

## Original Article

# Frequency of Incorrect Challenged Medicolegal Certificates: A Multicentre Experience in Interior of Sindh

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## ABSTRACT

**Objective:** To determine the rate of incorrect medico legal certificates.

**Design:** Descriptive, Observational.

**Place:** Departments of Forensic Medicine, People University of Medical & Health Sciences for Women Nawabshah (Shaheed Benazirabad), Ghulam Mohammad Mahar Medical College Sukkur and Chandka Medical College, Shaheed Mohtarma Benazir Bhutto Medical University, Larkana.

**Duration:** August 2012 to March 2013.

**Material and Methods:** A total 307 medico-legal certificates were challenged from various districts of interior of Sindh in the special medical boards. The information from the certificate regarding person's age, gender, site of injury/scar and the area victim belongs was entered in a standard proforma designed for this purpose, and analyzed on SPSS version 16.

**Results:** Of 307 cases, 102 ( 33.22%) were incorrect with highest number due to fabrication & almost four times more in male than female. The highest involvement age group was in 21-40 years. In majority of cases injuries/scars were on head & face 69.61% and more in persons belonging to rural areas 84.31%.

**Conclusion:** About 1/3<sup>rd</sup> certificates are incorrect issued by Medico-legal officers, more in a male of young age group belongs to rural areas.

**Key words:** Incorrect, Medico-legal, Certificate, Medical Board.

## INTRODUCTION

Provincial Government authorize a Medical Officer to issue the medical/ medico legal certificate. He/she by taking history & doing the examination of the injured comes to know that it is

required by the law enforcing agencies to investigate & fix the responsibility for the case<sup>1</sup>. This job is of high responsibility as well as statutory duty. Issuing of correct medico legal certificate is valuable asset of the public because exoneration or conviction of the accused depends on it. Issuing any defective or substandard certificate amounts to infamous conduct<sup>2</sup> and this virtually meets the ends of justice impossible.

From 1990 in Pakistan in conformity with the injunction of Islamic criminal law is changed to Qasas & Diyat Ordinance and several doctors still express their opinion in the medico legal certificate on the basis of previous law and others though on new law but making mistakes because of not knowing properly<sup>3</sup> and producing injuries him/herself on the body with a view to charge an enemy with assault mostly. Therefore there is rising number of applications for re-examination in the special medical board for the correctness or

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otherwise of the certificate issued by the first examiner and this study reflects the picture in that direction and also national print media documented a such incorrectness in Mir Murtaza Bhutto tribunal proceedings by the judges of highest repute<sup>4</sup>.

The aim/ purpose of this study is to determine the rate of incorrect certificates and such study is not conducted earlier in this area.

#### **MATERIAL & METHODS**

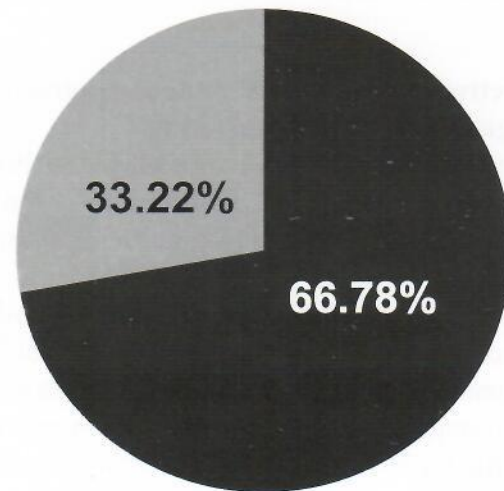
307 medico-legal certificates were challenged in the duration of August 2012 to March 2013 from various districts of interior of Sindh by the applicants in the special medical boards of PUMHSW Nawabshah (Shaheed Benazirabad), GMMMC Sukkur & CMC Larkana respectively. The special medical board is presided by head of the medical college & permanent members like forensic expert, radiologist, surgeon, physician, medical superintendent (secretary/convener) and orthopedic surgeon or co-opted member of any other specialty when ever required. The information from the certificate regarding person's age, gender, site of injury/scar and the area victim belongs was entered in standard proforma designed for this purpose and analyzed on SPSS version 16, for the purpose of maintaining confidentiality of patient & doctor by just coding the proforma. The members re-examine the injured examined by the 1<sup>st</sup> examiner in his presence. The diagnostic criteria for the correctness or otherwise include history of the case, site, size, shape of the injury/scar, examination of clothes where ever required & radiological examination, from this nature of injury, kind of weapon & type of injury are detected and so the certificate issued by the 1<sup>st</sup> examiner labeled correct or incorrect.

#### **RESULTS:**

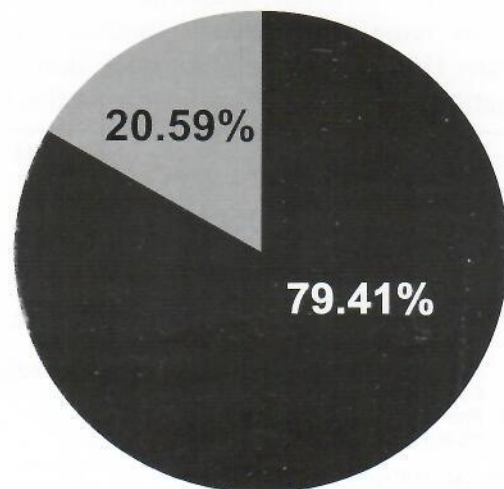
From the challenged 307 cases, 102(33.22%) found incorrect and 205(66.78%) were correct (graph 01). Out of 102 incorrect certificates 80 (78.43%) were due to fabrication and the least one 03 (2.91%) due to vested interests of the certifier (table 01). Males were 81(79.41%) & females 21 (20.59%) with M: F ratio 3.8:1(graph 02). The age group mostly involved

was 21-40 years & the least group was 50 years & above (table 02).

In most of the cases injuries/ scars were on head and face 71 (69.61%) and 31(30.39%) on the trunk (table 03). 86(84.31%) cases were from rural areas followed by urban area 16(15.69%) (table 04).



**Graph No. 1**  
**Distribution of Incorrect Certificate**  
(n=307)



**Graph No. 2**  
**Distribution of Gender Distribution**  
(n=307)

**Table No. 1**  
**Co-Relation of Cause to Incorrect Certificates (n=102)**

Cause	Centre	No. of incorrect certificates	%	Total	%
Fabrication	PUMHSW, SBA	27	26.47	80	78.43
	GMMMC Sukkur	22	23.53		
	CMC Larkana	29	28.43		
Poor knowledge of the certificate	PUMHSW, SBA	06	05.88	19	18.63
	GMMMC Sukkur	05	04.90		
	CMC Larkana	08	07.85		
Vested interests of the certifier	PUMHSW, SBA	02	01.96	03	2.94
	GMMMC Sukkur	00	0.00		
	CMC Larkana	01	0.98		
		102	100	102	100

#### DISCUSSION:

Medical man working in public sector hospitals is authorized to issue medico legal certificate on prescribed proforma designed by the government. The purpose is healing to the sufferers or innocent or accused but substandard, manipulated or incorrect certification can jeopardize the rights of person<sup>5</sup>.

In our study incorrect certificates were 102 (33.22%) which confirms the results of other national studies<sup>8-10</sup> that shows 35.92%, 37.92% & 38.46% respectively and the results are in contrast to an international study<sup>11</sup> that shows 2.41% incorrect certification. Our study shows 80 (78.43%) incorrect certificates due to fabrication that is comparable with study conducted by Kaheri

et al<sup>6</sup> who found 75% fabrication & in contrast to study by Bhullar & Aggarwal<sup>7</sup> who detected 34% fabrication. Incorrect certification by reasons other than fabrication in our study were 21.57% which is consistent with the study of Kaheri et al<sup>6</sup> that shows 25% incorrect certification by other reasons. The rise of incorrect certification is because of falsely charging at enemy with assault and poor knowledge, insufficient practical training & vested interests of the certifier.

This study shows male to female ratio of 3.8:1, that is in contrast to some national studies<sup>12-14</sup>, that mention a ratio of 5.8:1, 6.8:1, & 9.2:1 respectively, while in line to a study conducted by Aggarwal KK & others<sup>15</sup> revealing 3.9:1 ratio in their series. Over all male gender involvement

predominantly is due to that males are mainly targeted in rivalry and revenge & females are more confined to their homes and dragging them in courts of law is felt dishonorable/disgraceful.

Our results show that majority (45.1%) of affected persons were in the 21-30 years of age. This is comparable with other studies<sup>6,8,14,16</sup> revealing 33.8%, 37.5%, 40% & 46.9% respectively in the same age group. This age group is more energetic, highly eager, of good physique and so can sustain injuries and is at the peak of creativity and has the tendency to take unwarranted risk, thereby subjecting themselves to injuries frequently.

Majority of cases in our study were belonging to rural areas 84.31% which is comparable with study conducted by Garg V and Verma SK<sup>16</sup> 62.1% while inconsistent with study conducted by Oberoi et al<sup>17</sup> 57%. The people of rural areas are mostly uneducated, so easily preyed by vested interests of Certifier and also more in conflicts.

In our study the body part commonly involved is head & face 69.61% which is in consistent with the studies conducted by Sheriden DJ and Nash KR<sup>18</sup> 50% to 80% and Buchade D & Mohite S<sup>19</sup> 62.8% respectively and is in contrast with the study conducted by Seema et al<sup>20</sup> 49.1%. This part of the body is more affected because in conflicts attacker usually attack on the head & face in order to cause more harm, or fabricator even select this part commonly with an ulterior motive to present the injury as an assault.

**TABLE-02**  
Distribution of Age group (n=102)

Age Group (Years)	No. of Cases	%
10-20	11	10.78
21-30	46	45.1
31-40	32	31.37
41-50	08	07.84
50 & above	05	04.91
Total	102	100

**CONCLUSION:**

Certificates issued by medico legal officers found incorrect incidentally high due to fabrication more in younger males of rural areas having head & face affected body parts.

**RECOMMENDATIONS:**

- Medico legal officers should be trained in their field.
- Investigating police officials may also be trained in the field of Forensic Medicine.
- Medical officers should be posted for maximum period of 02 years only on rotation basis in medico-legal work
- The medico legal department should be equipped with modern instruments
- Educational facilities be provided specially to rural areas

**TABLE-03**  
Involvement of Body Parts (n=102)

Body Part Involved	No. of Cases	%
Head & Face	71	69.61
Other than Head & Face	31	30.39
Total	102	100%

**TABLE-04**  
Urban / Rural involvement (n=102)

Area	No. of Cases	%
Rural	86	84.31
Urban	16	15.69
Total	102	100

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