

## Some Aspects of Diagnostic Activity of an Anesthesiologist

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**Abstract:** The article discusses aspects of diagnosing the activities of an anesthesiologist. Some characteristics of the concept of medical error are described.

**Keywords:** Forensic medical examination, medical error.

Issues of legal, financial and material protection of an anesthesiologist when fulfilling his professional duty are becoming increasingly relevant in the context of the modernization of the medical service of Uzbekistan when providing services to the population.

Adequate expert assessment will have a positive impact not only on quantitative, but also qualitative indicators of doctors' work, in achieving high-quality anesthesia or manipulation and creating conditions for maximum patient safety, using penalties, and it is the inclusion of this regulatory mechanism of market relations that will affect the final results of work.

In recent years, there have been significant changes in the treatment process, new medical specialties have emerged, the most complex diagnostic and treatment equipment (electronics, wave endoscopy) has begun to be used, and methods for monitoring the patient's health have become more sophisticated. This led to the complication of professional actions and required a constant increase in intellectual level and professional skills. The technology of the treatment process associated with the treatment of seriously ill patients, who previously, as a rule, died, has become more complex and intensified.

According to the Republican Center for Forensic Medical Examinations, the most common causes of defects in the work of doctors are: 1) insufficient qualifications of medical workers; 2) inadequate examination of patients; 3) inattention to patients; 4) shortcomings in the organization of the treatment process; 5) underestimation of the severity of the patient's condition.

Among the many medical specialties, anesthesiology occupies a special place. An anesthesiologist often finds himself in a variety of working situations, usually unpredictable, related to the management of vital processes in the patient's body. An anesthesiologist works with precision equipment that requires not only practical skills, but also technical knowledge. The professional actions of anesthesiologists require dedication, prolonged stress, attention, and quick assessment of various information.

The responsibilities of an anesthesiologist include preparing the patient for surgery, administering anesthesia, maintaining and normalizing the functions of the patient's body during surgery and in the postoperative period.

American researchers have found that in almost half of the cases, anesthesiologists make mistakes during surgical interventions: they violate the dosage of drugs, confuse the labeling, make inaccuracies when filling out prescription sheets, or cannot cope with changes in the patient’s vital signs.

The concept of medical (medical) error is not legally established. Let us note that medical and legal sciences have also still not developed a consensus on the issue of legal qualification of erroneous actions of doctors. In the specialized scientific literature, there are several dozen definitions of the concept under consideration, which can be reduced to two main approaches.

Thus, only a medical error, expressed in guilty, improperly performed professional actions (inaction) of a doctor and resulting in death or serious harm to the patient’s health, can become the basis for the doctor’s criminal liability

Investigators, when bringing a doctor to criminal liability, are faced with a number of problems in establishing the above circumstances.

Algorithms for the treatment of various diseases, methods of conducting therapeutic and diagnostic procedures, prescribing regimens for medications, and the frequency of measures to monitor the patient’s health are applied by the doctor individually to each patient. In this regard, it is impossible to unambiguously assess the actions of a particular doctor in relation to a particular patient as unlawful if the doctor does not comply with the generally accepted rules of behavior.

The severity of harm caused to health is determined during the investigation and by the court during the trial in accordance with the conclusions of the forensic medical examination. In accordance with the Criminal Procedure Code of the Republic of Uzbekistan, an examination is required to determine the severity of harm caused to health. Experts, as a rule, testify to what extent, from their point of view, the order and nature of the treatment performed corresponded to the norms of the given profession. For example, in deciding whether a surgeon made a mistake during heart surgery, the court will hear the opinion of an outside medical expert on how heart surgery is performed under conditions similar to those in which the victim found himself.

It should be noted that in most cases, based on the conclusion of the expert commission, criminal cases were terminated at the stage of preliminary investigation or were not initiated at all due to the lack of corpus delicti, and the claims were recognized as unfounded.

**INFORMATION ABOUT THE FORENSIC MEDICAL EXAMINATION**

Years	Total number of SMEs		Number of SMEs out of the total number of professional offenses of medical workers		SME activities of anesthesiologists and resuscitators	
	аӛс.	%	аӛс.	%	аӛс.	%
2022	948	39	408	32	37	43
2023	1478	61	864	68	49	57
Total	2426	100	1272	100	86	100

The results of the examination of the activities of the anesthesiology service make it possible to use it to improve the quality of medical care in the activities of anesthesiology departments, because a significant proportion of complications occur in patients with low and medium degrees of surgical and anesthetic risk, which is due to underestimation of the degree of risk.

To objectively assess the activities of anesthesiological services, it is necessary to identify categories of medical errors that directly or indirectly affected the outcome and subject them to critical analysis, since they are an order of magnitude smaller than clinical options for the development and course of complications.

## LITERATURE

1. Ibatulina Yu.F. Improper performance of professional duties by medical workers and medical error: criminal legal aspect // Russian investigator. 2010. N 1. P. 12 - 15.
2. Suchkov A.V. Analysis of the definitions of the concept of “medical error” in order to formulate the definition of “professional crimes of medical workers” // Medical Law. 2010. N 5. P. 45 - 50.
3. Suchkova T.E. On the legal liability of medical workers when they commit professional offenses // Medical Law. 2011. N 6. P. 33 - 40.5. Vanevsky V.L. Legal issues in the activities of an anesthesiologist-resuscitator // Anest. and resuscitator. 1995. – P.60-63.
4. Giyasov, Z. A., Dehkanov, M. A., & Hakimov, S. A. (2021). Analysis of commission forensic examinations related to the provision of medical care to children.
5. Гиясов, З. А., Назарова, М. М., Бахриев, И. И., Хакимов, С. А., & Вафоев, З. Б. (2019). К вопросу экспертной оценки медицинской помощи детям и подросткам.
6. Khakimov, S. A. (2023). Clinical Morphological Forensic Medical Aspects of Postasphyctic Cases. *international journal of health systems and medical sciences*, 2(3), 97-101.
7. AI Iskandarov, S. A., & XI Primuxamedova, D. E. (2023). forensic aspects of psychotropic substances. *Open Access Repository*, 4(03), 88-98.
8. AI Iskandarov, S. A., & XI Primuxamedova, D. E. (2023). the medical significance of psychotropic substances pemoline, fencamphamine, and fenproporex. *Open Access Repository*, 4(03), 52-73.
9. Seifullaeva, G. A., Khvan, O. I., Karimova, F. D., Khakimov, S. A., & Eshanov, D. S. (2022). defects in the provision of medical care in obstetric practice. *Journal of Pharmaceutical Negative Results*, 3894-3897.
10. Хакимов, С. А. (2022). Основные разновидности растений с антипаразитарными свойствами, способы приготовления и использования в условиях Таджикистана. *Znanstvena misel journal*, (62), 8.
11. Hakimov, S. A., Baxriyev, I. I., Sultanov, S. B., & Gulyamov, D. E. (2022). Sud tibbiyoti amaliyotida postasfiktik holatlarni baholashning ahamiyati.
12. Giyasov, Z. A., Hakimov, S. A., Makhsumkhonov, K. A., Gulyamov, D. E., & Suleymanov, A. A. (2022). Gender Aspects of Postaphyxia Conditions.
13. Abduazimovich, X. S., & Asamutdinovich, G. Z. (2022). Postasfiktik holatlarni sud-tibbiy tavsifini baholashni asoslash algoritmi.
14. Giyasov, Z. A., & Khakimov, S. A. (2021). Features of Postasphyctic Conditions In Children And Adolescents. *International Journal Of Medical Science And Clinical Research Studies*, 1(7), 211-214.
15. Giyasov, Z. A., & Khakimov, S. A. (2021). Forensic Description Of Cases Of Noletal Asphyxia. *The American Journal of Medical Sciences and Pharmaceutical Research*, 3(08), 58-68.
16. Khakimov, S. A., Innokentievich, K. O., Umarov, A. S., Abdikarimov, B. A., Vladimirovich, L. A., & Muhammadiev, F. N. (2021). Importance of Forensic Assessment of Postasphyctic Cases. *Annals of the Romanian Society for Cell Biology*, 3081-3088.
17. Hakimov, S. A. (2021, February). Amnesia In Postasphyctic Cases. In *International Scientific and Current Research Conferences* (pp. 37-38).