**Medical Treatment Negligence Analysis**

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**Idea**

Negligence is that violation of the responsibility to worry. A breach of such kind provides a patient with rights to initiate action against negligence.

Persons who provide medical recommendation and treatment implicitly state that they possess the ability and information to treat. They make sure that there is no question from the patient side whether or not the they are willing to proceed with the treatment, and to administer that treatment. This is often referred to as associate “implied undertaking” on the part of a medical skilled.

This very fact itself is prone to ambiguity. Most of the times the result is a successful outcome. Doctors operate on the patients and it proves to be a triumphant one. But there are cases where mishap occurs. There are 2 possible scenarios in this case:

Some people pose themselves as doctors to stand out as a prominent figure in the society. Using forged documents, they are able to deceive the common eye and practise medicine. This, in turn, leads to many mishaps. In certain other cases, it is the real, qualified and renowned doctors who carry out a wrong treatment based on countless possible factors. This causes unwanted issues too.

Sometimes, even the hospital facilities are not good, which in turn, makes the doctor perform poorly on his treatment work. This is a form of negligence of the hospital authorities as a whole.

Hence, our project aims to develop a cognitive model for analysis of the issues where negligence of doctors and hospitals has caused great distress to the affected families and people.

Our idea is to extract insights from the collected news reports of various cases related to negligence of doctors/hospital authorities and classify the causes into different categories. This will help us understand the usual trend of negligence and identify the source of the issue.

This project aims to minimise the numerous deaths/mishaps of innocent people which occur due to the poor governance and obtuse practice prevailing in the medical sector of our country. We hope to provide an easy-to-understand model so that the idea reaches to the remote masses of the country, where this is prevalent in a more acute manner.

Collection of news

Thorough study of the news

Getting relevant keywords to build the model

Building the cognitive model

Gathering inferences

Conclusion