

## Ethiopian Medico-Legal Practices need to improve to serving Justice

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Medico-legal cases (MLC) are typically concerned with scenarios or circumstances necessitating the involvement or overview of a law enforcement agency to determine, in some cases, blame or, in others, to distinguish between benign or nefarious intent. (1) These circumstances may involve the death or injury of an individual due to practice negligence or involve pre-hospital scenarios such as battering, domestic abuse, road traffic injuries, poisoning, suicide, or assault. (2)

Due to the unique intimacy of the doctor-patient relationship, doctors are often the first person to face scenarios suggested of foul play or breach of law. (3) Such findings or suspicions legally oblige them to report this to legal authorities. Unfortunately, practitioners are understandably apprehensive about entangling themselves in police matters. At a minimum, there's the anxiety of possibly having to testify in a court of law. (4) The stress of being cross-examined by an aggressive defense attorney can give anyone nightmares. As a result, a doctor may suffer conflicts of conscience and fail to report potential cases in accordance with existing laws of the country.

All attending physicians know that their priority is to resuscitate and save the lives of critically ill patients. Emergency department doctors may be the first to encounter such potential MLC cases but other down-the-line departments should also feel obliged to confirm a report's findings. (5,6) Articles 39 and 443 of Ethiopian criminal law states "Whoever, without good cause: is by law or by the rules of his profession, obliged to notify the competent authorities in the interests of public security or public order, of certain crimes or certain grave facts, and' does not do so, is punishable" but in practice in emergency rooms, the assumed physician culture of conscientiousness and accountability, with regard to potential MLC is, at best, erratic.

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As with any injury from firearms or assaults, road traffic accidents (RTAs) are reported to law enforcement in most countries in order to deconstruct events and assign culpability. In Ethiopia, there's a large gap between reported events and actual events. In one revealing Ethiopian study, RTA data compiled from police reports in a particular area was compared to data gleaned from area hospitals. The police captured about 24% of the total accidents. Hospitals, on the other hand, documented over 54% of the RTAs. (7)

My hope is that hospital-approved reporting guidelines can be put in place which automatically trigger local law enforcement contact once physicians deem scenarios to have legal implications. Prior to this, all front-line physicians-especially those who are new to the profession should receive sensitivity training with regard to medico-legal scenarios. Finally, assurances of strict confidentiality will give all clinicians the confidence to act. Clearly, there is a need for physicians to play a lead role part in reporting certain cases. But, in Ethiopia today, physicians' hands are tied, allowing large percentages of potential medico-legal cases to fall through the cracks. It's time we joined the rest of the developed world in freeing physicians to report particular events, or clinical conditions, to the appropriate law enforcement agency.

**Conflict of Interest**

The authors declare that they have no competing interest

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