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Medical reports given to patients who came to Forensic Clinic of King Chulalongkorn Memorial Hospital in 2003

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Problem/ background : *Many forensic patients came to the Forensic Clinic of King Chulalongkorn Memorial Hospital, some of them never need any medical reports, causes redundancy of the data and wasting of the time of the patients.*

Objective : *To study about the medical reports given to the patients who came to the forensic clinic and produce a suggestion for send in the patients to forensic clinic.*

Design : *Retrospective, descriptive study*

Setting : *Forensic Clinic of King Chulalongkorn Memorial Hospital*

Materials and Methods : *Sex, age, and history of the patients and the medical reports given to the patients were all recorded.*

Results : *Medical reports often used were the medical certificates (60.0 %). The details of injury reports were requested by 6.7 % of the patients. Histories of the patients who often used the details of injury reports were mostly being sexually abused cases, being assaulted and traffic accident, respectively.*

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Conclusions : *The first physician who examines the patient with history must record all the wounds of that patient in details and should send the patient to forensic clinic.*

Keywords : *Forensic patient, Clinical forensic medicine, Medical report.*

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วิธู พฤกษนันต์, เกษณี จงประศาสน์สุข. การออกรายงานทางการแพทย์ให้กับผู้ป่วยที่มารับบริการที่คลินิกนิติเวช โรงพยาบาลจุฬาลงกรณ์ ในปี พ.ศ. 2546. จุฬาลงกรณ์เวชสาร 2550 ก.ย. - ต.ค; 51(9): 411 - 9

เหตุผลของการทำวิจัย : *ผู้ป่วยคดีที่มารับบริการที่คลินิกนิติเวช โรงพยาบาลจุฬาลงกรณ์ มีจำนวนมาก ซึ่งบางส่วนไม่มีความจำเป็นต้องใช้รายงานทางการแพทย์ งานวิจัยฉบับนี้จึงทำการศึกษาการออกรายงานทางการแพทย์ให้กับผู้ป่วยที่มารับบริการที่คลินิกนิติเวช*

วัตถุประสงค์ : *ศึกษาการออกรายงานทางการแพทย์ให้กับผู้ป่วยที่มารับบริการที่คลินิกนิติเวช*

รูปแบบการวิจัย : *การศึกษาเชิงพรรณนาย้อนหลัง*

สถานที่ทำการศึกษา : *คลินิกนิติเวช โรงพยาบาลจุฬาลงกรณ์*

ตัวอย่างและวิธีการศึกษา : *บันทึกเพศ อายุ ประวัติของผู้ป่วย และรายงานทางการแพทย์ที่ออกให้กับผู้ป่วย*

ผลการศึกษา : *รายงานทางการแพทย์ที่ออกให้กับผู้ป่วยมากที่สุดคือ ใบรับรองแพทย์ ร้อยละ 60.0 ส่วนรายงานการชันสูตรบาดแผลใช้เพียงร้อยละ 6.7 เท่านั้น ในขณะที่ผู้ป่วยที่มารับบริการด้วยประวัติถูกล่วงละเมิดทางเพศ ถูกทำร้าย และอุบัติเหตุจราจรมีการออกรายงานการชันสูตรบาดแผลสูงที่สุดตามลำดับ*

สรุป : *แพทย์ผู้ตรวจรักษาผู้ป่วยที่มีประวัติดังกล่าวในเบื้องต้นต้องใส่ใจกับการบันทึกรายละเอียดเกี่ยวกับบาดแผลของผู้ป่วยที่มีประวัติดังกล่าว และควรส่งผู้ป่วยที่เหล่านั้นมารับบริการที่คลินิกนิติเวช*

คำสำคัญ : *ผู้ป่วยคดี, นิติเวชคลินิก, รายงานทางการแพทย์*

Nowadays, there is a forensic clinic in a medical center or a medical school in Thailand to provide consulting service for forensic patients on their legal problems for example, to write medical reports and to testify in court by forensic physician. The physician who sends in the patient to a forensic clinic often uses the criteria of "forensic patients" as those who mean are injured by any causes,[1-5] and those who have legal problems.[6] Thus, there were so many patients who came to the clinic even though some patients do not need any medical report. This causes redundancy of the data and wasting of the time of the patients.

In the other hand, the physician who sent the patient to a forensic clinic does not record all the wounds of the patient in details. So there are often problems of errors in medical reports on the causes and duration of the wounds.

Therefore, we study about the medical reports given to patients who came to the Forensic Clinic of King Chulalongkorn Memorial Hospital in 2003, especially, in cases of patients' history and using "details of injury reports" which are specified for forensic physicians. The result should serve as a suggestion for sending patients to a forensic clinic by their history.

Objectives

1. To study the medical reports given to the patients who came to the Forensic Clinic of King Chulalongkorn Memorial Hospital in 2003, especially patients' history and using details of injury reports.
2. To produce a suggestion for sending patients to forensic clinics by patients' history.

Definitions

General accident means any accident that does not involve traffic or work.

Medical certificate means a report issued by a physician showing the disease(s) or details of an injury of a patient and its estimated healing period.

Details of injury report means a report from a forensic physician describing the details of an injury of a patient, its healing period, and other opinions for the police to prosecute the accused.

Materials and Methods

We study medical reports given to the patients who came to the Forensic Clinic of King Chulalongkorn Memorial Hospital in 2003 from the forensic clinic notebooks by recording sex, age, history of the patients, and medical reports given to the patients. One patient could receive more than one medical report, e.g., in cases of traffic accident, the patient may receive a medical certificate, a medical certificate of an in-patient for drawing the treatment fee, according to "The Traffic Accident Patient Protection Act, 2535 BE", and a medical report for an insurance company.

The study was conducted in 2003 because it is the latest year that no police asking for the details of injury report to make sure that the numbers of details of injury report that were used by the polices will not be increased.

Results

There were 4,833 patients came to the Forensic Clinic of King Chulalongkorn Memorial Hospital in 2003: 3,283 (67.9 %) were male, and 1,550

(32.1 %) were female. The mean age of all patients (ranged 22 days – 99 years) was 31.55 + 16.06 years.

The mean age of male and female was 30.38+ 14.68 and 34.02 + 18.42, respectively. There was a significant difference ($p < 0.05$) (Table 1).

Table 1. Number and mean age of the patients.

Sex	Patients		Mean age ± S.D.
	n	%	
Male	3,283	67.9	30.38 ± 14.68
Female	1,550	32.1	34.02 ± 18.42
Total	4,883	100.0	31.55 ± 16.06

t = -7.394, p < 0.001

History of the patient

The history of the patients often found were traffic accident (n: 1,696, 35.1%), general accident (n: 1,336, 27.6 %), being assaulted (n: 923, 19.1 %), working accident (n: 353, 7.3 %), kinship test (n: 281, 5.8 %), being assaulted by animal (n: 200, 4.1 %), self-destruction (n: 26, 0.5 %), and sexual abuse (n: 18, 0.4 %), respectively.

The history of the patients commonly found in male were traffic accident (n: 1,239, 37.7 %), and general accident (n: 779, 23.7 %), respectively, and in female were general accident (n: 557, 35.9 %), and traffic accident (n: 457, 29.5 %), respectively (Table 2).

History and age of the patient

The patients with all histories were most commonly seen in the age groups of 21-30 years old, and less commonly seen in the age group of 61-70 years old. In the age groups of 0-10 and more than 51 years old, most patients came to the Forensic Clinic with a history of general accident. On the other hands, history of traffic accident was commonly seen in the age group of 11-50 years old (Table 3).

Table 2. Sex distribution according to the history of the patients.

History	Male		Female		Total	
	n	%	*n*	%	*n*	%
Traffic accident	1,239	37.7	457	29.5	1,696	35.1
General accident	779	23.7	557	35.9	1,336	27.6
Being assaulted	713	21.7	210	13.6	923	19.1
Working accident	299	9.1	54	3.5	353	7.3
Kinship test	137	4.2	144	9.3	281	5.8
Being assaulted by animal	94	2.9	106	6.8	200	4.1
Self-destruction	20	0.6	6	0.4	26	0.5
Sexual abuse	2	0.1	16	1.0	18	0.4
Total	3,283	100	1,550	100	4,883	100

Table 3. Age distribution according to the history of the patients.

Age	Gen. accident		Traffic accident		Working accident		Being assaulted		Self-destruction		Animal assaulted		Sexual abuse		Kinship test		Total	
groups	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
0-10	151	11.3	61	3.6	0	0.0	13	1.4	0	0.0	49	24.5	0	0.0	54	19.2	328	6.8
11-20	208	15.6	296	17.4	50	14.2	192	20.8	5	19.2	38	19.0	10	55.6	29	10.3	828	17.1
21-30	315	23.6	586	34.6	139	39.4	314	34.0	14	53.8	40	20.0	7	38.9	62	22.1	1477	30.6
31-40	225	16.8	385	22.7	97	27.5	235	25.5	2	7.7	24	12.0	0	0.0	54	19.2	1022	21.1
41-50	157	11.8	226	13.3	51	14.4	127	13.8	4	15.5	21	10.5	1	5.5	40	14.2	627	13.0
51-60	98	7.3	79	4.7	11	3.1	30	3.3	1	3.8	21	10.5	0	0.0	19	6.8	259	5.3
61-70	71	5.3	37	2.2	3	0.8	10	1.1	0	0.0	4	2.0	0	0.0	19	6.8	144	3.0
> 71	111	8.3	26	1.5	2	0.6	2	0.2	0	0.0	3	1.5	0	0.0	4	1.4	148	3.1
Total	1336	100.0	1696	100	353	100	923	100.0	26	100.0	200	100.0	18	100.0	281	100.0	4833	100.0

Medical reports given to the patients

Medical reports those were commonly given to the patients were medical certificate (n: 2,902; 60.0 %), detail of injury report (n: 324; 6.7 %), kinship test report (n: 281; 5.8 %), medical certificate of in-patient for drawing the treatment fee according to "The Traffic Accident Patient Protection Act, 2535 BE." (n: 231; 4.8 %), medical report for insurance company (n: 68, 1.4 %), medical certificate of in-patient for drawing treatment fee from "Reparation Fund" (reparations for any accidents caused by work) (n: 20; 0.4 %), medical certificate of in-patient for drawing the treatment fee from "Social Security Fund" (n: 12, 0.2 %), respectively. Meanwhile, 1,218 patients did not need any medical report (26.5 %). (Table 4)

Detail of injury report and history of the patient

A history of a patient usually uses detail of an injury report were cases of assault (n: 194; 21.0 %), traffic accidents (n: 108, 6.4 %), sexual abuses (n: 8; 4.4 %), general accident (n: 7; 0.5 %), being assaulted by animal(s) (n: 3, 1.5 %), working accident (n: 3; 0.8 %), and self-destruction (n: 1; 3.8 %), respectively (Table 5).

Table 4. Medical reports given to the patients.

Type of medical report	*n*	%
Medical certificate	2,902	60.0
Detail of injury report	324	6.7
Medical certificate for "Traffic accident patient protection act, 2535 B.E."	231	4.8
Medical report for the life insurance company	68	1.4
Medical certificate for "Reparation fund"	20	0.4
Medical certificate for "Social security fund"	12	0.2
The patients who need not any medical reports	1,281	26.5

NB. One patient could ask for more than 1 type of medical report

Table 5. Detail of injury report distribution according to the history of the patient.

History	Patient who has this history	Using detail of injury report	
	n	*n*	%
Sexual abuse	18	8	44.4
Being assaulted	923	194	21.0
Traffic accident	1696	108	6.4
Self-destruction	26	1	3.8
Being assaulted by animal	200	3	1.5
Working accident	353	3	0.8
General accident	1336	7	0.5
Total	4552	324	7.1

Discussion

The patients were seen most commonly from the age groups 21-30. Patients who had history of traffic accident and/or self-destruction were also seen most commonly in the age group of 21-30. It is similar to a previous study on traffic accident in Bangkok and Thailand. [7-9] As patients in this age group were in their working age and adolescence, thus they were more impetuous and had to travel more than people in other age groups.

Medical reports commonly issued were medical certificate (60 %) because most of the patients with a history had to give this to their employers, to take leave, and/or drawing the treatment fee if they were out-patients. Meanwhile, other medical reports were issued according to the history of the patient.

The details of injury reports were used in only 6.7 % of all patients. This means most of the patients who come to Forensic Clinic of King Chulalongkorn Memorial Hospital never need details of injury report that is specified for forensic physicians. And when we consider by the history of the patients, the histories of the patients usually used the detail of injury reports were the histories those tend to be litigation cases, i.e. being sexually abused (44.4 %), being assaulted (21.0 %) and caught in traffic accidents (6.4 %).

On the other hand, the patients with history those were rarely tied in litigation, i.e., working accidents, general accidents or self-destruction still had to use the detail of injury reports to substantiate their claims.

Conclusions

The details of injury report tend to be used according to the history of the patient that has potentiality to be a lawsuit, i.e., being sexually abused, being assaulted and victims of traffic accidents. Thus, the first physician who examines these patient needs to record all the wounds of the patient in details, and should only send in those who have history to forensic clinics.

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