



**MEDICAL CARE DEFICIENCIES IN THE WORK OF PEDIATRICIANS AND
GENERAL PRACTITIONERS: AN ANALYSIS OF SHORTCOMINGS IN DIAGNOSIS
AND TREATMENT**

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Abstract: This article analyzes the shortcomings of medical care in the activities of pediatricians and general practitioners (GPs), in particular, shortcomings in diagnosis and treatment. The results obtained based on the materials of the commission forensic medical examinations (CFME) conducted in Andijan, Namangan and Fergana regions in 2012-2021 show that the majority of shortcomings are at the diagnostic stage (50.1%) and due to subjective reasons (83.6%).

According to the results of the study, diagnostic errors prevail in pediatrics and pediatrics (78.7% and 63.1%, respectively). International studies also confirm the high incidence of diagnostic errors in pediatrics (for example, 54% of pediatricians make errors 1-2 times a month). The article provides recommendations for the causes, consequences and prevention of errors.

Keywords: Pediatrician, general practitioner, medical care deficiencies, diagnostic errors, treatment deficiencies, forensic medical examination, children's health, subjective reasons, primary care, Uzbekistan.

Introduction

Children's health is one of the priorities of state policy, and improving the quality of medical care is the main task of the healthcare system. The New Uzbekistan Development Strategy for the Republic of Uzbekistan for 2022-2026 pays special attention to improving primary medical and sanitary care. However, the materials of the CFME show that deficiencies in medical care in the activities of pediatricians and primary health care providers are still an urgent problem. According to the World Health Organization (WHO), diagnostic errors in pediatrics are higher than in adults and are one of the important causes of child mortality.

This article analyzes the shortcomings based on the materials of the CFME conducted in Andijan, Namangan, and Fergana regions in 2012-2021.

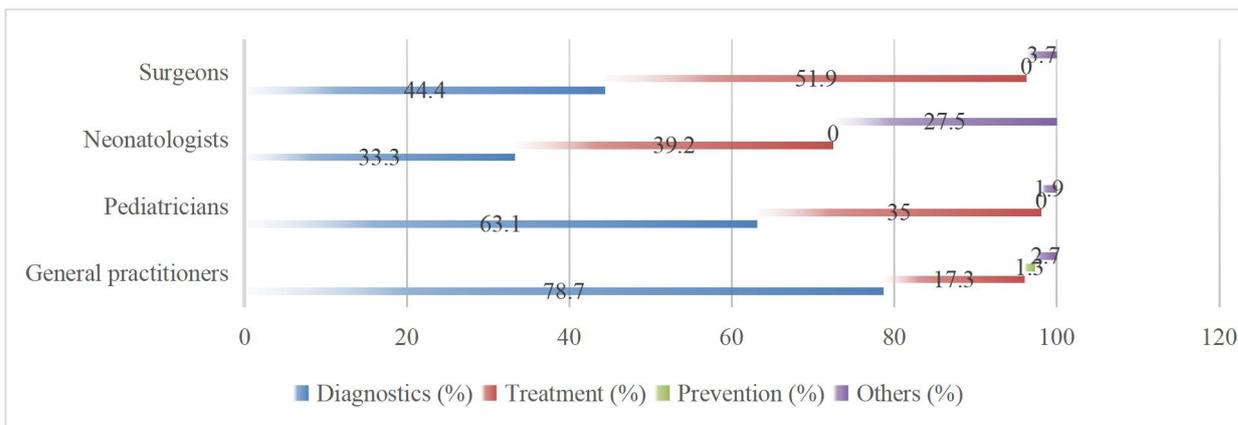
Research methods

The study was based on a retrospective analysis method. The materials of the CFME conducted in Andijan, Namangan and Fergana regions in 2012-2021 were studied. The data were grouped by specialty, type of defect (diagnosis, treatment, prevention), causes (subjective, organizational, objective), age groups and consequences. Statistical analysis was carried out using percentages and tables. In addition, international literature (WHO, PubMed, PMC) and documents on healthcare reforms in Uzbekistan were compared.

Research results

Table/Diagram 1. Types of medical care deficiencies by specialty (in percent)

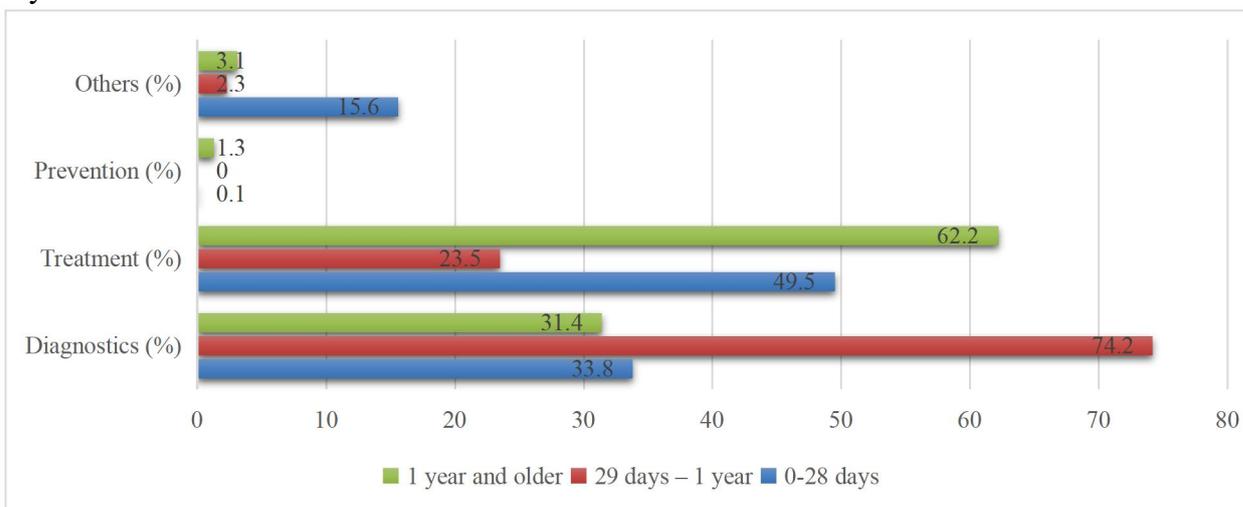
Specialization	Diagnostics (%)	Treatment (%)	Prevention (%)	Others (%)
General practitioners	78.7	17.3	1.3	2.7
Pediatricians	63.1	35.0	0	1.9
Neonatologists	33.3	39.2	0	27.5
Surgeons	44.4	51.9	0	3.7



Diagnostic errors accounted for 50.1% of the total, treatment – 44%. In children under 1 year old, 85.6% of the errors had a serious impact on the outcome. Subjective reasons – 83.6%.

Table/Diagram 2. Types of defects by age group (in percent)

Age group	Diagnostics (%)	Treatment (%)	Prevention (%)	Others (%)
0-28 days	33.8	49.5	0.1	15.6
29 days – 1 year	74.2	23.5	0	2.3
1 year and older	31.4	62.2	1.3	3.1



Discussion

The results are consistent with international studies: 54% of pediatricians may make a diagnostic error 1-2 times a month. Studies (Singh H. et al., 2010) show that 54% of pediatricians may make a diagnostic error 1-2 times a month. This is often associated with the phenomenon of "pseudonormalization", that is, a serious illness in a child may be misdiagnosed when the symptoms are milder or vaguer than in adults. In Uzbekistan, the number of errors in primary care is high, which is associated with a lack of skills and non-compliance with standards. According to WHO standards, diagnostic errors have a serious impact on children's health. Reforms (introduction of electronic systems) can reduce errors.

High diagnostic errors at the primary level related to:

1. **Lack of skills and continuing education:** Especially for rare or rapidly evolving diseases.
2. **Failure to strictly adhere to medical standards:** Ignoring clinical protocols and guidelines.



3. **Excessive workload:**The high workload of primary care physicians and pediatricians limits time for communication and examination.
4. **Lack of resources:**Lack of modern diagnostic equipment in some primary health care facilities.

According to WHO standards, diagnostic errors have a serious impact on children's health, as delayed or incorrect diagnosis leads to inappropriate medication use (Medication Errors in Pediatrics, 2022) and an increased risk of death.

Reforms underway in Uzbekistan (e.g., the introduction of electronic records systems, Uzbekistan health reforms, 2023) have the potential to improve the quality of healthcare and reduce errors, as they help streamline data and support clinical decisions.

Conclusion

Deficiencies in the work of pediatricians and primary care physicians are mainly due to the diagnostic stage and subjective reasons. This increases the risk of child health, especially infant mortality. Primary care needs to be improved.

Recommendations:

To minimize medical care deficiencies, the following are recommended:

1. Medical training and simulation training:

- Introduce regular, practical, simulation-based training courses on the diagnostic process.
- Psychological support to prevent burnout.

2. Strict implementation of diagnostic standards and auditing:

- Ensure strict adherence to clinical protocols for diagnosis.
- Regularly monitor and evaluate the quality of medical records.

3. Expanding electronic records systems and supporting clinical decisions:

- Introducing error alert mechanisms in the electronic medical record (EMR) system (for example, about missed important examinations).

4. Improving communication with parents:

- Communicate the diagnosis and treatment plan in understandable language.
- Regularly educate parents about "red flags" (dangerous symptoms).

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