

Review Article

Medical Negligence in Healthcare Organization and Its Impact on Patient Safety and Public Health

Comment [U1]: 1. It is not yet clear the purpose of the research conducted.
2. Research methods are also not listed in the proposed manuscript,
3. The results of research and discussion are very limited description submitted,
4. Use the research library for at least the last 5 years.

ABSTRACT

Medical negligence (carelessness, nonperformance, laxness) is at peak to concern about public health among public health care provider as it effects public health and safety and also not only health also wealth. It indicates main or fixes of patient injury or health. Or any dis ability which Is permanent to subject or patient. the patient safety is depended on doctors' skill and experience that how he \she is gone treat the subject. All negligence by which patient suffer a major trauma \injuries \disability is major negligence which is bad for doctors' reputation \and also harms its degree may be the chances of getting suspension and also stay at its practice. this research analyzed negligence and lack of awareness of doctor toward patients' treatment. The patient safety is vital among and during its treatment and nourishing. various site is used to analyzed the fully vital and important data to preserve the review among all article it's like collecting all the data from various biblio form which implement the same issues of negligence.

The annually percentage or counting (quantity) of cases is increasing of negligence in medical field due to wrong (incorrect, unrelated medicine), maximum charging (billing) of various process unnecessary. all the doctors (interns) and all medical officer are responsible for patient death which happen um needed in hospitals. in tertiary care hospital the number of negligence cases is increasing due rush of emergencies causalities trauma patients is gradually increasing, thus various investigation is needed against negligence or carelessness cases which harms the patients or subjects reason for the disability of subject or victims .thus this the review article for medical negligence in health care organization and its impact on public safety and heath

INTRDUCTION

Medical negligence also called as (medical malpractices , medical carelessness , and also called as medical errors)is decreasing as per the hospitals due spreading awareness about the carelessness worldwide thus mal practices is decreasing and also error of machine and any instrumentt due to medica l practioner is also in less quantity adn decreases due spreadding vital awareness about due to medical advertisement . medical negligence is occur due to (when medical practioner , physian choose or select the. wrong the procedure or treatment or improperly execute the procedure or treatment which harms the pateint that the improper treatment cause vital harm to patients and having trouble with further surgical procedure (medical pathways of treatment. which required after the any discrepencies of body muscle or any systemic organ which is vital part of our body thus ,medical practioner(physian) is well aware of what he is using ,prescrabing , test , radiographic test , and giving prescription under patient sociaeconomic status which she /he is able to afford the medicine and hospital charges .(1)

Medical field is directly impact on peoples .Its mean value of social world ,country's development .when all the hospital recruit a good doctor its mean its gone be perfect hospital in it self but its not like that good doctors is also doing mistake its not intensional mistakes but a medical crime or aligence that destroy /or effect the reputation of doctorss . All negligence in all the article. that is made on medical negligence or carelessness their is one thing which is common that is more number of cases seen on wrong prescription given to patient a silly.(2)

mistake but huge impact on patient and OPD due to its carelessness patient might be die or having some serious issues regarding health due to one wrong prescription .and also side effect, allergy ,adverse effect ,drug interaction ,metabolism ,of medicine is known to doctors but its doctors duty to introduce all this to patient .(3)

The medical profession is seen as honourable since it aids in the preservation of life. We believe that life is a gift from God. As a result, a doctor plays a role in God's plan because he is responsible for carrying out His mandate. A patient usually seeks out a doctor or facility based on his or her reputation. A patient's expectations are twofold: doctors and hospitals are expected to give medical treatment using all of their knowledge and ability, and they are also required not

to hurt the patient in any way due to negligence, carelessness, or reckless behaviour on the part of their staff.(4)

For the sake of diagnosis, treatment, organ transplant, research, disclosure of medical information, and educational and medico-legal objectives, there is a legal obligation to get prior agreement (from living patients). It is critical to secure informed consent from the patient for pathological post mortem, medico-legal post mortem, organ transplant (for legal heirs), and medical record disclosure in the case of the deceased.(5)

The jurisprudential principle of 'stare decisis' is based on a Latin term that means "to stand by decided decisions," "to uphold precedents," and "to preserve the positions established by higher courts before." One of the most fundamental aspects of a good law is that it is clear, concise, and unambiguous, with the flexibility to apply to a variety of situations, facts, and circumstances, and that justice is carried out in line with the law. The Latin adage "Stare decisis, et non quieta movere" means "Stare decisis, et non quieta movere," which means "Stare decisis, et non quieta movere." The goal is to prevent citizens from becoming confused about what the law of the land is. As stated in u.a. one forty one of the Constitution,(6)

Tertiary care hospitals are highly specialized medical care unit and having advanced medical instrument advanced procedures and treatment done in a state of art and fine facilities. Tertiary care hospitals having modern treatment technology. The casualty or emergencies of these hospitals is mostly road traffic accident and serious traumas. Treatment done in tertiary care centre (7)

is accurate and finely done than other hospitals and care unit. In lower income countries the estimated cost is roughly is 1-2% of countries gross. India is among one of the developing nation which experiences the highest rate of road casualty in tertiary care centre. Inefficient road traffic accident causing huge impact on country's socio-economic development. Overall tertiary care centre is best for treatment for road accident. Road traffic accident problems arises due to poor road construction and not following proper traffic rules while driving. To do so one year retrospective study will be conducted to know the incidence and pattern of road traffic accident reported to casualty/department of trauma .(8)

To maintain road safety, it is critical to understand transportation demands, patterns, and modalities. The rise of automobile industries, successive governments' liberalized economic policies, extensive media advertising, people's increased purchasing power, easily accessed to loans, and bad public transportation networks may have all contributed to increase in road traffic accidents. People are exposed to RTI's in different ways due to spatial placements due to heavy vehicle and poor road construction and rules.(9)

An accident is a noteworthy occurrence. Any case of injury or ailment admitted to tertiary care hospitals will be treated carefully, if in case the treatment not done properly the patient can file a case against hospital. This type of cases or offence is involved known as medico-legal cases (MLC). The injury cases may be an implication offense (intentional accident and any violences of traffic rule, minor driving accidents), vehicular accidents if suspected intentionally then medical report is major proof for case. These type of hospitals (tertiary hospital) are best placement for internship, students for future treatment, it will help them to improvise themselves for any types of causality attending in any hospitals.(10)

Cases of trauma during accidents is forms a vital element/constituent of exigency/ disaster/ trauma brought in casualty. Department of hospital and staff member along with modern technology and needed helpful facilities (medical instruments). Compromise most significant constituent of tertiary care centre. These hospital provide /supply proper medicine instantly when needed by the patients. Staff is properly experienced on which a patient can trust. RTA is highly encountered issue in day to day life. Student will get proper education toward future accident cases and should know how to deal with case injury during accident. It increases the view and proper awareness towards medicolegal cases (road accident).(11)

RTA cases are seen mostly during monsoon in tertiary care centre. Tertiary care specialized hospitals are observed / established in rural area To search out the consistency of various type of pattern of road traffic accident at casualty of. To be aware/have knowledge about procedures being followed in medico-legal cases in. To be acquainted with total cases coming in To

understand/ pursue mostly coming across problems during road traffic accident To know about pattern of injuries during accident at casualty of AVBRH sawangi. (12)

Total duration of study is one year. The information will be collected from road accident registered of emergency ward of AVBRH. A pre-designed form will be created to collect personal information like age, sex, gender, socio-economic status, time of day incidence, date and time of entry, date of discharge, time span of hospital stay, pattern of injury during admission, sort of accident/ trauma cases and condition at the time of completion. The collected data will then be analysed and depicted in sort of table, charts etc. by using various parameter. (13)

All this cases registered as road traffic accident at index/list of the casualty center will be included in this investigation and also registered cases of cases of RTA in shalini tai superspeciality hospital Trauma/Incidence cases which are not considered under RTA and cases in which history will be insufficient/partial will be eliminated from this investigation. According to AVBRH, OPD of casualty and accident cases minimum 6-7 cases are brought to this hospital. In which half of the cases are medico-legal and incidence based trauma. All the cases which will be eligible for road accident is taken under observation and used for further studies and will be completely followed up and analysed. Outcome data – report number of outcome/ events/ summary measures. All this will be considered and will be studied. (14)

In general negligence refers to failing. To take proper care of something, negligence in law refers to a breach of a duty of care that results in damage. Forensic pathologists must investigate and maintain a high level of communication between doctors, patients, and law enforcement organisations. Here are a few examples of medical malpractice that could result in a lawsuit: Misdiagnosis or failure to diagnose, Laboratory results are misread or ignored, Surgery that isn't required Surgical blunders or surgery performed in the wrong location, Medication or dose is incorrect, There was no follow-up or aftercare, Premature ejection. Medical malpractice is punishable under a variety of laws, including torts, the Indian Penal Code, the Indian Contracts Act, and the Consumer Act, among others. It is described as on the part of a medical practitioner or doctor, and it is responsible for a large number of fatalities and illnesses each year. (15)

A medical malpractice claim (also known as a clinical negligence claim) arises when a patient sues their doctor or hospital (or both) for negligence. In the event of malpractice lawsuits, the first step should be to complain with the Medical Board Council the responsible doctor, provider, or organization. Depending on the details of the conduct, the victim may file a complaint in consumer forum or court of law. Medical carelessness (negligence) is separate topic in medical forensic subject which teach us a character and mistakes which is medical crime which is not acceptable in this professional field medical negligence, a corruption breaking of decorum about medical practitioner or provider which is wrong for others doctors, community or committee which is held for medical negligence there is severe and minor mistake a silly mistake had been done but the crime is which patient suffer from any trauma or disability permanent, lackness in medical field indirectly belongs to negligence that's why in india internship in mbbs course teach us about so many things that we had or will never done in your life. A perfect example or subject for doctors is its on attitude and concentration while treating to patient doctors is like god for patient if doctor (medical practitioner) made a mistake then that god is not any more god patient threaten him or her like he is criminal because of some doctors whole (16)

Methodology

Failure to make the proper diagnosis, birth injuries, and drug errors are three typical types of medical negligence claims. In this article, we'll go through some of the most common medical mistakes to assist you figure out if you've been hurt as a result of medical malpractice. In the event of medical malpractice, the first step should be to make a formal complaint with the Provincial Health Council against the responsible doctor, therapist, or authority. Depending on the circumstances of the wrongdoing, the individual may file a complaint in class action or criminal court. The question is always whether the practitioner used reasonable skill and care, or, to put it another way, whether his or her actions fell short of those of a reasonably competent practitioner in the field. It will not be considered if the mistake was made by a reasonably competent practitioner. It must be established that the health professional owed the patient a

reasonable care, that the legal obligation was infringed, and that the customer was harmed as a result of the violation in order to bring a legal case civil liability.(17)

Negligence to the extreme. The most extreme kind of negligence is gross negligence, which is the word most frequently used in medical malpractice trials. ..Economic Endangerment... Defined benefit Malpractice... Consequential Endangerment... Determining Recklessness... Defined benefit Malfeasance... Liability Malfeasance.... CorrelativpersoVicarious Competence is a term used to describe when someone else is responsible for another personOffenses (for example, purposefully striking a person), irresponsible torts (for example, hit a pedestrian by refusal to maintain traffic regulations), nor mandatory reporting torts (for illustration, hit a pedestrian by failing to follow traffic rules) are the three types of law of tort .(18-26)

Conclusion

Closing. Criminal malpractice occurs when medical professionals or doctors fail to provide adequate care and fail to take effective controls or remedies, leading in an infringement of their obligations that causes injury to victims. Medical malpractice carries civil, penal, and regulatory consequences. Contractual irresponsibility.

Even though there is no stated condition in the service agreement, it is assumed that the therapist will use reasonable diligence in treating a patient. As a result of the breach of this duty, the partnership is broken. In order to succeed in court, loss of self - control must establish four elements: duty, breaches, responsibility, and impacts. In essence, if anyone acts carelessly and injures any offender, the negligent individual will be held legally accountable for any ensuing loss there under fundamental norm of "irresponsibility."

REFERENCES

- 1) Aksu MN. Expert witness or “hired gun?”. *J Am Coll Dent*. 1997;64:25–28.
- 2) Allen AM. The nurse and the deposition. *Orthop Nurs*. 1987;6:50–51.
- 3) American Psychiatric Association resource document on peer review of expert testimony. *J Am Acad Psychiatry Law*. 1997;25:359–373.
- 4) Annas GJ. Medicine, death, and the criminal law. *N Engl J Med*. 1995;333:527–530.
- 5) Beckman HB, Markakis KM, Suchman AL, Frankel RM. The doctor–patient relationship and malpractice: lessons from plaintiff depositions. *Arch Intern Med*. 1994;154:1365–1370.
- 6) Berlin L. On being an expert witness. *AJR*. 1997;168:607–610.
- 7) Bertin JE, Henifin MS. Science, law, and the search for truth in the courtroom: lessons from *Daubert v. Merrell Dow*. *J Law Med Ethics*. 1994;22:6–20.
- 8) Black B. Subpoenas and science—when lawyers force their way into the laboratory. *N Engl J Med*. 1997;336:725–727.
- 9) Black E. What to expect at your deposition: a guide for physicians and health care professionals. *Pa Med*. 1998;101:24.
- 10) Blake BL. Sgt. Friday, Dr. Welby, and the demand for patient information: what to do when the police knock. *Mo Med*. 1998;95:567–573.
- 11) Boyarsky S. Practical measures to reduce medical expert witness bias. *J Forensic Sci*. 1989;34:1259–1265.
- 12) Brennan TA, Leape LL, Laird NM, et al. Incidence of adverse events

and negligence in hospitalized patients: results of the Harvard Medical Practice Study I. *N Engl J Med*. 1991;324: 370–376.

13)Brent RL. Bringing scholarship to the courtroom: the Daubert decision and its impact on the Teratology Society. *Teratology*. 1995;52:247–251.

14)Breyer S. The interdependence of science and law. *Science*. 1998;280:537–538.

15)Carter R. The subpoena: coping with the anxiety and stress. *NY State Dent J*. 1997;63:16–17.

16)Clifford R. Deposition abstracts provide insights into personal injury cases. *Natl Med Leg J*. 1997;8:4.

17)Craft K, McBride A. Pharmacist–patient privilege, confidentiality, and legally- mandated counseling: a legal review. *J Am Pharm Assoc (Wash)*. 1998;38:374–378.

18)Francisco CJ. Confidentiality, privilege, and release of medical records under a subpoena duces tecum. *Tex Med*. 1991;87:34–35.

18)Gilbert JL, Whitworth RL, Ollanik SA, Hare FH Jr. Evidence destruction—legal consequences of spoliation of records. *Leg Med*. 1994;181–200.

19) RD. Some considerations for the expert witness in cases involving birth defects. *Reprod Toxicol*. 1994;8:269–273.

20)Hupert N, Lawthers AG, Brennan TA, Peterson LM. Processing the tort deterrent signal: a qualitative study. *Soc Sci Med*. 1996;43:1–11.

21. Aryal, Nirmal, Pramod R. Regmi, Edwin van Teijlingen, Steven Trenoweth, Pratik Adhikary, and Padam Simkhada. “The Impact of Spousal Migration on the Mental Health of Nepali Women: A Cross-Sectional Study.” *INTERNATIONAL JOURNAL OF*

- ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH 17, no. 4 (February 2020). <https://doi.org/10.3390/ijerph17041292>.
22. Gaidhane, Abhay, Penny Holding, Minal Shah, Manoj Patil, Shital Telrandhe, Navnita Jadhav, Priti Kogade, Sonali Chaudhari, and Quazi Syed Zahiruddin. "Photostory-A 'Stepping Stone' Approach to Community Engagement in Early Child Development." *FRONTIERS IN PUBLIC HEALTH* 8 (December 17, 2020). <https://doi.org/10.3389/fpubh.2020.578814>.
 23. Quazi Syed, Zahiruddin, Abhay Gaidhane, Shilpa Gaidhane, Mahalaqua Nazli Khatib, and Sanjay Zodpey. "Cultural Competency Framework for Masters of Public Health (MPH) Program: Calling for Action." *MEDICAL SCIENCE* 24, no. 102 (April 2020): 776–85.
 24. Regmi, Pramod R., Edwin van Teijlingen, Preeti Mahato, Nirmal Aryal, Navnita Jadhav, Padam Simkhada, Zahiruddin Quazi Syed, and Abhay Gaidhane. "The Health of Nepali Migrants in India: A Qualitative Study of Lifestyles and Risks." *INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH* 16, no. 19 (October 2019). <https://doi.org/10.3390/ijerph16193655>.
 25. Mithra P, Unnikrishnan B, Rekha T, Kumar N, Holla R, Rathi P. Paternal Involvement in and Sociodemographic Correlates of Infant and Young Child Feeding in a District in Coastal South India: A Cross-Sectional Study. *FRONTIERS IN PUBLIC HEALTH*. 2021 Jun 4;9.
 26. Thapa R, van Teijlingen E, Regmi PR, Heaslip V. Caste Exclusion and Health Discrimination in South Asia: A Systematic Review. *ASIA-PACIFIC JOURNAL OF PUBLIC HEALTH*.