

A proposal for the development of the medico-legal institute

Objectives

This century demands, yet obliges, for a rapid and efficient responsive organization. Indeed, imposes for a knowledge worker who is highly qualified, innovative and can work autonomously plus in teamwork. Though globalization well recognized as a market phenomenon, it is not so far to find such a specific service offered by the medico-legal institute face the question of quality trust from the society or the concerned authorities. It is also, not so far, for that service to privatize, replaced with universities or even shared by foreign experts with the increasing tendency for countries to remove barriers in a marathon pace. "To deal with global competition, employees have to be able to keep up with knowledge and new ideas to stay in the race".¹ The medico-legal institute challenged to take a fateful decision for one of two options. The first is, to keep the bureaucratic structure with the old vertical, conventional management and day-by-day working staff with an "artificial sense of stability".² The second is, restructure the hierarchy and change the professional staff into knowledge workers. As a governmental organization, the vertical hierarchy could modify not totally discarded, with practice that is more flexible, lateral coordination communication and cross-functional teams. Flexibility, as it might face some resistance, could approach within the modified vertical structure.³ Flexibility does not necessary to be opposite the structure, but it might make the process of organization with the concept of the network and independent access to information and decision making³ own translation from an Arabic translation to the original text). To change the staff into knowledge workers, the organization should adopt research work & development of the human capital, activate the partnership with the universities, locally plus globally, and motivate "different innovation streams".² Only organizations with clear vision for future that encourage innovation and codify the concept of knowledge workers will survive in the 21st century competition.⁴ "The education level of employees quantifies their quality and skill, and often used to measure firms human capital".⁵ The holly bureaucracy, is now replaced by the globalization's paradise or hell.

Discussion

Introduction

I. "How a single person", in the position of the head of the Medico-Legal Institute "could possess combination of leadership skills, managerial talent and specialized knowledge"?".²

An obvious problem undermines the performance and threatens the future of such a unique organization. It is nonnegotiable that, the portfolio of work of the organization is very complex, diversified based on geography and specializations, the branches and advances of the forensic sciences. Dealing with multiple authorities and living in the era of media and press propaganda, making an extra-load for one person to handle. The vertical shaped hierarchy of the organization, the lack of flexibility and proper communication has a great impact. Those factors influence the organization speed in decision-making,

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respond to pressure, anticipate the future and impose a design for adoptive structure.

II. "The education level of the employees quantifies their quality and skills, and often used to measure firms human capital".⁵

The absent, holy obligation for the organization, is to be fully conscious about its human capital training, education and assessment. Deterioration starts when development ceases. There is great risk for losing the previous domination within the regional competitive capacity. Furthermore, with the rapidly changing environment, the stability becomes an illusion. Indeed, confidence based on quantity achievement, is an obsolete module. Those concepts and practice never make a knowledge worker.

The body

I. The vertical structure of the organization should modify to achieve the strategic imperatives for the future:

- i. The "module of forensic provinces", should be adopted with a "chief forensic medical officer, C.F.M.O."⁶ to direct each province for speed response and decision making especially for routine decisions.
- ii. The "medico-legal offices" should all become "medico-legal centers"⁷ to adopt with the geographic and multi-specialized diversions (Toxicology, serology and forgery, firearm analysis and odontology) for prompt and efficient response, "speed is not only faster but different".² That centers will work as a "cross functional team".⁸
- iii. The multi-task responsibilities of the C.F.M.O. obliges for an "executive team of senior, soft, staff with high knowledge and insight",² leaded by that C.F.M.O. to take speed decisions and anticipate for the future.

II. "Metrical research and development using different innovation streams"² should be a fixed imperative and strategy:

- i. "Legal/forensic medicine is an applied science in which experience play a role that is difficult to overestimate".⁹ The overestimation of the role of experience should change. The partnership with the university should activate. Comparing the

- role of the universities in different nations, there is a wondrous state, here. While the legal medicine in Italy and France for example, are similarly contained within the universities.¹⁰ While in "U.K.",⁶ "Turkey",¹¹ and "Iran"⁷ practice and R&D are based on partnership of professionals and the universities. The result of separation is no R&D work by the experts and even the university staff, has only theoretical knowledge, which is helpless.
- ii. "Objections rose already and rightly of the comprehensive competence of the medico-legal expert".⁹ Multitask module of the medico-legal expert should be changed. For competent organization aiming for speed, efficient performance and competitive innovation, "various business models"²² such as autopsy for criminal cases and court testify, clinical forensic medicine and medical malpractice cases, each should specify for different team work at a time with rotating "strategic life cycle".²
- iii. A "routine purposeful cannibalism" should conduct upon the non-qualified staff, a real human cannibalism. One of the causes of "organizational conflicts are the different values and goals".² The improvement and competence should be the protected culture inside the organization.
- III. "Organizational competency, a unique factor to make the organization competitive",¹² in speed and innovation could achieve with the continuous presentation of the case reports, the unique character of the forensic medicine.
- i. Through "case reports, projective statistical and mathematical models could be created and saved as centralized database"²⁹ to be accessible for all staff, speed, anticipation and rapid response could achieve.
- ii. Organizational competency for speed performance, multitask work, flexibility and innovation could achieve by "lateral coordination, communication and coherence, sharing information, authority and responsibility"¹⁰ in a clear base.
- iii. Organizational competency for speed performance could achieve by new system with "minimal bureaucracy, as one national jurisdiction that divided administratively with qualified coroners that avoids delays in burial".¹³

Conclusion

- I. The vertical hierarchical structure of the medico-legal institute, should modify and the professionals should be knowledge workers by:
- i. Executive team, that works with the C.F.M.O, for speed response, qualified performance and anticipation.
- ii. Medico-legal centers should exist for the diversified geography and specialization with cross-functional teams.
- iii. Integration and lateral coordination, adaptation plus innovation, free access to information and direct communication are all bridges for the new competent organization.

- iv. Research and development, case reports data base, training and continuous education with evaluation are all bridges for competent innovative staff.
- II. My final opinion is that the medico-legal institute to overcome the challenges of the environmental changes, locally and globally should modify the vertical structure by selecting an executive skilled team, establishing the province medico legal centers for the diversifications in geography and specializations. The relationship between the main center and the provinces should be flexible with distributing authorities and sharing responsibilities. The partnership with the universities is the mandatory solution for R&D and mutual benefits for both parties.

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Conflicts of interest

The author declares that there are no conflicts of interest.

References

- Ceyhan C, Turgut H. Tako tsubo Cardiomyopathy. *Adnan Menderes University Med J.* 2010;11(7):47–55.
- Prasad A, Lerman A, Rihal CS. Apical ballooning syndrome (Tako Tsubo or stress cardiomyopathy): a mimic of acute myocardial infarction. *Am Heart J.* 2008;155(3):408–417.
- Huang HD, Birnbaum Y. ST elevation: differentiation between ST elevation myocardial infarction and nonischemic ST elevation. *J Electrocardiol.* 2011; 44(5):494.e1–494.e12.
- Gianni M, Dentali F, Grandi AM, Sumner G, et al. Apical ballooning syndrome or takotsubo cardiomyopathy: a systematic review. *Eur Heart J.* 2006;27(13):1523–1529.
- Barker S, Solomon H, Bergin JD, et al. Electrocardiographic ST-segment elevation: Takotsubo cardiomyopathy versus ST-segment elevation myocardial infarction—a case series. *Am J Emerg Med.* 2009; 27(2):220–226.
- Dorfman T, Aqel R, Allred J, Woodham R, et al. Takotsubo cardiomyopathy induced by treadmill exercise testing: an insight into the pathophysiology of transient left ventricular apical (or midventricular) ballooning in the absence of obstructive coronary artery disease. *J Am Coll Cardiol.* 2006;49(11):1223–1225.
- Bybee KA, Murphy J, Prasad A, et al. Acute impairment of regional myocardial glucose uptake in the apical ballooning (Takotsubo) syndrome. *J Nucl Cardiol.* 2006;13(2):244–250.
- Daoko J, Rajachandran M, Savarese R, et al. Biventricular takotsubo cardiomyopathy: case study and review of literature. *Tex Heart Inst J.* 2013;40(3):305–311.
- Sugiura T, Dohi Y, Yamashita S, Goto T, et al. Midventricular ballooning Takotsubo cardiomyopathy complicated by transient complete atrioventricular block. *Intern Med.* 2013;52(17):1919–1921.