

ЛД-16 ИИ

Federal State Budgetary Educational
institution of higher education "North Ossetian State
Medical Academy "of the Ministry of Health of the Russian Federation

Department of Internal Medicine №2

MEDICAL DEONTOLOGY

METHODOLOGICAL MATERIALS

the main professional educational program of higher education - a program of a
specialist in a specialty 31.05.01 General medicine

Methodical materials intended for teaching 4th year students (7 semester) of the Faculty of Medicine of FGBOU HE SOGMA on the discipline "Occupational Diseases"

Compilers:

Head Department of Internal Medicine № 2 MM Tebloyev Ph.D., Associate Professor
Assistant Department of Internal Diseases No. 2, Zhukaeva I.A.

Reviewers:

T.M. Butaev - Doctor of Medical Sciences, Associate Professor Head. Department of Hygiene MPF with Epidemiology FSBEI HE SOGMA

A.R. Kusova - Doctor of Medical Sciences, Professor Head. Department of General Hygiene and Physical Education of the Federal State Budgetary Educational Institution of Higher Education SOGMA

Teaching deontology - the doctrine of what should be (I. Bentam, 1834) in medical universities of our country has acquired particular relevance in recent years. The relevance of the problem of medical deontology is confirmed by the appearance in print of numerous literature, both monographic and, mainly, of a journal character, devoted to various aspects of deontology.

There are few works on deontology in occupational pathology, with the exception of individual journal articles. At the same time, the issues of medical deontology in the clinic of occupational diseases, in addition to general provisions, have their own specifics. This is due to the peculiarities of the diagnostic and rehabilitation processes in the clinic of occupational diseases. Already during preliminary medical examinations of newly recruited doctors, the doctor talks with the patient about the nature of production, the possibility of developing occupational and general diseases in case of non-compliance with hygienic requirements, and in some cases, if there are contraindications, explains the reasons that impede work in this profession. Even at this stage, with incorrect deontological behavior of the doctor, conflicts may arise.

Deontology plays an important role in the work of a shop doctor. Explanation of the degree of danger of exposure to industrial hazards. Insufficiently high quality of periodic medical examinations can lead to overdiagnosis of occupational diseases in workers, which are not confirmed by subsequent in-depth medical examination. This is traumatic for the worker and discredits the usefulness of the medical examination. The doctor's doubts, his uncertainty about the nature of the disease should not become the property of the patient.

Diagnosing the nature of the disease in a specialized medical institution is always a responsible task. The state provides great benefits to patients with occupational diseases (payment of cash benefits for special insurance, preferential pension, 100% sick leave payment, annually

sanatorium treatment regardless of the social package. Therefore, patients are very interested in setting the occupational category of diseases. Unqualified expert opinions, issuance in the hands of medical documentation, communication with other patients. All this often gives rise to a doctor of occupational pathologist distrust of the patient, his statements, complaints. Disagreements in the medical team about the diagnosis of an occupational disease often become the property of patients and give rise to well-founded complaints. That is why special attention is paid to the sections "doctor - patient" and "doctor - medical team" in assignments for medical deontology. The sections "doctor - relatives", "medical confidentiality" in the clinic of occupational diseases are not leading and occupy a secondary place.

The issues of medical and labor expertise and rehabilitation of patients with occupational diseases deserve great attention. The transfer of the patient to easier working conditions or his removal from work is accompanied by psychological restructuring. The lack of material incentives, the negative influence of relatives, the indifference of the doctor and the administration of enterprises contribute to the lengthening of the rehabilitation period for patients, the emergence of a group of so-called "overexposed invalids". The use of residual working capacity in conditions of limited labor resources acquires great social and economic meaning.

All of the above indicates that the deontological aspects of teaching occupational pathology should occupy an important place in a medical university. The future doctor should think creatively and logically, and not only have a certain store of knowledge. The study of creative material by "graphs" facilitates its assimilation, but does not educate a specialist as a person.

The tasks on deontology presented below reproduce real life situations, allow you to check the preparedness of a future specialist as a doctor from a deontological point of view. Standards of answers as one of

the options for solutions give impetus to the creative activity of students, teach the correctness of their deontological behavior.

In preparation for lectures and practical exercises, students get acquainted with the content of the assignments, mentally reproduce the situation and their attitude to it. Only after that do they compare the standards of answers with their own decision.

Teachers use assignments in practical classes as supplements in the absence of real-life situations. Students are given assignments, given time to think. The quiz can be done orally or in writing.

The assignments can be useful for students of medical, pediatric and preventive medicine departments. For the convenience of using the material, the tasks are conditionally distributed according to the topics "Doctor - patient", "Doctor - medical team", "Doctor - relatives of the patient", Medical secret.

Tasks on the topic: "DOCTOR - SICK"

The task No. 1

Patient K., after 10 years of work as a miner, was diagnosed with chronic dust bronchitis, followed by employment without contact with industrial dust through the MSEC. A year later, when examined in a polyclinic, the consultant doctor doubted the correctness of the diagnosis and told the patient that he did not have an occupational disease. The patient filed a complaint with the Ministry of Health.

Evaluate the counselor's behavior. Make up the correct solution to this situation.

The task No. 2

Miner S. for several years was annually examined in the clinic of occupational diseases as in contact with industrial dust. However, the

professional diagnosis was not confirmed, with which the patient did not agree. In one of the last examinations in the clinic, an extended clinical analysis was organized, in which the patient in a sharp form accused the council of a bias towards him. The doctors were indignant in the presence of the patient.

Was the response of the doctors correct? What should have been done in this case?

The task Number 3

During the recovery in the sanatorium, the attending physician informed the patient that his lungs were "dusty" - pneumoconiosis and that this disease should be considered as a professional one. At the same time, the doctor writes down his diagnosis in the health resort card.

What are the consequences of such a doctor's record?

Task number 4

Patient A. was observed in regional and republican occupational pathological clinics as long-term contact with industrial dust. After examination in all medical institutions, the patient received the decisions of the KEC commission that he had no occupational lung disease and the originals of extracts from the medical history. In the discharge, a variety of diagnoses were presented and various methods of treatment were recommended.

What mistakes were made in the record keeping? What can this lead to?

Task number 5

A worker was admitted to the clinic of occupational diseases with a diagnosis of "Parkinsonian syndrome of unknown origin." After unsuccessful conservative treatment, the patient was recommended surgical treatment in a neurosurgical clinic in Kiev. At the same time, he

was introduced to the positive postoperative outcomes of patients with identical diseases. However, for 10 years, the subject performed work with the use of manual mechanized vibration instruments, in connection with which the workshop doctor was sent to the clinic to resolve the issue of the category of the disease.

What is should there be a doctor's tactics? Examination of working capacity.

Task number 6

Patient N., 35 years old, was hospitalized for acute hypoxia as a result of methane emissions in a coal mine. The loss of consciousness lasted several hours and the victim did not remember the circumstances of the incident. On the 4th day, the patient's condition improved significantly and the attending physician allowed representatives of the administration to visit him. After a detailed coverage of the tragic events by visitors, the patient suddenly developed blindness (hysterical amaurosis). Active psychotherapy led to a complete restoration of vision.

What is the doctor's mistake? What was the right thing to do in this situation?

Task number 7

A pilot with severe poisoning with polychloropinep was delivered to the occupational health clinic at night - he was accidentally doused while refueling the plane. When drawing up a treatment plan, a number of drugs were not in the clinic, and the consultant doctor asked to find out the availability of them at the nearest pharmacy on duty. After a while, a nurse entered the ward and, with signs, since the patient was conscious, informed the consultant about the lack of necessary drugs in the pharmacy on duty. In response, the doctor loudly ordered: "So call another pharmacy! It is imperative to get these medicines. " The patient's condition deteriorated

sharply, the patient became restless, and soon he developed deep left-sided hemiparesis, which was eliminated only after a few hours. The patient calmed down after he found out

What is the doctor's mistake? What was the right thing to do?

Task No. eight

During the repair work in the sewer network, safety rules were violated. Two locksmiths-repairmen found themselves in an area affected by a high concentration of hydrogen sulfide. One of the victims died. Upon coming out of a coma, his friend asked: "What's with my friend?"

What should a doctor do?

Task number 9

In the therapeutic department of the clinic for occupational diseases, a patient who had been working for a long time in contact with benzene and its homologues was being examined and treated. One day at the end of the day, she had a headache and the nurse on duty offered her a Pyramidon pill. The patient refused the pyramidon, since the attending physicians did not allow it to be taken in connection with the existing changes in the blood. The invited doctor on duty made a remark to the patient: "Why are you being capricious?"

Evaluate the behavior of the nurse and the doctor on duty from a deontological point of view.

Task number 10

At the outpatient clinic, after a superficial examination of a coal mine worker, a general practitioner sent him for examination: chest x-ray, blood and urine tests, consultations with a neurologist, dermatologist, ophthalmologist, otolaryngologist.

Evaluate the behavior of the doctor and the possible response of the

patient?

Task number 11

During a periodic medical examination of a worker at a mercury plant, mercury was found in the urine in a concentration that significantly exceeded the maximum permissible level; in the complete absence of clinical symptoms of poisoning. The worker was informed about the high content of mercury in the urine and was given a referral for examination at the clinic for occupational diseases.

Assess the doctor's behavior and possible consequences.

Task number 12

IN the conditions of the polyclinic on the basis of the results of X-ray examination, the electric welder was diagnosed with "Pneumoconiosis of the electric welder of the second stage, nodular form." When sent to a hospital for treatment, the patient was familiarized with the conclusion. However, after an in-depth inpatient examination, anamnesis study, medical documentation, followed by an oncologist's consultation, the doctors came to a different conclusion: "Lung carcinomatosis."

Assess the current situation.

Task number 13

When examining a patient with pneumoconiosis, a consultant doctor drew attention to a slow gait, facial flushing, increased skin moisture, chills, and a suffering facial expression. The attending physician urged him to stop worrying, "pull himself together" and stop "this disgrace." The consultant was able to find out that this reaction was caused by intramuscular injection of novurit. Immediate active therapy - the appointment of hormonal, cardiovascular, antihistamines and other drugs helped to improve the patient's condition.

Evaluate the behavior of the attending physician and the patient's reaction.

Task number 14

The consultant doctor of the polyclinic department of the hospital for occupational diseases, during the examination of the patient sent from the medical unit, assessed his treatment as “wrong” and made a new health complex. In the future, the patient categorically refused treatment in the medical unit, often conflicted with medical workers.

Explain the error of the consultant.

Task number 15

In one of the practical classes on occupational pathology in the polyclinic, the assistant, together with a group of students, discussed in the presence of the patient the diagnosis established at the local hospital and the treatment he received. At the same time, mistakes in diagnosis and unreasonableness in the appointment of a number of drugs were noted.

Did the assistant do the right thing? What would you do in this situation?

The task No. 16

Upon admission to the therapeutic department of the clinic for occupational diseases, patient D. presented an extract from the outpatient card issued at the place of residence, medical history and a referral in which the diagnosis of an occupational disease was recorded. However, after a thorough clinical and radiological examination, the diagnosis established by the MSC was not confirmed. The patient is in conflict.

What mistake did the doctor make? Tactics of doctors of a clinical hospital for occupational diseases?

Task number 17

The resident doctor, reporting the medical history in the presence of a patient who had suffered carbon monoxide poisoning, details the severe clinical manifestations at the time of admission, emphasizes the advantage of the HBO therapy method, which made it possible to reduce mortality among this category of patients.

Explain the doctor's mistake.

Task number 18

In the ward of the neurological department of the clinical hospital for occupational diseases, there are four patients suffering from various diseases. One of them was diagnosed with bilateral occupational chronic neuritis of the auditory nerves with mild hearing loss. From the extract of the outpatient card it is known that in early childhood the patient suffered from acute epidemic poliomyelitis, the residual period of which is characterized by the presence of flaccid paresis of the right lower limb, its deformation and shortening.

How should the attending physician behave during the round, talking and examining the patient in the presence of other patients?

Task number 19

Patient L., 49 years old, who worked for many years as a slaughterhouse worker, a longwall worker, on the recommendation of the MSEK, was undergoing a follow-up examination in the neurological department of a clinical hospital for occupational diseases for stage 2 vibration disease with the presence of peripheral angio-spastic syndrome with Raynaud-type acrospasms, ischemic heart disease, exertional angina, atherosclerotic coronary cardiosclerosis, H1 .. The ECG revealed the phenomena of myocardial hypoxia in the antero-septal zone. A telephone message was received from the patient's relatives about the death of his

younger brother.

Therapist's tactics doctor in this situation?

Task number 20

Patient S. in the medical unit was diagnosed with pneumoconiosis of the first stage, nodular form. According to the presented occupational route, the subject worked for 14 years at the Electrozinc plant as a plumber. The attending physician, before the decision of the CEC, in an interview with the patient, explained to him that plumbers cannot develop pneumoconiosis, since their work is not associated with exposure to industrial dust.

Did the doctor make the right decision? What should have been done in this case?

Task number 21

A miner who has worked in the mine for 12 years on chronic bronchitis has been sent to the Clinical Hospital for Occupational Diseases. From the anamnesis of life it was found out that the patient has been smoking for about 15 years. The doctor explained to the patient that at present he cannot be diagnosed with an occupational disease, since he has been smoking for many years.

Evaluate the doctor's actions.

Task number 22

During the periodical medical examination of a drifter after 4 years of work in the mine, silicosis was suspected. In the clinical hospital of occupational diseases, the polyclinic doctor explained to the subject that he works very little, and that pneumoconiosis can only be discussed with more than 15 years of work experience. The worker filed a complaint with

the head of the clinic.

Did the doctor do the right thing? What is your tactic in this situation?

Task number 23

On an outpatient basis in a clinical hospital for occupational diseases, after examination, chronic pneumonia was diagnosed and a general category of the disease was established with CEC. The patient does not agree with this conclusion and asks to send him for a consultation with a professor. The doctor replied to the patient that there was no need for consultation, since no one would establish him as an occupational disease.

Evaluate the doctor's actions and draw up a different version of a possible solution to this issue.

Task number 24

The slaughterer, 49 years old, was diagnosed with anthracosis of the first stage, interstitial form. Pulmonary insufficiency of the first degree ". The doctor informed the patient that he could not continue to work as a miner for a single day and must draw up documents for the MSEC. The patient asked the doctor to take into account personal circumstances (a family of 7 people does not have 6 months for preferential service, etc.) and allow him to work as a slaughterhouse for another 6 months or 1 year. The doctor did not change his decision.

Is it possible to make another decision in this situation?

Task number 25

In a professional pathological hospital, a 38-year-old drifter was diagnosed with "Dust bronchitis of the second stage with a pronounced bronchospastic component. Pulmonary insufficiency of the I-II degree ". In a conversation with the patient, the doctor explained that in order to

prevent the progression of this disease, he was contraindicated to work in the tunneling profession, and therefore he was sent to MSEC. The patient does not agree with such an expert decision, as he periodically feels satisfactory, and he still needs to work in this profession for 4-5 years before the preferential work experience. The doctor did not change his decision.

Your opinion on the decision taken. Examination of working capacity.

Task number 26

When examination in the clinic of occupational diseases, the slaughterhouse was diagnosed with “Coniotuberculosis: first stage anthracosis, nodular form. Focal tuberculosis of the upper lobes of both lungs in the induration phase, CD. - Pulmonary insufficiency of the first degree. The doctor in the presence of all patients (4 people in the ward) said that the patient was diagnosed with tuberculosis.

What is your opinion on the behavior of the doctor? What should have been done?

Task number 27

Patient V., 58 years old, a pesticide warehouse worker, complained of weakness, dizziness, poor sleep, headache, irritability at an outpatient appointment with an occupational pathologist. During the conversation with the doctor, he was rude and aggressive. The diagnosis of an occupational disease of the KEC polyclinic has not been established.

A year later, the patient is admitted to the clinic in a serious condition, where he is diagnosed with chronic poisoning with organochlorine pesticides.

What are the reasons for the diagnostic error of outpatient doctors?

Task number 28

During a preliminary medical examination of citizen K., in connection with her admission to the ferrite powder workshop of a chemical plant, the workshop doctor warned her to work carefully with these powders, since the manganese contained in them can cause poisoning, which he observed in workers of this shop.

Six months after working at a chemical plant, at the insistence of the worker, she was sent for examination to the hospital for occupational diseases due to the fact that "she was poisoned with manganese." The diagnosis of poisoning in the clinic was not confirmed.

What caused K.'s referral to the clinic?

Evaluate the behavior of the shop doctor.

Task number 29

Mr R. filed a complaint with the city health department against a

doctor who did not allow him to work in the underground conditions of a coal mine due to the presence of chronic bronchitis. The doctor explained that he had a serious illness requiring long-term treatment and that he should not think about working in the mine.

What caused the complaint? What should have been done in this case?

Tasks on the topic: "THE DOCTOR - RELATIVES OF THE PATIENT"

Task number 30

The trainee worker was diagnosed with a rapidly progressing form of silicosis and was recognized as a disabled person of the first group. At home he is called a "cripple", and the employees of his native enterprise do not show any attention to the patient.

What recommendations could you give to the patient's relatives and the administration of the enterprise?

Task number 31

The miner, 38 years old, turned to the mine first-aid post after the end of the work shift with complaints of a sharp headache, general weakness, weakness. 3 hours after hospitalization, he lost consciousness, and after a while he developed a severe coma with impaired activity of the respiratory and vasomotor centers. The patient was on controlled breathing for three days, and then died. The council of leading specialists of the city diagnosed "Hemorrhagic infectious-allergic vasculitis."

There was no emergency situation in the mine, teammates are healthy. However, according to his relatives, he "got poisoned in the mine."

What is the tactics of the relationship between doctors and relatives?

Task number 32

Driver N, 34 years old, delivered the cargo to a remote area of the region. Before the trip, he noted slight malaise, headache, general weakness. Having handed over the cargo, the driver decided to spend the night in the car. In the morning, after loading the container, I felt that I would not be able to deliver the car to the depot on my own. I went to a local hospital and was hospitalized. When talking with the doctor, he said that he did not turn on the heating in the cabin at night. At the end of the day, the condition deteriorated sharply and after three days the patient died

without regaining consciousness.

Relatives claim that the death was due to the fault of the enterprise.

What is the doctor's tactics?

Task number 33

IN The neurological department of the clinic of occupational diseases was delivered to patient Sh., 39 years old, a master blaster, who, after explosive work, had a slight short-term malaise and a slight cough. I did not go to the mine first-aid post. A few hours after feeling well at home, a lesser-like syndrome developed with dizziness, nausea, vomiting, loss of balance and chest tickling, cough. In the hospital, a neuropathologist discovered diffuse microorganic symptoms from the central nervous system, horizontal and vertical nystagmus. Under the influence of the treatment (including measures to prevent pulmonary edema), neurological symptoms regressed by the morning of the next day, but the patient heard weakened vesicular breathing and localized moist rales in the anterolateral parts of the right lung. All this made it possible to assume acute poisoning with explosive gases (nitrogen oxides). The patient's wife insisted on explaining the cause of the disease and to name the established diagnosis.

Indicate the main aspects of the conversation between the doctor and the wife and the patient. What is the doctor's tactics regarding the formulation of the diagnosis and the category of the disease?

Task number 34

Relatives took patient B. to the clinic in a serious condition. At night, he asked the doctor on duty to call a notary to draw up a will. The next day, the relatives inquired about the content of the will.

What should a doctor do?

Task number 35

The neurological department of the clinic of occupational diseases, after a 2-week treatment at the medical unit at the place of residence, was admitted to a patient who had suffered acute hypoxia from exposure to methane in a coal mine. The victim developed a pronounced amnesic syndrome of the Korsakovsky type. After reviewing the extract from the medical history provided from the local hospital, the attending physician, in a conversation with the patient's wife, expressed doubts about the correctness of prescribing certain medications and regret about the allegedly delayed transfer of the patient; pointed out the effectiveness of early prescription of oxygen treatment under high pressure in a pressure chamber and advised to try to get Cerebrolysin and Nootropil.

Explain errors in the behavior of the attending physician.

Task number 36

The wife of the patient I., who had suffered acute occupational poisoning with pesticides and received the 2nd group of disability for occupational disease, turned to the regional occupational pathologist with a request to assist in her husband's health improvement in a sanatorium-resort environment, to which the answer was that this was not part of his duties.

Was the answer correct? What should be done in this situation?

Task number 37

A mother came to the pediatrician for an appointment with a complaint that her six-month-old baby refuses to breastfeed and is happy to drink milk taken from the children's dairy kitchen. A chemical analysis of the mother's milk revealed a high content of pesticides (organochlorine compounds) in it, which became known to the father.

What should the doctor do and what kind of conversation should he have with the mother and father of the child?

Task number 38

When working with formaldehyde-containing resins, patient V. developed an allergic skin disease - occupational eczema. Due to the absence of a specialized dermatological department in the clinic for occupational diseases, the patient was hospitalized for treatment at a dermatovenerologic dispensary. The patient's relatives, having learned about this, expressed concern about the possibility of developing a venereal disease in the patient.

How should a doctor explain the situation to relatives?

Tasks on the topic: "DOCTOR - MEDICAL TEAM"

Task number 39

At night, a patient with occupational carbon monoxide poisoning was delivered to the clinic for occupational diseases in a severe coma, who was shown urgent treatment with hyperbaric oxygenation (HBO). The doctor in charge of HBO, refused to come to the clinic, referring to the fact that he was on vacation.

Evaluate the doctor's action. How would you proceed in this situation?

The task No. 40

A patient was admitted to the clinic for occupational diseases with a diagnosis of "Anthracosis of the 1st stage, interstitial form, pulmonary insufficiency of the 1st degree." The complex of therapeutic measures by the attending physician includes sessions of hyperbaric oxygenation without taking into account contraindications. In the department of HBO it was found out that the patient had been suffering from hypertension for several years and was constantly taking antihypertensive drugs. The course

of hyperbaric oxygenation was canceled, but the patient continued to insist on treatment. Assess this situation.

Task number 41

Patient V. was undergoing treatment at the clinic for occupational diseases for chronic dusty bronchitis with an asthmatic component. In addition, he is on the dispensary for stomach ulcer. The head of the department, having familiarized herself with the list of appointments, found hormonal drugs, anticoagulants, which are contraindicated in peptic ulcer disease, among the prescribed drugs.

The tactics of the head of the department?

Task number 42

In one of the departments of the hospital, doctors constantly addressed the nurses with the "you", and the nurses were often called only by their patronymic: ... "Ivanovna", ... "Fedorovna." The chief physician made a remark to the doctors of the department at a medical conference and demanded that they contact medical workers with "you" and by name and patronymic.

Is the head physician right? What is your attitude to this situation?

Task number 43 During the examination of the patient by the surgeon, a diagnostic error was made, which led to an unjustified surgical intervention. Later, one of the nurses informed the patient that he had lead colic and did not need surgery. The patient complained to the head physician.

Explain deontological errors.

Task number 44

The question of the occupational category of patient B.'s disease was decided at a meeting of the KEC. One doctor, a member of the medical advisory commission, in the presence of the patient, declared his disagreement with the commission's decision.

Did the doctor do the right thing? What are the consequences of such a statement?

Task number 45

The attending physician finds out in which medical institution the diagnosis of an occupational disease was made to the patient and how he was treated. The patient's response was followed by a doctor's remark about the illiterate decision on the diagnosis of his colleague, about the wrong treatment and that he would be prescribed another treatment, from which the patient would quickly recover.

Assess the doctor's behavior. What should have been done in this situation?

Task number 46

A patient referred to the clinic of occupational diseases for pneumoconiosis, after X-ray of the chest organs, a lung neoplasm is suspected. The patient was consulted at the oncology dispensary, where the oncologist confirmed the roentgenologist's suspicion and, accordingly, prescribed chemotherapy. However, with the subsequent dynamic observation of the patient in the clinic of occupational diseases, additional X-ray examination, the conclusion of the oncologist consultant raised doubts. At the insistence of the head of the department of the clinic for occupational diseases, a consultation was organized at the oncological

dispensary, headed by the professor. Conclusion of the council: there is no data for oncological disease.

What mistake did the oncologist make?

Task number 47

The resident physician of the therapeutic department, during the round of patients, together with the nurse, dictated to her the indicators of the patient's health (pulse rate, respiration, blood pressure, etc.), explained the methodology for performing medical procedures. The head of the department, in the presence of patients, asked the resident not to interrupt the nurse from the “main” work.

What is your opinion on this situation?

Task number 48

At a general meeting of the hospital staff, the chief physician criticized the occupational pathologist for insufficiently complete examination and treatment of patient N., which was indicated in a written statement from the latter. However, the verification of the validity of the patient's complaint was not organized.

What is the chief doctor's mistake? Why?

Task number 49

The head of the department reprimanded the nurse for non-compliance with the sterility of the injection material in the manipulation room in the presence of patients. The nurse filed a letter of resignation.

What was the violation of deontology in this case?

Task number 50

At an outpatient appointment, a nurse who wrote a prescription dictated by a doctor noticed that the dose of the drug was much higher than the average daily dose. The patient is in the office.

What should be done in this case?

Task number 51

An occupational disease was diagnosed in a patient several years ago in a specialized medical institution in one of the republics of our country, after which he was employed by the decision of a professional MSEC. At present, during examination at the SOGMA clinic, the diagnosis of an occupational disease is not confirmed. MSEC told the patient that the issue of the occupational category of his disease was resolved incorrectly due to insufficient knowledge of this pathology by the doctors of the clinic in the occupational pathology department.

Evaluate the behavior of MSEC doctors.

Assignment on the topic: "MEDICAL SECRET"

Task number 52

Patient K., a 52-year-old miner, was admitted to the therapeutic department of the clinic for occupational diseases, where he was diagnosed with stage 2 anthracosis complicated by bronchogenic cancer. The proposed surgical intervention, which the patient categorically refused.

Should the attending physician disclose to the patient the nature of his illness in order to convince him of the need for surgery?

Task number 53

A miner with 7 years of experience in the main professions 12 years ago was diagnosed with pneumoconiosis and identified as III group of disability. The disease gradually progressed, and ten years later from the onset of the disease, nodulation was outlined on the X-ray of the lungs. After another 2 years, the fibrous formation in the left lung thickened and increased, and the general condition of the patient worsened. The oncologist was diagnosed with Tumor of the left lung. However, after a thorough study of the anamnesis, clinical and radiological symptoms in

dynamics, the diagnosis of the oncologist was not made. During the round, the patient asked the attending physician how to explain the fact that so many doctors watched him. The doctor reassured the patient, saying that the consultation did not confirm the diagnosis of the oncologist's consultant - a lung tumor (before that the patient did not know about the oncologist's conclusion).

What should have been done in this situation?

Task number 54

Electric welder, 45 years old, was admitted to the clinic for occupational diseases for examination due to suspicion of chronic manganese intoxication. In the ward, in the presence of other patients, the attending physician asks questions about bad habits, past illnesses, etc.

Is the doctor doing the right thing? Your tactics?

The task No. 55

Patient 3., 47 years old, was diagnosed with a nodular form of pneumoconiosis, complicated by pulmonary heart failure. During treatment in an occupational disease clinic, the patient asks the doctor if his condition is hopeless:

What should be the doctor's answer?

Task number 56

Penetrator S, 38 years old, was admitted for examination at the clinic of occupational diseases as a long-term contact with industrial vibration. At a periodic medical examination, a presumptive diagnosis was made –vibration disease. However, the examination revealed serious changes in the peripheral blood and with the diagnosis of acute leukemia the patient was transferred to the hematology department.

How would you explain to the patient his transfer to the hematology

clinic?

Task number 57

Slaughter K., 47 years old, who was admitted to the clinic for occupational diseases with suspicion of pneumoconiosis, was suspected of having cancer of the right lung after a clinical, functional and X-ray examination. The patient's wife is alarmed by her husband's condition and asks to tell her about the disease.

What should be done in this case?

The task No. 58

Patient B. was diagnosed with chronic benzene intoxication with a predominant impairment of the leukoblastic function of the bone marrow. In the peripheral blood, leukocytosis was periodically recorded (the disease proceeded as leukemia), followed by persistent leukopenia. After the examination and treatment at the Clinical Hospital of Occupational Diseases, the patient asked to be given a copy of the KEC's conclusion in his hands.

Can a patient be issued with an opinion on the disease?

Task No. 59

During an X-ray examination of the chest organs of a patient with pneumoconiosis, the radiologist, explaining to the trainee the nature of the changes in the lungs, suggested the possibility of the development of a "cancer". The patient, having independently familiarized himself with the named incomprehensible word in a medical reference book, found out its

meaning. A thorough follow-up examination at the oncological dispensary did not confirm the diagnosis of a malignant tumor, but the patient and his

relatives suffered significant mental trauma.

What should the radiologist remember?

STANDARDS FOR ANSWERS TO QUESTIONS

On the subject: "THE DOCTOR IS SICK"

1. The consultant's tactics are wrong. The question of removing the diagnosis of an occupational disease should be decided by an expert commission after a thorough examination of the patient. Such a statement by the consultant will certainly cause a conflict situation.

No. 2. Despite the fact that the patient is wrong, the doctor must always be tactful, restrained and patient in clarifying the truth. Gross, deliberate, undeserved insult to a sick doctor should be considered legally.

№ 3. Gross deontological error of the doctor of the sanatorium. The diagnosis of an occupational disease in accordance with the instructions of the Ministry of Healthcare of the Russian Federation, Order No. 90 of March 14, 1996, is permitted only in specialized clinical hospitals. Such a recording can lead to iatrogenism, give rise to unfounded complaints.

№ 4. The patient should not have medical documents on hand (sanitary characteristics of the workplace, extracts from outpatient cards, medical records, etc.), since the records made there due to the patient's incompetence can be misinterpreted, and this often leads to the generation of complaints, rental installations.

№ 5. The doctor is obliged to inform the patient that Parkinsonian syndrome does not develop from exposure to industrial vibration and the treatment prescribed for vibration disease will not help him. In this regard, it is necessary to seriously consider the proposal for surgical treatment.

№ 6. Medical workers (doctor, nurse) instruct visitors about what to talk to patients about. This is especially true for seriously ill patients. In this case, the briefing was not carried out and the patient was informed of information that worsened his condition.

№ 7. When a patient is sick, one should not talk about the lack of medicines necessary for the treatment of his illness. The issue of treating patients can be discussed in the resident's or nursing rooms.

№ 8. A patient who has undergone a severe coma must be protected from any unpleasant news. In this regard, the victim must answer that everything is in order with his friend.

№ 9. A nurse should not offer medications to patients without a doctor's prescription; in the future, her behavior was correct. The doctor on duty must first of all find out the reason for the patient's refusal to take pyramidon, and then, if justified, make a comment.

No. 10. The doctor acted incorrectly by ordering an examination and consultation after a superficial examination. It is possible that a number of studies have not been substantiated. In some cases, this leads to iatrogenism and patients may suspect they have serious illnesses.

№ 11. The doctor should not have informed the patient about the high content of mercury in the urine, as this could cause a state of iatrogenism.

№ 12. The radiologist made a gross diagnostic error due to a careless attitude to the anamnesis, the study of the patient's medical records. An incorrect diagnosis would lead to the establishment of disability due to an occupational disease, which has social significance and, most importantly, the therapeutic tactics would be incorrect.

№ 13. The attending physician did not know the clinic of anaphylactic shock that developed after the drug was administered. Without the provision of timely medical care, the patient could die. In addition, the doctor spoke rudely and tactfully with the patient.

№ 14. The mistake of the occupational pathologist lies in the fact that he should not have discussed with the patient the correctness of the

treatment prescribed by his colleague (even if it was wrong), since this causes negative emotions in the patient.

№ 15. Discussion of the diagnosis and methods of treatment in the presence of the patient is unacceptable. This can be done after examination in the study room or elsewhere, but without the patient.

No. 16. The attending physician should have known that the right to establish a diagnosis of a chronic occupational disease for the first time only have licensed and certified specialized health care facilities.

It is necessary to explain to the patient that the established diagnosis in the medical unit was presumptive. An occupational disease is established by a decision of the expert commission on the connection between the disease and the profession.

№ 17. The severity of the condition and the possible outcomes of the disease should not be discussed in the presence of the patient, as this negatively affects the effectiveness of the treatment.

№ 18. Describing the case history of a newly admitted patient in the ward, one should confine ourselves to talking with him about the underlying disease (neuritis of the auditory nerves). A general, and even more so a neurological examination of a patient should be carried out alone with him, without focusing on the consequences of long-term polio.

№ 19. Carefully inform the patient about the misfortune that befell the family, apparently, should. The question of being present at the funeral cannot be resolved unequivocally. In the presence of clinical, laboratory and electrocardiographic data indicating the threat of myocardial infarction, it is necessary to convince the patient (and relatives) of the undesirability of participating in the brother's funeral.

No. 20. The doctor made the wrong decision. Working conditions can be assessed only on the basis of the sanitary and hygienic characteristics of the workplace, and not the occupational route.

No. 21. The doctor did the wrong thing. The question of the

professional category of the disease is decided after a thorough clinical and radiological examination in a specialized hospital, taking into account the professional route and the sanitary and hygienic characteristics of the workplace.

№ 22. The doctor's conclusion about the absence of pneumoconiosis in the patient is incorrect, since there are rapidly developing forms of the disease and the final decision can be made after a thorough clinical and radiological examination.

No. 23. The doctor's actions are wrong. According to the current situation, in diagnostically difficult cases or at the request of the patient, the doctor is obliged to organize a consultation with a professor or associate professor.

No. 24. The doctor formally approached the solution of the expert question. In this case, taking into account personal circumstances (large family, pre-retirement age) and the mild severity of clinical manifestations (interstitial form, pulmonary insufficiency of the 1st degree), it is possible to satisfy the patient's request.

№ 25. The doctor's decision in this case is quite justified and correct, the conversation with the patient is deontologically sustained.

No. 26. The behavior of a doctor is blameworthy. Although tuberculosis is a fairly common complication of pneumoconiosis, it should not be stated in the ward in the presence of patients. It is necessary in an individual conversation with the patient in a mild form to inform him about his state of health, to give the necessary recommendations regarding treatment, further behavior in everyday life, at work, etc.

№ 27. The diagnostic error of the occupational pathologist of the MSEC could be due to the subjective attitude towards the patient, his behavior, which is regarded as a rental attitude towards an occupational disease. It was necessary to conduct a thorough clinical and laboratory-instrumental examination to confirm or exclude an occupational

disease, regardless of the characteristics of the patient's personality.

No. 28. A doctor's interview was necessary, but it had to be of a general preventive nature, without reporting the specifics of manganese intoxication. This suggested the worker and led to her unjustified referral to the clinic.

No. 29. The doctor's decision was correct, since chronic bronchitis, in accordance with the order of the Ministry of Health of the Russian Federation No. 90 of March 14, 1996, is a contraindication for working in contact with industrial dust. However, the doctor would have to explain to the patient that his disease is reversible and with active persistent treatment he can recover, and then the question of his work in underground conditions will be considered again. It was necessary for the patient to give up hope for recovery. The categoricalness of the doctor's conclusion was the reason for the patient's complaint.

"DOCTOR - RELATIVES OF THE PATIENT"

No. 30. This is about social rehabilitation. The patient should not feel that he is "superfluous" for society. Relatives and the administration of the enterprise should show not only attention and care, but also organize feasible work at home, for example, glue boxes, etc., use its residual working capacity.

No. 31. It is necessary to explain to relatives that for each case of acute poisoning an act of industrial accident is drawn up if it was caused by an emergency or other situation at the enterprise. In this case, there was no emergency in the mine and all the comrades from his brigade are healthy. The administration of the enterprise did not draw up an act on the accident at work.

No. 32. The doctor must explain to the relatives that their loved one was unwell even before the trip and that if he had severe carbon monoxide

poisoning, he would lose consciousness in the car and would not be able to get to the hospital. Add that their doubts will be resolved by the autopsy results.

No. 33. The wife and the patient can be told that one of the many causes of the disease can be the impact of occupational hazards. However, the question of the occupational category of the disease in this case can be resolved only if there is an act on an industrial accident indicating the formation of large concentrations of toxic substances in the working area.

A doctor who suspects acute industrial poisoning is obliged to inform the SES about this within 1 day by issuing an emergency notification form. The diagnosis of acute industrial poisoning with explosive gases (nitrogen oxides, carbon monoxide, etc.) is legally competent only on the condition that a statement of an industrial accident is submitted.

No. 34. The doctor on duty has the right to draw up a will, but no one, including the persons indicated in the will, should know the content of the document during the testator's life. Instructions of the Ministry of Health of the Russian Federation.

No. 35. In accordance with Russian medical ethics, it is immoral and unacceptable to infringe on the authority of a colleague.

It is possible to point out errors only through personal contact with a doctor, in case of gross errors and violations - in an administrative manner. Patients should not be advised to search for scarce drugs. For deontological reasons, one should not report the forecast options; it is desirable to instill belief in the possibility of recovery.

No. 36. The answer is wrong. The district occupational pathologist had to familiarize himself with the recommendations of the KEK of the occupational pathological clinic regarding sanatorium treatment and then (with a positive decision of the KEK) ask the trade union organization of the enterprise to provide a ticket to the sanatorium of the corresponding profile.

№ 37. For the period of feeding the child, the mother should be removed from contact with pesticides (transferred to other working conditions). The doctor should prescribe a thorough clinical examination of the mother and child and, in the absence of signs of intoxication, convince the mother and father that nothing threatens the child's health.

No. 38. It is necessary to explain to the patient that there is complete isolation between the dermatological and venereal departments, which prevents the possibility of infection. If the arguments are unconvincing and the situation is conflicted, the patient can be transferred to the dermatological department of the occupational pathological clinic in another city.

On the subject: "DOCTOR - MEDICAL TEAM"

No. 39. Of course, the behavior of such a doctor deserves every censure. Can a patient's life be more expensive than a few hours of rest for a doctor, even during his tariff vacation?

№ 40. The attending physician before the appointment of HBO should have consulted with the specialists of the hyperbaric department. The patient must be explained about the existing contraindications on the part of his health to receive HBO sessions.

No. 41. A case of inattention to the patient's treatment should be discussed in the department or at a clinical conference,

No. 42. The head physician made the right remark to the staff of the department. During work, all employees, regardless of personal relationships, must be addressed only by their first name and patronymic.

No. 43. In this case, several deontological mistakes were made. First, the nurse did not have to tell the patient about an unspecified surgical intervention; secondly, a conflict situation must be discussed at a clinical

conference of doctors.

No. 44. No, it's wrong. This can give rise to unfounded complaints from the patient and create a difficult conflict situation.

№ 45. The doctor's attempt to earn "cheap" authority, belittling the dignity of his colleague, is often a hidden form of lack of competence, causes irreparable harm to the patient, brings doubts about the favorable outcome of the disease.

No. 46. The tactics of the oncologist who consulted the patient was wrong. It was necessary to consult with senior colleagues, discuss the patient's condition at the council and, possibly, prescribe additional examination and observation in dynamics.

No. 47. The head of the department should not make remarks to residents for joint rounds with nurses, but, on the contrary, welcome a useful undertaking.

No. 48. The chief physician acted incorrectly, criticizing the actions of a colleague in the presence of middle and junior medical personnel, moreover, the criticism was based only on the patient's statement, and not on the results of checking the complaint.

No. 49. The head of the department in this situation should have invited the nurse to the office and only there to make a remark to her. In the presence of patients, medical workers are not allowed to make comments.

№ 50. In this situation, it is more expedient to ask the patient to leave the office and find out the dose of the drug from the doctor.

No. 51. The doctor acted deontologically wrong. Indeed, at the time of the examination, there might not have been an occupational disease, but this had to be explained to the patient not by the lack of knowledge of occupational pathology by specialists, but by the regression of the disease, which was facilitated by his correct employment.

On the subject: "MEDICAL SECRET"

№ 52. The patient should not be told the true diagnosis, but explain that he has been diagnosed with a benign tumor or cyst, which can take on a malignant course. It is necessary to convince the patient and his relatives that surgery is the only effective method of treating this disease.

No. 53. The attending physician had to explain to the patient that the peculiarities of the course of his disease were discussed at the council, the reasons for the progression of pneumoconiosis were found out in order to outline a course of preventive measures aimed at preventing the progression of the disease, in particular, the elimination of chronic tonsillitis. The oncologist's diagnosis should not have been reported.

№ 54. It is not recommended to take anamnesis and discuss the past diseases in the presence of other patients, as this negatively affects the patient.

No. 55. The doctor must tell the patient that his condition will definitely improve, subject to strict adherence to all medical recommendations.

№ 56. The patient must be explained that he is transferred to the hematology department to find out the nature of the changes in the blood, without naming the diagnosis of the disease.

No. 57. Zhenya can be told that the examination has not yet been completed, that it is necessary to consult a specialist from another medical institution. Only after consulting an oncologist, in a case that leaves no doubt, can the truth be revealed.

№ 58. When patients are discharged from a professional pathological hospital, an extract is issued, in which the diagnosis must be recorded. In this case, it is necessary to explain to the sick person that the toxic damage

to the blood from exposure to benzene proceeds favorably after the elimination of the impact of industrial hazards.

№ 59. The radiologist should know that the patient can hear everything and remember what has been said. The increased medical literacy of the population and the availability of medical literature should also be borne in mind.

Content:

Foreword	3
Tasks by topic:	
"Doctor-patient"	6
"The doctor is a relative of the patient"	16
"Doctor - medical team"	20
"Medical secret"	24
Standards of answers to tasks on topics	27