-6.142 [^]	0.001*	
	$>$ 10 years (n=108)	58.44 \pm 5.30			

SD: standard deviation:

Post hoc test:

Tests of significance

P1: p value between 1 vs 2

[^]: independent t test

P2: p value between 1 vs 3

^{^^}: one way ANOVA

P3: p value between 2 vs 3

Table (4): Relation between medico-legal practice score and different socio-demographic parameters among the participant physicians (number of cases 204).

Parameter		Practice score Mean \pm SD	Test of significance	P-value	Post hoc test
Gender	Male	19.07 \pm 3.50	-1.393 [^]	0.165	
	Female	19.71 \pm 3.09			
Marital status	Single	20.29 \pm 2.83	1.267 [^]	0.207	
	Married	19.33 \pm 3.33			
Professional degree	Resident	17.63 \pm 3.27	6.406 ^{^^}	0.002*	P1= 0.039* P2= 0.001* P3= 0.042*
	Specialist	19.16 \pm 2.92			
	Consultant	20.14 \pm 3.42			
Specialty	Medical	18.79 \pm 3.11	-3.738 [^]	0.001*	
	Surgical	20.52 \pm 3.31			
Previous medico-legal education and training	None	17.46 \pm 3.02	10.713 ^{^^}	0.001*	P1=0.082 P2= 0.001* P3= 0.001*
	Undergraduate	18.75 \pm 3.16			
	Both under and postgraduate	20.31 \pm 3.15			
Experience in years	\leq 10 years (n=96)	18.13 \pm 2.99	-5.737 [^]	0.001*	
	$>$ 10 years (n=108)	20.58 \pm 3.12			

SD: standard deviation:

Post hoc test:

Tests of significance

P1: p value between 1 vs 2

[^]: independent t test

P2: p value between 1 vs 3

^{^^}: one way ANOVA

P3: p value between 2 vs 3

Table (5): Linear regression analysis for independent factors affecting physician medico-legal knowledge score (number of cases 204).

Participant characteristics	Multivariate regression analysis		P value
	Unstandardized Coefficients	Standardized Coefficients	
Marital status	-3.444	-0.192	0.008
Professional degree	-0.154	-0.019	0.852
Specialty	0.519	0.046	0.567
Years of experience	3.343	0.307	<0.001
Previous medico-legal education and training	1.934	0.246	<0.001

Table (6): Linear regression analysis for independent factors affecting physician medico-legal attitude score (number of cases 204).

Participant characteristics	Multivariate regression analysis		P value
	Unstandardized Coefficients	Standardized Coefficients	
Professional degree	1.067	0.100	0.204
Specialty	3.563	0.346	<0.001
Years of experience	1.786	0.240	<0.001
Previous medico-legal education and training	1.067	0.100	0.204

Table (7): Linear regression analysis for independent factors affecting physician medico-legal practice score (number of cases 204).

Participant characteristics	Multivariate regression analysis		P value
	Unstandardized Coefficients	Standardized Coefficients	
Professional degree	-0.359	-0.074	0.430
Specialty	0.495	0.073	0.362
Years of experience	2.307	0.351	<0.001
Previous medico-legal education and training	1.159	0.244	<0.001

DISCUSSION

The community of healthcare workers is always involved with matters of medicolegal concerns and healthcare ethics. A delicate framework relating to ethics in healthcare is ingrained in the professionalism of medical professionals. The swift progress of medical technology is accompanied by an increasing number of medicolegal issues (*Biruk et al., 2018*).

The purpose of the current study was to assess the variables influencing the knowledge, attitude, and practice (KAP) of medical professionals at Sohag University Hospitals with regard to various medicolegal issues.

A total of 204 doctors from various specializations, 90 men (44.1%) and 114 women (55.1%) employed at Sohag University Hospitals were included in the current study.

The participants in the current study were 36.97 ± 7.60 years old on average.

The duration of experience ranged from 1-41 years with mean \pm SD (11.79 ± 7.57). This was not so different from the study of *Kandeel et al., (2022)* who stated that the experience of their participant ranged from 1-41 years, with a mean of 12.7 ± 7.3 years. Taking in consideration that the study of *Ismail et al. (2022)* included only residents, the experience duration ranged only from 1-5 years, with over 94% of them had an experience of 3 or less years. The study of *Mostafa et al. (2022)* found that the over 60% of their cases had an experience ranged from 5-15 years, with 24% had experience <5 years and only 15% had experience over 15 years. This was somewhat similar to the study of *Alghamdi et al. (2022)*.

The majority of participants (54) (52.9%) had both undergraduate and postgraduate training in medicolegal law; 72 (35.3%) physicians only had undergraduate training in medicolegal law; and 24 physicians (11.8%) did not possess either postgraduate or undergraduate training in medicolegal law. In the study of *Kandeel et al. (2022)*, all of the cases had either undergraduate (75.7%) or both under and postgraduate (24.3%) training. On the other hand, the study of *Mostafa et al. (2022)* stated that only 17 % of their studied physicians had previous postgraduate Forensic education and/or training.

When examining the relationships between the study participants' sociodemographic characteristics and their medicolegal scores, we discovered that the three scores of knowledge, attitude, and practice significantly increased as professional degree, years of experience, surgical specialization, and prior medicolegal training increased. When compared to married individuals, single people had noticeably higher knowledge ratings.

These results were somewhat similar to those of *Kandeel et al. (2022)*; with only one exception that they found that there was no significant relation between experience duration and practice score among their participants.

The study of *Ismail et al. (2022)* found non-significant relations between knowledge scores and any of the sociodemographic parameters of their study participants, and they found that only experience years was associated with the level of attitude score among their study population.

The study of *Alyahya et al. (2018)* claimed that there was no significant correlation between medicolegal training and the attitude or practice scores, but only with the medicolegal knowledge score. Nonetheless, they discovered that the years of experience had a strong correlation with the knowledge, attitude, and practice ratings.

Better practice scores were substantially correlated with male gender and prior training, according to a research by *Mostafa et al. (2022)*.

They could not discover any connections between the sociodemographic information of

the physicians they investigated and the knowledge and attitude ratings on the one hand.

The Saudi study of *Alghamdi et al. (2022)* found that male gender, working in private clinic or hospital and surgical specialties were associated with significantly lower knowledge scores. They were unable to discover any meaningful correlation between the sociodemographic information of the doctors and the practice and attitude ratings on the one hand. Comparing this data to several other research, including the current study, revealed an odd difference.

The study of *Singh et al. (2019)* found a positive significant relation between years of experience of the physicians and their awareness of medico-legal aspects (knowledge scores).

Also, the study of *Shihah et al. (2022)* stated a positive significant relation between age and experience duration and awareness of the medicolegal and medical law.

The most important independent criteria for medico-legal knowledge scores are years of experience and prior training, followed by marital status (being single). Using multivariate linear regression analysis, we evaluated the independent factors that could have an impact on physician medico-legal ratings among those components that shown significant relationships.

We found that surgical specialty and years of experience have separate effects on the attitude score. We found that years of experience and prior medico-legal education and training are independent factors with regard to the practice score.

Using multivariate linear regression analysis, the study by *Kandeel et al. (2022)* revealed that the level of the health care institution, prior training, and experience years were the most significant independent factors for knowledge score. Surgical specialization and medicolegal training were the independent characteristics that determined the attitude score, with experience years coming in second. Finally, professional degree and surgical specialization were the practice score independent determinants, followed by medicolegal training.

CONCLUSION

The length of experience and previous medico-legal education and training are the most important factors affecting the medico-legal knowledge, attitude and experience among physicians in their clinical practice in Sohag University Hospitals.

RECOMMENDATIONS

As the only modifiable factor of enhancing the knowledge, attitude and practice of physicians regarding medico-legal aspects is the previous training of these physicians; we recommend to extend the training programs and to design national training projects regarding these issues.

Limitations of the Study:

The number of studied subjects although sufficient according to the sample size calculation; they were from one governorate. A multi-center study may be more informative.

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APPENDIX 1

Questionnaire to assess knowledge, attitude and practice of physicians towards medicolegal aspects in clinical practice.

Part I

- Age in years
- Gender: Male Female
- Marital status
- Professional degree: Resident Specialist Consultant
Consultant (MD degree) Specialist (diploma or master's degree)
- Specialty :Medical Surgical
- Experience years
- Previous medico-legal education and training: Undergraduate or Both under and postgraduate

Part II

I DO YES or NO

- 1- Do you know the meaning of medico-legal deaths?
- 2- Do you know classification of injuries?
- 3-Do you have knowledge about presence of medicolegal management protocol?
- 4- Do you know the importance of death certificate?
- 5- Do you know how to write death certificate?
- 6- Do you know the importance of medico- legal reports?
- 7 -Do you know how to write medico- legal reports?
- 8- Do you know the importance of records in medicolegal cases?
- 9 - Do you know the importance of time in medico- legal examination?
- 10 - Do you know the rights of patients in medico- legal cases?
- 11 -Do you know the importance of evidence collection in medico- legal cases?
- 12 -Do you know how to collect evidence in medico- legal cases?
- 13 -Do you know the importance of completing the examination in medico- legal cases?

Part III

Disagree , Strongly Disagree, To some extent, Agree, Strongly agree

- 1-Death certificate is important
- 2- Forensic protocols in emergency rooms are important
- 3- Police notification in medico-legal cases is important
- 4- evidence collection in medico- legal cases is important
- 5- medico- legal reports are important
- 6- medico- legal recording is important
- 7- We should consider every case as a probable medicolegal case
- 8- There is no time to worry about medico-legal cases in emergency room
- 9- We should consider the medical needs of the medico- legal cases
- 10- We should consider the overall medical approach in medico- legal cases
- 11- Confidentiality of medical reports are important
- 12- Management of medicolegal cases should be included in medical curriculum
- 13- Training courses to physicians about dealing with medico- legal cases are important

Part IV

Question NO YES

- 1- Unified protocols for management of medico-legal cases are available.
- 2- Do you inform the police about medico-legal cases?
- 3- Do you properly document the medico-legal cases?
- 4- Do you properly collect the evidence in medico-legal cases?
- 5- Are the evidence collection kits available in your workplace?
- 6- Are you considered treating the medico- legal cases?
- 7- Do you take consent and document it before medico- legal examination?
- 8- Do you examine female patient in presence of a female attendant?
- 9- Do you actually write medico-legal reports before?
- 10- Do you keep medical records in a safety manner?
- 11- Do you consider the physical and psychological support of the medico-legal cases?
- 12 -Instruments for evidence collection are available and well organized chain of custody

Multiple choice questions related to handling of medico-legal cases

Q 1. A 20 year old man sustained head injury in a road traffic accident. He was admitted in the Neurosurgery Ward but expired two days later. As the attending doctor, what is your next course of action?

- a) Issue a Death Certificate
- b) Hand over dead body to relatives
- c) Give an intimation to police
- d) Make arrangements for a postmortem examination

No answer

Q 2. A patient is brought to Casualty with signs and symptoms of organophosphorus poisoning. After performing gastric lavage, what will you do with the sample collected?

- Send it to the Forensic department for analysis
- Hand it over to police with proper receipts
- Discard the sample
- Store it in the refrigerator

Q 3. As per DGHS guidelines, records of medico-legal cases should be retained for a minimum period of

- 3 years
 - 5 years
 - 10 years
 - Indefinitely
- No answer

Q 4. Opinion in a case of drunkenness is based on

- Alleged history of drinking
 - Clinical examination findings
 - Blood alcohol level
 - Breathalyzer test results
- No answer

Source:

Kandeel F, Marawan H, Elagamy S, Factors affecting knowledge, attitude and practice of physicians towards medico-legal aspects in clinical practice in Menoufia governorate hospitals, The Egyptian Journal of Forensic Sciences and Applied Toxicology 2022;22(1):53-67.

APPENDIX 2

استبيان لتقييم معرفة الأطباء وموقفهم وممارستهم تجاه الجوانب الطبية القانونية في الممارسة السريرية.
الجزء الأول

- العمر بالسنوات
 - الجنس: ذكر أنثى
 - الحالة الاجتماعية
 - درجة مهنية: مستشار متخصص مقيم
 - استشاري (درجة MD) أخصائي (دبلوم أو درجة ماجستير)
 - التخصص: الجراحة الطبية
 - سنوات الخبرة
 - التعليم والتدريب الطبي القانوني السابق: المرحلة الجامعية أو كليهما تحت الدراسات العليا والدراسات العليا
- الجزء الثاني
أفعل نعم أو لا

- ١- هل تعرف معنى الوفيات الطبية القانونية؟
- ٢- هل تعرف تصنيف الإصابات؟
- ٣- هل لديك معرفة بوجود بروتوكول الإدارة الطبية القانونية؟
- ٤- هل تعرف أهمية شهادة الوفاة؟
- ٥- هل تعرف كيف تكتب شهادة الوفاة؟
- ٦- هل تعرف أهمية التقارير الطبية القانونية؟
- ٧- هل تعرف كيفية كتابة التقارير الطبية القانونية؟
- ٨- هل تعرف أهمية السجلات في القضايا الطبية القانونية؟
- ٩- هل تعرف أهمية الوقت في الفحص الطبي القانوني؟
- ١٠- هل تعرف حقوق المرضى في القضايا الطبية القانونية؟
- ١١- هل تعرف أهمية جمع الأدلة في القضايا الطبية القانونية؟
- ١٢- هل تعرف كيفية جمع الأدلة في القضايا الطبية القانونية؟
- ١٣- هل تعرف أهمية إكمال الفحص في القضايا الطبية القانونية؟

الجزء الثالث

لا أوافق، لا أوافق بشدة، إلى حد ما، أوافق، أوافق بشدة

- ١- شهادة الوفاة مهمة
- ٢- بروتوكولات الطب الشرعي في غرف الطوارئ مهمة
- ٣- إخطار الشرطة في القضايا الطبية والقانونية مهم ٣
- ٤- جمع الأدلة في القضايا الطبية القانونية أمر مهم
- ٥- التقارير الطبية والقانونية مهمة
- ٦- التسجيل الطبي القانوني مهم
- ٧- يجب أن نعتبر كل حالة طبية قانونية محتملة
- ٨- لا يوجد وقت للقلق بشأن الحالات الطبية والقانونية في غرفة الطوارئ
- ٩- يجب أن ننظر في الاحتياجات الطبية للقضايا الطبية القانونية
- ١٠- يجب أن ننظر في النهج الطبي العام في القضايا الطبية القانونية

١١ - سرية التقارير الطبية مهمة

١٢ - يجب إدراج إدارة الحالات الطبية القانونية في المناهج الدراسية الطبية

١٣ - الدورات التدريبية للأطباء حول التعامل مع القضايا الطبية القانونية مهمة

الجزء الرابع

السؤال لا نعم

١ - تتوفر بروتوكولات موحدة لإدارة القضايا الطبية القانونية.

٢ - هل تبلغ الشرطة بالقضايا الطبية القانونية؟

٣ - هل تقوم بتوثيق القضايا الطبية والقانونية بشكل صحيح؟

٤ - هل تجمع الأدلة بشكل صحيح في القضايا الطبية القانونية؟

٥ - هل مجموعات جمع الأدلة متاحة في مكان عملك؟

٦ - هل تفكر في معالجة القضايا الطبية القانونية؟

٧ - هل تأخذ الموافقة وتوثقها قبل الفحص الطبي القانوني؟

٨ - هل تقوم بفحص المريضة بحضور مرافقة؟

٩ - هل كتبت تقارير طبية قانونية من قبل؟

١٠ - هل تحتفظ بالسجلات الطبية بطريقة آمنة؟

١١ - هل تفكر في الدعم البدني والنفسي للقضايا الطبية القانونية؟

١٢ - أدوات جمع الأدلة متاحة وسلسلة حضانة منظمة تنظيماً جيداً

أسئلة الاختيار من متعدد المتعلقة بالتعامل مع القضايا الطبية القانونية

س ١. أصيب رجل يبلغ من العمر ٢٠ عاماً بجروح في الرأس في حادث مروري. تم قبوله في جناح جراحة المخ والأعصاب ولكن انتهت صلاحيته بعد يومين. بصفتك الطبيب المعالج، ما هو مسار عملك التالي؟

(أ) إصدار شهادة وفاة

(ب) تسليم الجثة إلى الأقارب

(ج) إعطاء إجازة للشرطة

(د) اتخاذ الترتيبات اللازمة لفحص ما بعد الوفاة

لا إجابة

س ٢. يتم إحضار المريض إلى حالة مع علامات وأعراض التسمم بالفوسفور العضوي. بعد إجراء غسل المعدة، ماذا ستفعل بالعينة التي تم جمعها؟

(أ) أرسله إلى قسم الطب الشرعي لتحليله

(ب) سلمها إلى الشرطة مع الإيصالات المناسبة

(ج) تجاهل العينة

(د) قم بتخزينه في الثلاجة

س ٣. وفقاً للمبادئ التوجيهية لـ DGHS، ينبغي الاحتفاظ بسجلات القضايا الطبية والقانونية لمدة لا تقل عن

(أ) ٣ سنوات

(ب) ٥ سنوات

(ج) ١٠ سنوات

(د) إلى أجل غير مسمى

لا إجابة

س ٤. يعتمد الرأي في حالة السكر على

(أ) التاريخ المزعم للشرب

(ب) نتائج الفحص السريري

(ج) مستوى الكحول في الدم

(د) نتائج اختبار الكحول

لا توجد إجابة

المصدر: Kandeel, et al. (2022)

العوامل المؤثرة على معرفة ومواقف وممارسة الأطباء تجاه الجوانب الطبية والقانونية في المجال الطبي

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الملخص العربي

مقدمة:

تجذب الاتجاهات الحالية في القضايا الطبية والقانونية اهتمام الجمهور ووسائل الإعلام في البلدان النامية. وينعكس هذا غالبًا في شكل شكاوى حول سوء السلوك الأخلاقي وزيادة استخدام الدعاوى القضائية ضد الأطباء .

الهدف من الدراسة:

الهدف من هذه الدراسة هو تقييم العوامل التي تؤثر على المعرفة والمواقف والممارسة للأطباء في مستشفيات جامعة سوهاج تجاه الجوانب الطبية والقانونية المختلفة .

طرق البحث:

كانت الدراسة الحالية عبارة عن دراسة مقطعية تم إجراؤها بين الأطباء من تخصصات مختلفة في مستشفيات جامعة سوهاج، خلال الفترة من بداية يناير إلى نهاية فبراير ٢٠٢٣. وتم جمع البيانات باستخدام استبيان منظم حول المعرفة والمواقف. والممارسة تجاه الجوانب الطبية والقانونية المختلفة في المجال السريري .

النتائج:

شملت الدراسة الحالية ٢٠٤ حالة، غالبيتها من الإناث (٥٥.٩%)، وتراوحت أعمارهن بين ٢٦-٦٥ سنة. لقد وجدنا أن سنوات الخبرة أكثر من ١٠ سنوات والتدريب السابق هي أهم العوامل المستقلة لدرجات المعرفة بالطب الشرعي، تليها الحالة الاجتماعية (كونك أعزب). فيما يتعلق بالمواقف، تشمل العوامل المستقلة التخصصات الجراحية وسنوات الخبرة . فيما يتعلق بالممارسة، تشمل العوامل المستقلة سنوات من الخبرة والتعليم والتدريب في مجال الطب القانوني السابق .

الخلاصة:

إن طول الخبرة والتعليم والتدريب السابقين في مجال الطب الشرعي هي أهم العوامل التي تؤثر على المعرفة والمواقف والممارسة في مجال الطب الشرعي بين الأطباء في ممارستهم السريرية في مستشفيات جامعة سوهاج.