

Suicide is organized as planned way out of any situation. Man in detail represents the whole sequence of actions that will lead him to a tragic end.

The above helps the psychologist to understand the process of preparation for the suicidal act and to take urgent measures to provide immediate counseling assistance

aimed at preventing self-destructive behavior.

Get out of the impasse can be with his legal and professional basis for interaction between the structures of government and society by improving the socio-economic, environmental and other conditions that facilitate human life.

FORENSIC-MEDICAL EXAMINATION OF CASES OF ACUTE POST-TRAUMATIC RESPIRATORY FAILURE IN ALIVE PERSONS

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Damage of the respiratory system (DRS), larynx, trachea, lungs is characterized by the appearance of large number of open and closed damages, such as chopped, cut, stab, gunshot wounds, breaks of the walls of internal organs, fractures and dislocations of the cartilage of the larynx, chemical and thermal burns, that are not infrequently accompanied by symptoms that are dangerous for life and require thorough forensic-medical diagnostics.

Herewith, in specialized literature and legal documents, summation of features of acute respiratory insufficiency (ARI), which must be used for its forensic-medical evaluation, is not substantiated in sufficient level. Not defined, in which severity level of ARI, forensic experts in case of DRS must evaluate this injury as dangerous for life. It should be noted that in different literature authors suggest different laboratory and instrumental parameters that characterize the signs and severity of ARI. Also, there's different classification of ARI, adduced by scientists, that is to say there's no unity of views. Peculiarities of ARI in certain types of injuries of respiratory system are not determined in scientific works.

The purpose of our research in this works was the content analysis of expert cases on respiratory system injuries, complicated by ARI, for identifying the ways of improving forensic-medical diagnostics.

We analyzed the conclusions of forensic-medical examinations connected with DRS from archives of Kharkov regional bureau of forensic medical examination of 2006-2014 years. In this case expert research has been conducted in the department of expertise of victims, indicted and other persons, as well as in the department of commission forensic-medical examinations. Altogether, 86 examinations were analyzed.

The analysis of the observations showed that the greatest difficulties in the experts are the cases of forensic-medical evaluation of blunt trauma of lung with hemopneumothorax and ARI occurrence, especially when uninjured ribs. In the course of examinations take place cases, connected with change of severity level of physical injuries, established during the initial and follow-up, including the commission forensic-medical examination (40% of cases examinations connected with hemopneumothorax). Carrying out such

examinations, experts in their conclusions refer to paragraph 2.1.2 "Rules of determining the severity level of physical injuries" and evaluate chest and its organs trauma as severe physical injury and life-threatening. Wherein the conclusion from consultant surgeon obtained that in case of non-providing the patient medical care, chest and its organs injury could lead to death. Then, during repeated commission examinations previously estimated severe level of physical injuries is changed to mild level of physical injury, causing short-term health disorder. The experts refer to the absence of ARI as a dangerous for a life event, in accordance with paragraph 2.1.3 "o" "Rules ...". However, due to analysis of medical documentation given to experts, medical aid is provided to victims before the appearance of ARI signs, or its features are not fixed in the medical documentation. In some commission forensic-medical examination for severe physical injury experts include DRS only on the basis of an increase

of respiratory rate in patients, regarded as ARI.

Based on a thorough analysis of contemporary literature, devoted to the diagnosis of emergency conditions, we selected ARI criteria, which can be used to improve the objectification and estimation in forensic-medical examination. Depending on the severity level of ARI, we have identified and grouped 15 clinical, instrumental, laboratory parameters, which include the definition of partial oxygen tension and carbon dioxide in arterial blood, its acidity etc., which is quite objective and characterize four degrees of ARI severity level.

Forensic-medical evaluation of injuries DRS, which belongs to dangerous for a life, especially with the emergence of ARI has some difficulties. Using of well-defined clinical, instrumental and laboratory signs of ARI in forensic-medical examination will increase objectification of expert conclusion and help to avoid mistakes at determining the severity level of physical injuries.

THE MAIN MISTAKES OCCURED AT THE ASSESSMENT OF SEVERITY OF INJURIES

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Determination of the severity of injuries is one of the main tasks of a forensic expert. It must be said that despite the existence of clear regulation of forensic examination of living people, from year to year experts have difficulties when carrying out such examinations. As practice shows, the mistakes made by experts of different bureaus are similar. It is necessary to stop more in details on the main mistakes. Neurosurgeon, neuropathologist, radiologist, traumatologist, surgeon, etc. are not always

involved when carrying out such examinations for an assessment of medical documentation or inspection of the victim, the medical documents containing data on a state of health of the injured person for the period previous injuries aren't studied, factors which cause extensions of term of recovery aren't considered - the untimely address of injured for medical care, getting some damages (especially traumatic brain injury) in an alcohol intoxication, medical diagnostic measures are also ignored, results of