The background features a golden scale of justice on the right and a caduceus symbol on the left, both set against a teal gradient background. The scale is positioned in the foreground, while the caduceus is slightly behind it.

Medicolegal Responsibilities of General Practitioner

Dr. Barkha Gupta

Time frame to label case as Medicolegal case is

1. One day
2. One week
3. One month
4. Anytime

A boy attempts suicide. He is brought to a private doctor and he is successfully cured, the doctor should:

1. Inform police
2. Not required
3. Report to magistrate
4. Refer to a psychiatrist

Doctors role in noting dying declaration is to:

1. Ascertain compos mentis
2. Call the magistrate
3. Elicit information by leading questions
4. Ask the investigating medical officer to be there

Is consent from patient required in medicolegal cases for reporting to the police?

1. Yes
2. No

Is it mandatory to take consent of the victim of sexual assault for examination?

1. Yes
2. No

WHAT ACTUALLY IS A MEDICO-LEGAL CASE?

- ❑ As a case of injury or ailment, etc., in which investigations by the law-enforcing agencies are essential to fix the responsibility regarding the causation of the said injury or ailment.
- ❑ it is a medical case with legal implications for the attending doctor where the attending doctor, after eliciting history and examining the patient, thinks that some investigation by law enforcement agencies is essential

The responsibility to label any case as a MLC rests solely with the attending medical practitioner



DIFFERENT SITUATIONS

1. After history taking and thorough examination, if the doctor feels that the circumstances/ findings of the case have legal implications
2. The case is brought by the police or referred by a court for examination and reporting
3. The case was already attended to by a doctor and an MLC was registered in the previous hospital, and now he/she is referred for further management/ advice

CASES THAT ARE TO BE TREATED AS MEDICO-LEGAL

1. Assault , including domestic violence and child abuse
2. Accidents like Road Traffic Accidents (RTA), industrial accidents etc.
3. Cases of trauma with suspicion of foul play
4. Electrical injuries
5. Poisoning, Alcohol Intoxication
6. Undiagnosed coma

7. Chemical injuries
8. Burns and Scalds
9. Sexual Offences
10. Criminal abortions
11. Attempted suicide
12. Cases of asphyxia as a result of hanging,
strangulation, drowning, suffocation etc.
13. Custodial deaths

14. Death in the operation theatre
15. Unnatural deaths
16. Death due to Snake Bite or Animal Bite
17. Fire Arm injuries
18. Drug overdose
19. Drug abuse
20. Dead brought to the Emergency Dept.

TIME LIMIT FOR REGISTERING A MEDICO-LEGAL CASE

- It should be registered as soon as a doctor suspects foul play or feels it necessary to inform the police, **at any time after admission.**
- A case may be registered as an MLC even if it is brought several days after the incident.

No backdate MLC should be made



FORMALITIES TO BE COMPLETED

- Resuscitate the patient
- Inform Police
- Take consent
- Do examination & treatment
- Proper documentation
- Collection and preservation of specimen.

RESUSCITATE THE PATIENT

- ❑ In the casualty, while attending to a patient, we should understand that **our first priority is to save the life of the patient**
- ❑ Supreme Court ruling in **Parmanand Katara case 1989**
“**Medico legal aspects are secondary to life of patient**”

***ALL LEGAL FORMALITIES STAND
SUSPENDED TILL THIS IS ACHIEVED***



HOW TO INFORM THE POLICE

- By telephone –DD No.
- By Police information register

U don't need consent to label the case ML or for information to the police

SHARDA HOSPITAL शारदा अस्पताल एवं स्कूल ऑफ मेडिकल साईंसेज एंड रिसर्च
प्लॉट नं० 32-34, नॉल्लिज पार्क-3, गेट नोएडा फोन : 0120-239700 722 777

रोगी में स्थानांतरण, यात्रा कासना, गेट नोएडा क्रमांक संख्या 4665 दिनांक 12/3/15

विषय : मरीज की सूचना हेतु पत्र

बीमारी 22वक दुर्घटना एवं श्रवण

उचित कार्यवाही हेतु सूचित किया जाता है कि निम्नलिखित मरीज को 22वक दुर्घटना एवं (श्रवण) श्रवण हेतु सूचित किया जा रहा है

की वजह से हमारे अस्पताल में लाया गया

मरीज का नाम जगद प्रकाश पुत्र / पुत्री / पत्नी जगत प्रकाश

मरीज का पता बुधपुर जेठर नौगडा

मरीज को लाने वाले का नाम एवं पता विनिय पुत्र (जगत प्रकाश) बुधपुर जेठर नौगडा 99 10555 8163

जन्म / लिंग (स्त्री / पुरुष) 37 वर्ष / पुरुष 7:45 PM 12/3/15

दुर्घटना स्थल बुधपुर जेठर नौगडा दुर्घटना दिनांक / समय

घंट की जगह रेलवे के, शरदती एवं पेट

MLC No.: 50

जत आपसे प्रार्थना है कि उपरोक्त लिखित विषय में उचित कार्यवाही करने की कृपा करें।

SHARDA HOSPITAL
प्लॉट नं० 32-34, नॉल्लिज पार्क-3, गेट नोएडा फोन : 0120-239700 722 777

भवदीय, 12/3/15

डा० (चिकित्सा अधिकारी)

SECTIONS DEALING WITH NON COMPLIANCE

- Sec. 176 IPC
- Sec. 177 IPC
- Sec. 201 IPC
- Sec. 202 IPC

CONSENT

- ❑ Should always be taken before examining and treating a patient except in emergency.
- ❑ For examination there is an implied consent, But for more than examination and to be valid, the consent must be competent, freely given, informed, expressed and specific to the procedure being performed



CONSENT IN A MEDICOLEGAL CASE

In medico legal cases, an informed consent includes information that:

1. The examination to be conducted would be a medico legal one and would culminate in the preparation of a medico legal injury report,
2. All relevant investigations needed for the said purpose would be done, and
3. The findings of the report may go against the patient if they do not tally with the history given (very important)

SECTION 53(1) CRPC

“However, a person arrested is accused in a **criminal offence** may be medically examined ***without his/her consent*** on the request of a police officer (of a rank of Sub-Inspector or higher) or on the orders of the court, if there are sufficient grounds to believe that such examination will provide evidence of the commission of the offence”

SECTION 53(2) CRPC

It is preferable that in a case of **victim of sexual assault** a lady doctor should examine her, or, wherever this is not possible, a female disinterested attendant (a nurse, for example) should be present during the examination.

A MEDICO-LEGAL REGISTER

- Should be maintained in the casualty of every hospital and details of all medico-legal cases should be entered in this register
- Even if there is no MLC register findings can be noted on plain paper with complete documentation.



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&
SCHOOL OF MEDICAL SCIENCES & RESEARCH
Plot No. 32, 34, Knowledge Park-III, Greater Noida - 201306 (U.P.)

5506

MLC No	NAME OF THE PATIENT <u>Mr. Shital</u> S/O D/O W/O <u>Mr. Subhash</u>		MARK OF IDENTIFICATION: 1. Male over 2000 after (B) eyes closed. 2.
SH. No.	AGE <u>35y</u>	PATIENT ADDRESS <u>Changal</u>	
	SEX <u>M</u>	NAME & ADDRESS ACCOMPANYING PERSON <u>Moolchand s/o Rajanlal</u>	
	RELIGION <u>Hindu</u>	<u>40/1st, Baroda,</u>	
	OCCUPATION <u>Gautambudh Nagar</u>	<u>Noida</u>	
	Ph <u>9212619358</u>	Ph <u>9810128595</u>	
DATE & TIME OF ARRIVAL <u>1.48 pm on 21/02/15</u> OF ACCIDENT <u>10 am on 21/02/15</u> OF ADMISSION OF DISCHARGE <u>LAMA on 21/02/15</u> PLACE OF ACCIDENT <u>Sikandarpur, Bulandshahr</u> DATE & POLICE DOCKET No. C. P. NUMBER <u>P.I 4673</u>		HISTORY AND PHYSICAL EXAMINATION <u>Alleged 4/0 RTA near Sikandarpur at 10 AM.</u> <u>H/O LOC/vomiting/ENT bleeding</u> <u>History given by patient himself</u> <u>C/o weakness in both lower limbs</u> <u>O/E conscious oriented</u> <u>P/R - 82/min</u> <u>BP - 150/90 mmHg</u> <u>HR - 80/min</u> <u>SpO2 - 95% at room air</u> <u>Chest</u> <u>pelvic</u> } <u>compression test Neg.</u> <u>Cvs - J1, J2 +</u> <u>P/A - soft</u> <u>RHR</u> <u>L/E (1) Lacerated wound chin 10x5x2mm</u> <u>(2) UL R L</u> <u>LL 2/5 3/5</u> <u>4/5 5/5</u>	
SPACE FOR PARTICULARS AS TO FURTHER REFERENCE OF CONSTABLE		ORDER & TREATMENT <u>Rx</u> <u>- NPO.</u> <u>- 10 Heilsol RL O/D</u> <u>- 2/0 sly Monocel 1 gm B/D</u> <u>2/0 sly Vorecan 10mg post</u> <u>2/0 sly T.T. 0.5ml stat</u> <u>X Ray cervical spine - AD</u> <u>X Ray D L spine - AD</u> <u>X Ray L spine - AD</u> <u>X Ray pelvic - ortho. Joint MRI</u> <u>Ref to Gen. surgeon/ortho for further management</u> <u>Heena Gupta</u>	
ATTESTED THUMB IMPRESSION OF PATIENT	NATURE OF INJURIES <u>obvious retained</u> SIMPLE/ GREIVIOUS/ DANGEROUS	CAUSE OF INJURY: <u>BLUNT INJURY</u> TIME OF INJURY: <u>FRESH</u>	



NAME OF THE EXAMINING MEDICAL OFFICER
Dr. Meena Gupta
LTI of Shital

SIGNATURE... Heena Gupta
EXAMINING MEDICAL OFFICER

PREPARATION OF MEDICOLEGAL REPORT

Accordingly, a medico-legal report is one, which is prepared for the purpose of litigation - imminent or prospective

- Medico legal report (MLR) should be prepared immediately after the examination of a medico legal case is done
- It should be prepared in duplicate, in a clear and legible handwriting
- Personal particulars, identification marks, finger prints of the individual will be noted. Particulars of the person accompanying the patient will also be noted.

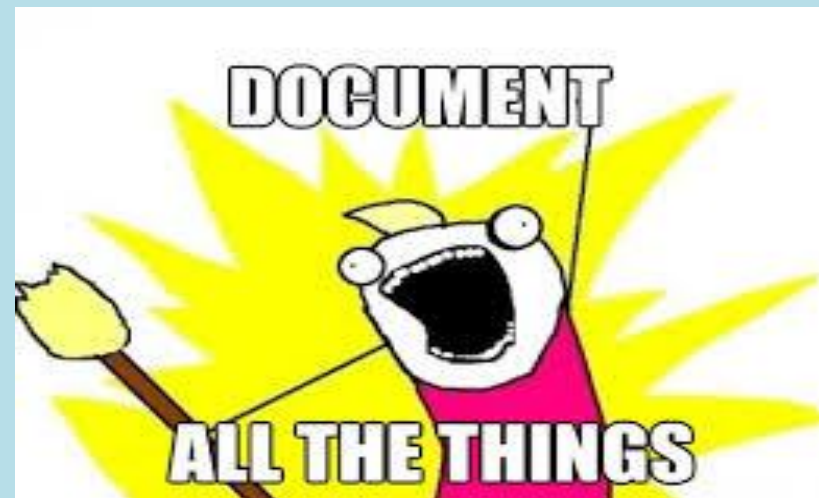
- ❑ Cutting/ overwriting etc. should be avoided as much as possible and all corrections should be properly initialed
- ❑ Abbreviations of any sort should be avoided.
- ❑ Ideally two identification marks should be noted
- ❑ Thumb impression should be taken (Male-Lt, Female-Rt, Infant-Foot)
- ❑ Witnessed signatures of the patient can help in identification
- ❑ All investigation forms, X-rays, Case file, etc. should bear the label "MLC" on the top, so that necessary precautions can be taken by all concerned.

ADMISSION AND DISCHARGE

- Whenever a medico-legal case is admitted or discharged, the same should be intimated to the nearest police station at the earliest
- While discharging or referring the patient, care should be taken to see that he receives the Discharge Card/Referral Letter, complete with the summary of admission, the treatment given in the hospital and the instructions to the patient to be followed after discharge.
- Patient, registered as a medico-legal case, may abscond from the hospital. Police have to be immediately informed,

RECORD KEEPING

- ❑ Medico-legal documents should be considered as **confidential records** and should be stored under safe custody to avoid tampering.
- ❑ Medical records must be thorough, complete and should document each and every significant event in the course of care of the patient.



GUIDELINES FOR PRESERVATION OF MEDICO-LEGAL EVIDENCE

- All evidences should be identified, sealed and labeled properly.
- They should be kept in safe custody and handed over to the investigating officer of the case after taking receiving of the same.
- All evidence collected should be mentioned in medico-legal documents to establish the chain of custody in a court of law subsequently.
- The evidence required to be preserved is related to the nature of a case.

DYING DECLARATION

- It should be recorded in all serious medico legal cases
- Doctor should certify ***compos mentis*** in all the situations

DEATH OF A PATIENT ADMITTED AS A MEDICO LEGAL CASE

- ❖ Inform the police immediately
- ❖ Do not hand over body to relatives
- ❖ Send the body to the hospital mortuary for preservation & post mortem examination.
- ❖ MLC and Evidence samples to be handed over to police

BROUGHT DEAD

- ❖ Do not issue death certificate or hand over the dead body to the relatives of the deceased
- ❖ Inform the police immediately
- ❖ Send the body to the hospital mortuary for preservation & Post Mortem examination.

CASE OF INJURY

- ❑ The documentation should include complete description of the injury.
- ❑ Diagrams, body maps or photography are helpful in reconstructing injury patterns in subsequent investigations or at autopsy.
- ❑ Clothing worn by the patient showing evidence of injury
- ❑ Bullets recovered from a body should be marked by etching.
- ❑ Opinion on severity of injuries should be given after the X- ray reports are received in cases of injury to bones / joints.

CASE OF BURNS

- Assess the percentage of Burns.
- What is causative agent?
- Any injury associated with it.
- Articles soiled with inflammable substances like burnt pieces of clothing, scalp hair etc.
- Blood (and not serum) for carbon-monoxide levels.

CASE OF SEXUAL ASSUALT

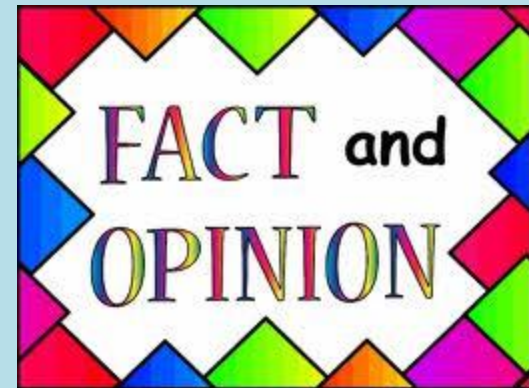
- Consent
- Privacy
- Presence of female
- Local examination
- Clothing worn by the patient and showing evidence of blood stains or seminal stains, stains of mud, tears/cuts etc.
- Vaginal swab preferably from posterior fornix / anal swab.

CASE OF POISONING

- ABCD
- Gastric Lavage
 - First washing only by plain water
- Preservation of Gastric lavage / gastric contents / vomitus and soiled clothing
- Preservation of Blood, urine and any other relevant body fluid depending on the poison ingested.



- Should be based on facts observed by you.
- Cause of Injury
- Type of Injury
- Time since injury



Take Home Message

- Proper documentation,
- Timely information,
- A methodical and thorough examination-including all relevant investigations and referrals



THANK YOU!