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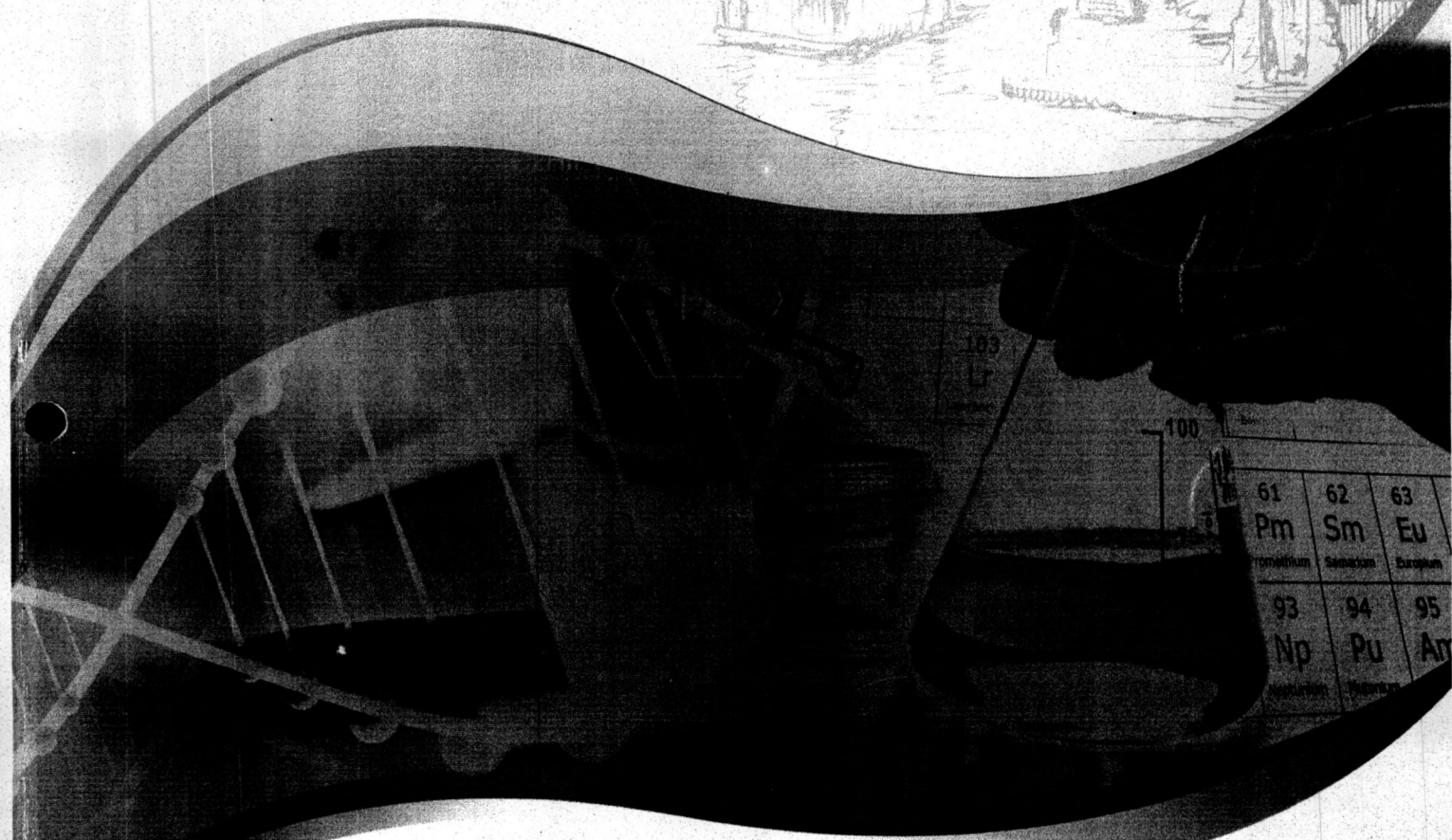
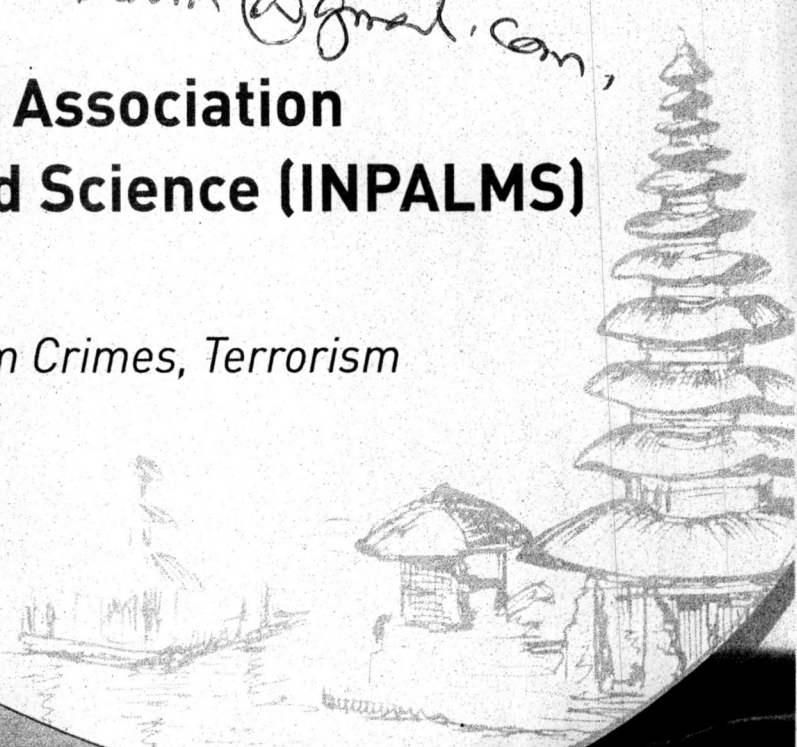
PROGRAM BOOK

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PS 11 - 1

Present and Future of Sri Lankan Forensic Practitioner's Role in Civil Compensation Cases

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Back ground- In Sri Lanka obtaining medical evidence for civil compensation cases, is difficult and expensive because of compulsory transfer of government medical officers in every 4 years. Therefore Judicial Medical Officers (JMO) are frequently summoned because JMO had examined the patient and trained to give evidence in courts. Respondent party usually opposes stating that JMO had only medico legally examined the patient and he is not an expert to describe the ordinary outcome of the patient's condition. But lot of compensation cases had been successfully concluded with medical evidence of JMO who prepared with reexamination of the patient.

Discussion of the concept-Author proposed that Sri Lanka needs a medical certificate called "disability certificate for civil compensations" for all civil compensation cases to help courts. The certificate should include the history of the incident, initial examination, diagnosis, summary of the management, condition at the time of discharge, summary of clinic follow-up, all temporary and permanent disabilities, outcome of each disability, effect of each disability on his professional life and personal life. This certificate will be signed by the clinician/s and JMO, issued when requested by the patient before filling the compensation case and if necessary before the trial date also.

Conclusion- JMO will give oral evidence first, based on this report and if required clinician will be summoned to minimize unnecessary harassments to large number of patients managed by clinician. Respondent party also will have the opportunity to request a new examination and new certificate by different medical experts.

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PS 11 - 2

Injury Patterns and Contributory Factors in Patients Admitted to Colombo-South Teaching Hospital (Csth) Sri Lanka Following Occupational Machinery Injuries

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Background: Occupational machinery injuries lead to significant mortality and morbidity in Sri Lanka. Extensive researches on this area are scanty though it is vital for implementation of preventive measures.

Method: A descriptive cross-sectional study was conducted using an interviewer-administered questionnaire on 384 patients admitted to CSTH following occupational machinery injuries over a period of two years.

Results: Males were most affected (85%). Highest number of casualties was reported in timber industry, agriculture and building construction respectively. Peak-hours for accidents were from 12 noon to 6 pm. 17% had consumed liquor at the time of the incident while 47% were chewing beetle. 9.4%, 7.5% and 5.8% had pre-existing arthropathies, visual and hearing disturbances respectively. 12.5% were disturbed following conflicts at work place while 34.4% had domestic problems. 36% had never been properly trained for the job while 34% incriminated old-faulty machinery. 68.8% claimed pressure of work-load within limited time as a factor. 78% stated the lack of safety-gear while 15% admitted non-compliance with safety-precautions as contributory factors. 81% was not insured against work-place accidents. 87% of the events were eye-witnessed or recorded on CCTV. The most affected body-area was upper limbs (84.4%) followed by chest, head & neck and abdomen. 58% resulted in temporary- partial disabilities while 21% lead to permanent-partial disabilities.

Conclusion: Cross-tabulation of the severity of injuries with consumption of liquor, work place-conflicts, lack of safety gear and training, over-working and non-adherence to safety precautions showed significant values. Occupational injuries in Sri Lanka represent a preventable morbidity.

Key words: occupational machinery injuries, preventable morbidity, liquor, safety precautions