



# MEDICOLEGAL CASES: RELATED ISSUES

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# MANAGEMENT

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“Good Management is the Art of Making Problems so Interesting and their Solutions so Constructive that Everyone Wants to Get to Work and Deal with Them”

Paul Hawken

# MEDICOLEGAL CASE

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- WHAT
- IS
- A
- MEDICOLEGAL
- CASE?

# MEDICOLEGAL CASE



**MEDICINE+LAW**

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# MANAGING MEDICOLEGAL CASE

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“I HAVE SIX HONEST SERVING MEN  
THEY TOUGHT ME ALL I KNEW  
THEY ARE WHAT, WHERE AND WHEN  
AND WHO, WHY AND HOW”

# WHAT IS A MEDICOLEGAL CASE?

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- No legal definition
- Pre-labeled case: It is a case of injury or ailment where an attending doctor after taking history and clinical examination of the patient thinks that some investigation by law enforcing agencies is essential, so as to fix the responsibility regarding the case in accordance with the law (BPRD).
- Any case can turn MLC

# What is the magnitude of MLC

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<b>Yr.</b>	<b>No. of MLC</b>	<b>Total</b>	<b>%</b>
<b>2000</b>	16,118	1,07,166	15
<b>2005</b>	31,351	1,54,201	20
<b>2015</b>	35,804	3,52,944	10
<b>2020</b>	42,023	4, 67,805	10

# Where to Examine cases

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- No specified area
- Usually casualty or emergency
- Where ever there is first contact with the doctor



# When to register a MLC

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## A. Some of the Pre-labeled MLC (as per BPRD)

- \*RTA's, factory accidents or any other unnatural mishap
- \*Suspected or evident homicides or suicides
- \*Suspected or evident poisoning
- \*Burn injuries due to any cause
- \*Injury cases where foul play is suspected
- \*Injury cases where there is likelihood of death in near future
- \*Suspected or evident criminal abortions
- \*Unconscious cases where cause of it is not clear

# Medicolegal cont...

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B. Should be registered as early as possible

C. Is there any time limit for preparing ?

NO

# Who should manage MLC

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## Any doctor who

- \* Possess permanent registration with MCI/SMC
- \* Some experience (preferable)
- \* First contact with patient
- \* In rape victims by female doctors

Preparing MLR by interns/house  
physicians/PG

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# Why to manage MLC

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- \*Duty and obligation to sick
- \*Crucial piece of evidence

**Can a doctor refuse to attend MLC?**

# How to manage MLC

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- **First aim is to preserve life**
  - **Registration:**
    1. Proper forms/ registers
    2. Entertaining requests of patient/relative
    3. Cases already registered and referred
      - \*Duty of referring doctor
      - \*Duty of receiving doctor
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# How to manage MLC (Cont.)

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Section 53A – Examination of person accused of rape by RMP [Inserted by The Cr P C (Amendment) Act, 2005]

Examine and prepare a report giving following details:

1. Name & address of the accused and the person by whom brought
  2. Age of the accused
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# How to manage MLC (Cont.)

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3. Mark of injury (if any)
4. Description of the material taken from the person of the accused for DNA profiling
5. Other material particulars in reasonable detail

The report shall state precisely the reasons for each conclusion arrived at.

Exact time of commencement and completion of examination to be noted in the report.

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# How to manage MLC (Cont.)

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Examination of the victim of rape, under Section 164A, Cr P C [Inserted by Cr P C Amendment Act, 2005]

\*For cases of rape or attempted rape, the victim should be examined by RMP in a Govt./ local body hospital or in the absence of these by any other RMP with-in 24 hrs of the receipt of such information with the consent of such woman or of a person competent to give consent on her behalf

# How to manage MLC (Cont.)

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The point to be included in the examination are same as in Section 53

Additionally general mental condition assessment has been added.

# CONSENT in Medicolegal Cases

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- In case of emergency
- Role of Section 53, 53A, 54 Cr P C
- In case of minor, mentally ill and unconscious patient

# Other Issues in MLC

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**1. Informing about patients condition**

**2. Dying declaration**

**3. Informing police**

\*about a case

\*about discharge

\*about LAMA

**4. Custody of ML Records**

**5. Attending court of Law**

# LEGAL PROVISIONS

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- **Section 191 IPC** (Giving false evidence)
- **Section 192 IPC** (Fabricating false evidence)
- **Section 193 IPC** (Punishment for false evidence)-Imprisonment up-to 7 years+ fine
- **Section 201 IPC** (Causing disappearance of evidence of offence, or giving false information to screen offender )

# LEGAL PROVISIONS (cont.)

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- **Section 202 IPC** (Intentional omission to give information of offence by person bound to inform)
- **Section 203 IPC** (Giving false information respecting an offence committed)-Under Sections 201 and 202 and in this section the word “offence”, includes any act committed under Section 302, 304, 382, 393, 394, 395, 396, 397, 398, 402, 435, 436, 449, 450, 457, 458, 459 and 460

# LEGAL PROVISIONS (cont.)

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- **Section 204 IPC** (Destruction of document or electronic record to prevent its production as evidence) Imprisonment up-to 2 years or fine or both
- **Section 88 IPC** (Act not intended to cause death, done by consent in good faith for person's benefit)
- **Section 89 IPC** (Act done in good faith for the benefit of child or insane person, by or by consent of guardian)

# LEGAL PROVISIONS (cont.)

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- **Section 92 IPC** (Act done in good faith for benefit of a person with out consent)
- **Section 93 IPC** (Communication made in good faith)
- **Section 39 CrPC** (Public to give information of certain offences-Section 302-304)

# LEGAL PROVISIONS (cont.)

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- **Section 53 Cr P C** (Examination of accused by medical practitioner at the request of police officer)
- **Section 53A Cr P C** (Examination of person accused of rape by medical practitioner)
- **Section 54 Cr P C** (Examination of arrested person by medical practitioner at the request of the arrested person)

# LEGAL PROVISIONS (cont.)

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Under Section 53, 53A & 54 Cr P C, examination includes-

Examination of blood, blood stains, semen, swabs in case of sexual offences, sputum & sweat, hair samples and nail clipping by the use of modern and scientific techniques including DNA profiling and such other tests which the RMP thinks necessary in the particular case.

# LEGAL PROVISIONS (cont.)

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- SC directions for dealing with Emergency cases (AIR 1996 SC 2426)
  1. Adequate facilities at PHC to give immediate primary treatment to stabilize the patient;
  2. Hospitals at district level and subdivision level are upgraded so that serious cases can be treated there;

# SC DIRECTIONS (cont.)

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3. Facilities for giving specialist treatment are increased and are available at the district and sub division level having regard to the growing needs;
4. Centralized communication system to ensure bed availability;
5. Proper arrangement of ambulance from PHC to CHC/ District hospital

# SC DIRECTIONS (cont.)

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6. Ambulance is adequately provided with necessary equipment and medical personnel;
7. The health centres and hospitals and medical personnel attached to these centres and hospitals are geared to deal with larger number of patients needing emergency treatment on account of higher risk of accidents on certain occasions and in certain seasons.

# Tips For Preventing Litigation

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1. Congenial approach
2. Communication/Narrative medicine
3. Confidentiality/ Professional secrecy
4. Consult colleagues
5. Correct records
6. Command over subject
7. Co-operation among colleagues
8. Cover (insurance)
9. Circumvent (avoid confrontation)
10. Forming local grievances redressal committees
11. Forming Medical Defense Societies

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“THE LAW MAY BE AN ASS,  
BUT MORE OFTEN IT  
MAKES AN ASS OUT OF  
THOSE WHO CIRCUMVENT  
IT”

JUSTICE JOHN UNDERWOOD



Thank  
You