

Problems with injury Misinterpretation

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Introduction

Documentations of injuries are a significant part in the communication bridge between government officials. Standardised annotation must be used by Medical personnel and law officials to establish an efficient form of communication. Correct paper work would normally speed up investigation and avoid unnecessary confusion. (4) However, studies targeted at general practitioners (GPs) have shown alarming results in injury documentation and is believed to be caused by inadequate training. This report is a retrospective study in the analysis and the comparison of existing data outlining problems faced by medical staff and discouraging the escalation of matters to appropriate departments. (6)

Identification of injuries normally consists of: abrasion, laceration, bruises, stab wounds, defensive wounds etc. The cause for the majority of injuries may not always be blatantly visible, common emerging noticeable patterns suggests possible underlying abuse. Practitioners must be able to differentiate between accidental and non-accidental injuries with the use of accurate descriptions in the process of documentation. Medical personnel should always be neutral but open in distinguishing suspicious wounds, for the interest of the public. (2)

In the UK, wounds are divided into different categories according to physical appearance for easy understanding. Numerous complications have grown due to inappropriate documentations of specific injuries and common misunderstandings include unreadable handwriting and non-standardised annotations. (5) Inappropriate wound descriptions can waive or raise suspicion by unnecessarily alerting certain government departments in an unfeasible manner. Evidence provided in court requires consistent annotation and integrity in all aspects. Inappropriate documentations are often challenged by the defence, which would deem the evidence invalid.

Common injuries acquired in a violence scenario often provide tell-tale signs to professionally trained staff. It can be a good indication of hidden abuse that requires immediate attention by law enforcement officers to prevent further deterioration of the situation. It is vital for GPs and accident & emergency staff to have suitable training in recognising suspicious grievances. (5) Injuries that are not commonly self-sustained may link to escalation in a scenario e.g. possible underlying child abuse, domestic violence or even self-harm.

Within the US and UK the structural content of a medicine degree only covers a minimum of detail in regard to injury classification, devoting only 3 hours to the issues of violence. (3 and 5) Without further studies, medicine graduates may not have the necessary skills required for injury classification. Similar claims against other medical institutions have also occurred in other countries, suggesting medical training programmes have paid minimal attention to violence, abuse and assessment of injuries, resulting in human induced non accidental injuries being not properly investigated. (5)

Failure of classifying injuries often has a negative impact towards the outcome of a case. Statistical data have suggested within the US alone; a total of 4-8 million women, children and elderly are being abused yearly and similar trends are also shown within the Dutch population. Victims of repeated domestic violence typically suffer from: beating, kicking, rape, strangulation and stabbing. This results in approximately 60-80 deaths in females per annum. More importantly, 40 out of 5000–

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8000 children submitted to hospital in the Netherlands are believed to have died due to repeated abuse. Yet, most of which were not reported to the police at the first instance of hospital submission. (5)

Results

Table 1 – Assessment of the quality of the description of injuries of the three cases by the investigators (5)

Assessment of the description of injuries	Case 1 (n=165)	Case 2 (n=165)	Case 3 (n=163)
Correct description of the injury	58%	91%	48%
Correct description of the implement used	13%	5%	N/A
Correct interpretation of the mode of injury in the description	1%	4%	6%
Correct interpretation of the mode of injury to the investigators	7%	2%	9%

Table 2 – Summary of GPs performance in the survey in Netherlands (5)

	GPs (%)
Judged two or more of the cases correctly	13%
Judged all cases correctly	8%
believed its forensic physician responsibility	23%

Table 3 – Questionnaire conducted regarding views on Domestic violence in Germany (2)

	Male Doctor (n=10) Female Doctor (n=9) Total (n=19)
Definition of domestic violence	Physical and psychological violence (11 participants) Physical, physiological and sexual violence (4 female participants)
Responsibility towards domestic violence	All participants believed they are responsible solely for psychological violence but will only report when requested by a patient Majority believed sexual violence to be the gynaecologist's duty
Confidence in documentation	All were uncertain regarding the sufficiency of their documentation Majority want a standardised manual for documentation

Discussion

Problems challenged by GPs tend to include documentation and maintaining a doctor-patient relationship. 43% of Dutch general practitioners have consciously chosen not to report suspected cases due to fear of stigmatising the victims and creating a distrusting environment. Doctors are also not confident and face difficulties in distinguishing between accidental and non-accidental injuries. Thorough and concise detailed descriptive forms clearly stating the injuries are required by the police for possible abuse case submission. The form must be understood by any individual without medical background and the doctor must include the reason for case submission. (5)

Studies conducted in the Netherlands have explicitly demonstrated the incompetency of GPs who have taken the survey. Initially, 174 GPs were randomly selected in compliance to the national population percentage however 5 GPs refused to participate and returned a blank test paper. 4 participants left case 1 and 2 blank and another 6 for case 3. Those who managed to complete the paper have shown a poor understanding of injury classification. Only 65% of GPs described the injuries correctly, therefore suggesting 1 in every 3 patients will be incorrectly documented. More surprisingly, only less than 16 GPs managed to correctly identify the implement used to inflict injuries shown in cases 1 & 2.

It is important for doctors to pick up non-accidental injuries and accurately document them during physical examinations. The study conducted in the Netherlands also yielded shocking results. In case 1, an image of a female showing localised injuries on the left side of her abdomen were shown to the GPs, where disappointingly only 8% of GPs suggested self-harm, whereas the injury was clearly inflicted in an orderly, parallel fashion. In case 2, 79% of doctors failed to document the pale area in the centre of the bruise. Moreover, only a mere 5% of doctors managed to correctly identify the object used in case 2 and another 5% suggested objects that are significantly larger than the bruise itself was used. Additionally, an astounding sum of 9 doctors incorrectly stated left arm instead of the right arm and lower arm instead of the upper arm. In case 3, over half of the participants failed to correctly describe the injuries. Furthermore, when participants were given an accidental excuse by the father of the patient, 15% doubted the given cause and 3% strongly suggested it must be abuse.

Overall results of the survey has been summarised in table 2. The figures suggest the underlying problems the vulnerable are facing due to lack of medical professional training. Only 8% managed to judge all 3 cases correctly and 13% correctly answering 2 cases. This is appallingly low and should be a major concern for the medical council. It is also worth noting a similar study conducted in Germany shown in table 3 have submitted similar findings. The shifting of responsibility seems to be a frequent problem and table 1 & 3 imply that actual responsibility of the classification of injuries should be the duty of forensic physicians and in certain circumstances, gynaecologists. (1) The study conducted in Germany consistently advocated that GPs received no guidelines in defining abuse. Therefore, different definitions have been created according to the practitioners experience and their comfort with the case. (2)

During their GP training, GPs may not have been aware of variance of different patients they will come across on a daily basis and therefore lack certain knowledge for the patient's case. Though, from a general public point of view it is expected of a GP to be able to deal with a wide variety of

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general medical issues. (4) However, GPs were confused and unsure of their duty and injury classifications. It has been suggested by both studies (2) and (5) the amount of training received was insufficient and the majority of GPs stated they would prefer a handbook including information on injury documentation and guidelines on how to handle and process information in order to forward to the appropriate department.

Conclusion

Data collected from Netherlands and Germany shown the lack of ability and confidence in injury documentation. An opening of human errors across all employment fields is inevitable. However, errors within the medical fields are deemed less acceptable and prone to criticism. It is believed that doctors should have full responsibility when it comes to the medical aspect by many but should be treated in a more conservative manner. General practitioners were only performing tasks they were professionally trained for, therefore may not know specific injury classifications. Additional medical training should be incorporated during GP training to avoid future errors in injury documentation. Possible effects of language barriers should be considered since both studies were conducted in countries where English is not their native language. Finally, the incorporation of GPs unwilling to participate in the surveys demonstrated unprofessionalism in the medical profession.

Reference

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