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# The Importance of Legislation in Emergency Department Care

**José César Velázquez-Castillo[1], Elía Mariana Velázquez-Mendoza[2], Alan Suresh Vázquez-Raposo[3]*, María del Pilar Cejudo-García de Alba[1], María de Los Ángeles Dichi-Romero[4] and Luis Rey García-Cortés[4]**

*[1]Regional General Hospital 196, Mexican Social Security Institute, Ecatepec de Morelos, State of Mexico, Mexico.*

*[2]The Ministry of Health of Mexico City.*

*[3]Clinical Psychologist, Farmacias Similares (Similar Pharmacies), Mexico City, External Collaborator Medical Auxiliary Coordination of Health Research, Mexican Social Security Institute, Tlalnepantla de Baz, State of Mexico, Mexico.*

*[4]Mexican Social Security Institute, Tlalnepantla de Baz, State of Mexico, Mexico.*

***Correspondence:**

Alan Suresh Vázquez-Raposo, Clinical Psychologist, Farmacias Similares (Similar Pharmacies), Mexico City. External Collaborator Medical Auxiliary Coordination of Health Research, Mexican Social Security Institute, Tlalnepantla de Baz, State of Mexico, Mexico.

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## ABSTRACT

*It is well known that medical care in emergency services is preceded by a series of administrative and social checks in different health institutions; in such a way, that it is apparently designated by factors such as the right to an institution, belonging to a certain area, the hours in which patients come and, above all, the classification of the type of emergency that is attended. However, it is important to clarify and emphasize that above these edges are laws, regulations, procedures and decrees that we will address in this article with the sole purpose of establishing a current, updated and applicable regulatory framework for medical care in health services. emergencies in our country regardless of whether there is a right or designation of care areas, which we believe will help the health professional of this service to carry out his medical act safely and efficiently.*

## Keywords

Regulation, Health, Health Care, Legislation, Emergencies, Medicine.

## Introduction

To begin with, it is necessary to point out that "*It is important to consider initially Article 4 of the Constitution that stipulates that "every person has the right to health protection", which in our country represents various aspects based on who considers this premise; Thus, it is important to consider some statistics in the strict sense of this right: by the end of 2012, 25.3 million people did not have access to health care and 47.8 million were affiliated to the Seguro Popular. By 2017, 57% of the employed population in Mexico worked in the informal sector without access to social security, which in many cases depended on the popular insurance that offered partial coverage for health care, even considering some major surgeries without a definitive solution.*" [1].

Citing the Document: "The Quality of Health Care in Mexico through its Institutions" [2], the following conclusions were issued regarding the quality of health care and the right to it:

"In the scheme of plans, programs and projects, the objectives, strategies and guidelines under which every order of government must base its operation and functioning are established. The responsibility of the plan-based system is to extend a sustainable and quality benefit to all areas of society, regardless of the particularities and diversity that may arise. Having expressed the change of vision in the highest Mexican legal system to observe individual guarantees as human rights, together with the obligation of the State to protect the right to health protection, it is necessary to generate solid foundations that allow the State to guarantee access to such services. To this end, a National Health System is conceived with eight objectives that, in summary, direct efforts to the provision of health services to the entire population and to improve their quality in individual, family and social conditions.

In turn, the system considers the actors called "medical, technical and auxiliary service providers", who must develop skills and competencies for the benefit of their work and the provision of medical service, based on quality, warmth, timeliness, information and safety for their patients. From the late 1980s onwards, new social, political and economic actors were identified in search of public spaces where they could participate, decide and be able to satisfy those demands that were not covered by the government. The Public Administration found that its influence and credibility in society had decreased, so it rethought operating instruments, incorporating new elements such as the implementation of strategic plans and the so-called public policies. Management is then an instrument from which a public policy is built, incorporating citizens and those organizations that have an interest in intervening in decision-making to obtain consensual policies that allow the objectives established by the actors to be achieved. Contributing to the improvement of the quality of health care and patient safety must be a central issue on the public agenda, so determining the mission, vision, objectives and goals of the National Health System and generating viable environments for both service providers and users through Strategic Planning. it is a public policy challenge. Planning, organizing, directing and controlling (mechanical and dynamic phases of administration through its administrative institutions), or planning, doing, verifying and acting (PHVA: Deming Cycle), must be the attitudes that allow generating a lifestyle, a governmental philosophy, so that through a mental process, exercising the intellectuality of the actors of the organization, the paths that must be followed to achieve each objective and goal are generated with the established times and the resources assigned, in accordance with the legal, ethical and deontological standards that serve to achieve maximum effectiveness and efficiency in the public service, in order to provide through the EP satisfaction to users and their inspectors; generate alternative courses of action that allow the continuity of the service, in case of catastrophic events; Generate an attitude of commitment and development in health personnel in search of continuous improvement to take advantage of measurement and analysis tools for the benefit of citizens who increasingly demand quality services, with warmth and safety."

In such a way that even and despite various efforts by each government to guarantee the right to protection to health, the achievement of these objectives is still ineffable.

In this sense, it is imperative to consider Chapter IV of the General Health Law of the Ministry of the Interior [3]. Users of Health Services and Community Participation, in its various articles:

- ***Article 50.*** *For the purposes of this Law, a user of health services is considered to be any person who requires and obtains those provided by the public, social, and private sectors, under the conditions and in accordance with the bases established for each modality in this Law and other applicable provisions.*
- ***Article 51.*** *Users shall have the right to obtain timely health services of suitable quality and to receive professional and ethically responsible care, as well as respectful and dignified treatment from professionals, technicians, and auxiliaries. Users will have the right to choose, freely and voluntarily, the doctor who treats them from among the doctors of the unit of the first level of care that corresponds to them by home, depending on the hours of work and the availability of spaces of the chosen doctor and based on the general rules determined by each institution. In the case of social security institutions, only insured persons may exercise this right, on behalf of themselves and their beneficiaries.*
- ***Article 51 Bis 1.*** *Users shall have the right to receive sufficient, clear, timely, and truthful information, as well as the necessary guidance regarding their health and the risks and alternatives of the procedures, therapeutic and surgical diagnoses that are indicated or applied. When it comes to the care of users originating from indigenous peoples and communities, they will have the right to obtain necessary information in their language. Users have the right to decide freely on the application of the diagnostic and therapeutic procedures offered. In case of emergency or when the user is in a state of temporary or permanent disability, the authorization to proceed will be granted by the family member who accompanies him or her or his legal representative; If the above is not possible, the health service provider will proceed immediately to preserve the life and health of the user, leaving a record in the clinical file. Users of public health services in general will have facilities to access a second opinion. Informed consent, which is at the core of the right to health, both from the perspective of individual freedom and safeguards for the enjoyment of the highest standard of health. Informed consent is the express consent of a person, expressed in writing, to carry out a health diagnosis or treatment. All health care providers, public or private, are required to communicate to the individual, in an accessible, timely and understandable manner, truthful and complete information, including objectives, potential expected benefits and risks, and treatment alternatives, to ensure that services are provided on the basis of free and informed consent. Once the understanding of the information through the necessary means and supports has been guaranteed, the population using health services has the right to accept or reject them. In situations where a person is unable to consent to treatment at a specific time by any means, there is no advance directive, and their health is in such a state that, if treatment is not administered immediately, their life would be exposed to imminent risk or their physical integrity to irreversible harm, the health service provider will proceed immediately to preserve the life and health of the user, leaving a record in the clinical file, providing a justified report to the Ethics Committees and the competent judicial authority. In the case of children and adolescents, it is an obligation on the part of health care service providers to implement reasonable support and adjustments, appropriate to their age, so that their will and preferences are taken into account in determining the type of interventions aimed at guaranteeing their recovery and well-being. Reasonable accommodations shall be understood*

*as necessary and appropriate modifications and adaptations that do not impose a disproportionate or undue burden, when required in a particular case, to guarantee persons with disabilities the enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms. It shall not be understood that the person cannot give consent when it is considered that he or she is in error or that he or she is not aware of what he or she is doing.*

- ***Article 52.*** *Users shall conform to the internal regulations of the institutions providing health services, and shall provide care and diligence in the use and conservation of the medical materials and equipment made available to them.*
- ***Article 53.*** *The Ministry of Health and the governments of the states, within the scope of their respective competences, shall establish the procedures to regulate the modalities of access to public services for the general population and to social and private services.*
- ***Article 53 bis.*** *Health service providers, for the purpose of identifying users of health services, including beneficiaries of social security organizations, may implement biometric records and other means of electronic identification.*
- ***Article 55.*** *Persons or public or private institutions that are aware of accidents or that any person requires the urgent provision of health services, shall ensure, by the means at their disposal, that they are transferred to the nearest health establishments, where they can receive immediate attention, without prejudice to their subsequent referral to other institutions.*
- ***Article 56.*** *In accordance with the provisions of the applicable general provisions, the agents of the Public Prosecutor's Office who receive reports or complaints about persons who require emergency health services shall arrange for them to be transferred immediately to the nearest health facility.*
- ***Article 57.*** *The participation of the community in health protection programs and in the provision of the respective services is intended to strengthen the structure and functioning of health systems and to increase the improvement of the population's level of health.*

This establishes and stipulates the obligation of the population to know, recognize, apply and follow the health indications issued by the different public and private institutions intended for their health care and that are assigned and/or chosen by the requesting population; as commented in a previous publication, The maxim of medical care not only in the emergency department but in practically the entire medical act is informed consent (basic document of the doctor-patient relationship), which still continues to be a factor of omission in various institutions and constitutes one of the legal bases of the medical act.

## Development

On the other hand, as mentioned above, there are still situations of rejection of patients in the emergency services (adult emergencies, pediatric emergencies, gynecological emergencies, etc.); for which the main unfounded arguments are: he does not touch me, he does not belong to this unit, he does not have the right, I am leaving my shift, schedule him later, etc. Situations that only put at risk in the first instance the lives of patients and subsequently the safety of the doctor assigned to the emergency service since it violates the following articles considered in the Regulations of the General Health Law on Medical Care

- ***Article 30 Bis.*** *In the event of a medical emergency and when it is not possible to obtain authorization due to the user's incapacity and in the absence of the parents, guardians or those exercising parental authority, those responsible for their guardianship or custody and, in their absence, the person of their trust, of legal age or the competent judge, In accordance with the applicable provisions, the decision to provide the information to the persons who request it after the admission of the user will be taken by the authorized doctors of the hospital in question, after verifying the relationship of kinship or corresponding representation.*
- ***Article 48.*** *Users shall have the right to obtain timely health services of suitable quality and to receive professional and ethically responsible care, as well as respectful and dignified treatment from professionals, technicians, and auxiliaries.*
- ***Article 49.*** *The user shall be subject to the provisions of the institution providing health care services in relation to the use and conservation of the furniture, medical equipment and materials made available to him.*
- ***Article 71.*** *Public, social, and private establishments that provide medical care services for the internment of the sick are obliged to provide immediate attention to all users, in case of emergency that occurs in the vicinity of them.*
- ***Article 72.*** *An emergency is understood to be any acute medical-surgical problem that endangers life, an organ or a function and that requires immediate attention.*
- ***Article 73.*** *The person in charge of the emergency service of the establishment is obliged to take the necessary measures to ensure the medical evaluation of the user and the complete treatment of the emergency or the stabilization of his general conditions so that he can be transferred.*
- ***Article 74.*** *When the resources of the establishment do not allow the definitive resolution of the problem, the user must be transferred to another institution in the sector, which ensures its treatment and which will be obliged to receive it.*
- ***Article 75.*** *The transfer shall be carried out with the resources of the unit that makes the shipment, under the responsibility of its person in charge and in accordance with the respective regulations. If the appropriate means of transport are not available, those of the receiving institution shall be used.*
- ***Article 77.*** *Admission to hospitals shall be involuntary when, due to the user's inability to request it on his or her own, due to temporary or permanent disability, it is requested by a family member, guardian, legal representative or other person who in case of emergency requests the service and provided that there is prior indication in this regard by the treating physician. In this regard, the provisions of Article 81 of these Regulations for the granting of informed consent shall apply.*
- ***Article 79.*** *In the event of voluntary discharge, even against medical advice, the user, as the case may be, a family member,*

*guardian or legal representative, must sign a document clearly stating the reasons for the discharge, which must also be signed by at least two suitable witnesses, one of whom will be designated by the hospital and the other by the user or the person representing the patient. issue the document. In any case, the document referred to in the previous paragraph will relieve the establishment of responsibility and will be issued in duplicate, with one copy remaining in the possession of the same and another will be provided to the user.*

- ***Article 80.*** *In every hospital and whenever the condition of the user allows it, his written and signed authorization must be obtained upon admission to perform the medical-surgical procedures necessary to reach a diagnosis or to treat the condition in question, and must clearly inform him of the type of document that is presented to him for signature. Once the user has a diagnosis, the type of condition in question and its possible treatments, risks and sequelae will be clearly and precisely expressed. This initial authorisation does not exclude the need to subsequently obtain the authorisation for each procedure involving a high risk for the patient.*
- ***Article 81.*** *In case of emergency or when the patient is in a state of temporary or permanent disability, the document referred to in the previous article shall be signed by the closest family member accompanying him/her, or, where appropriate, by his/her guardian or legal representative, once informed of the nature of the authorization. When it is not possible to obtain authorization due to the incapacity of the patient and the absence of the persons referred to in the preceding paragraph, the authorized doctors of the hospital in question, after evaluating the case and with the agreement of at least two of them, shall carry out the therapeutic procedure that the case requires. Leaving a written record in the clinical file.*
- ***Article 86.*** *In hospitals where sick patients are admitted as detainees, the hospital shall only be responsible for medical care, and shall be in charge of the authority corresponding to the responsibility for their custody.*
- ***Article 87.*** *The emergency services of any hospital shall have sufficient and suitable resources in accordance with the official Mexican standards issued by the Secretariat, likewise, said service shall operate 24 hours a day throughout the year, with a doctor on duty responsible for it on a permanent basis.*
- ***Article 92.*** *In the case of violent death or death allegedly linked to the commission of unlawful acts, the Public Prosecutor's Office shall be notified and the corresponding legal and regulatory provisions shall be observed.*

To properly carry out compliance with these articles, it is vitally important to consider that *"at some point in our lives, we will all need to go to an emergency room, either for a personal need or to accompany a family member who requires it. However, it is important to know how the service of this service works. This service, as complex as it is essential, needs to establish an order of priorities. The professional resources available are not unlimited. In fact, the service must always be able to meet all demands. It is clear that emergencies are available 24 hours a day, 365 days a year. Therefore, it is important to organize and prioritize patients who come to the emergency room. The so-called triage, which is the intervention protocol used in all emergency departments in the world. This is governed by the principle that patient care is not stipulated by the order of arrival, but by the priority assigned. In fact, the importance of diagnosis is fundamental, since a diagnostic error can have legal consequences for the health professionals involved in the initial care of the patient. From the moment a patient goes to the emergency department, they are immersed in a circuit that will prioritize users according to the severity of their ailments.*

- ***Admission:*** *in this area, the administrative data and information necessary for the patient's affiliation are collected. At this point of the circuit you are given the identification bracelet. If the patient's health is compromised, it will be the companions who must carry out this admission procedure.*
- ***Information:*** *the health personnel will be in charge of informing the patient's evolution and the decisions that are going to be taken with respect to the patient.*
- ***Triage:*** *it is the method of classifying the severity of patients, the symptoms that the patient presents when they arrive at the Emergency Department and allows establishing the priority of care. The prioritization scale is made in four ranges, based on the basic concept in triage: "The urgent is not always serious and the serious is not always urgent.*

### *Emergency prioritization scale*

- ***Level 1, critical or resuscitation:*** *This emergency is marked in red and requires immediate medical attention.*
- ***Level 2, emergency:*** *For these cases, attention is required in the first 10-15 minutes. This priority level is associated with the color orange.*
- ***Level 3, urgency:*** *Care for these patients can be extended up to 60 minutes, although it should not be underestimated as it represents a life-threatening emergency. In this case, the color used is yellow.*
- ***Level 4, standard:*** *This priority level represents minor emergencies and it is estimated that care takes up to 2 hours at most. This priority level is associated with the color green.*
- ***Level 5, non-urgent:*** *This level of prioritization is considered the least urgent and the one that can take the longest. The patient's care time can be extended up to 4 hours.*

*Once the initial hierarchy of patients has been carried out, their situation may vary. In fact, those who are not going to be treated immediately will be re-evaluated periodically according to their previous situation, to identify any changes in clinical status that they may have experienced.*" [4].

In this sense, it is important to point out what Sánchez [5] highlights as objectives:

"Objectives and principles of emergency medical systems

Emergency medical systems must ensure at all times an appropriate, efficient and quality response to the population that

demands their services, with the aim of reducing mortality and morbidity of the person who suffers an urgency or emergency. To achieve this objective, the system is based on commonly shared principles, including:

- **Accessibility:** Resources must be accessible from anywhere and at any time, as well as respond to criteria of availability and diversity in relation to territorial particularities.
- **Efficiency:** The services must have an operation that allows a maximum reduction in reaction and attention time. In an emergency, a determining element in the evolution is the time elapsed until the first assistance occurs.
- **Quality:** The actions and practices carried out must be adapted to each situation, correspond to clinical recommendations (protocols), maximize the possibility of survival, as well as avoid the consequent complications.
- **Continuity:** The system must allow the integration of all the links in the chain between these services and the network of devices, both primary care and hospital, as well as social health. In this sense, it must allow the transfer of patients to the most appropriate establishments, as the case may be, and directly to the most specialized centers when necessary."

An important factor, especially in various geographical areas of our country, is the care for victims, which is also considered in the Regulations of the General Health Lawon the Provision of Medical Care Services [6], mentioned in the following articles:

***Chapter IX BIS On Medical Care for Victims Chapter***

*215 Bis 1. The purpose of this Chapter is to regulate the provision of medical care services, including medical, dental, surgical and hospital emergencies, in terms of the provisions of the Law, the General Law on Victims and other applicable provisions.*

- ***Article 215 bis 2.*** *For the purposes of this Chapter, in addition to the definitions contained in the other articles of these Regulations, the following shall be understood: I. Medical Emergency: A medical emergency, in terms of the provisions of Article 72 of these Regulations, that a person presents, as a result of the commission of a crime or the violation of his or her human rights, and II. Victim: The natural person who is in the cases of article 4, first and second paragraphs, of the General Law on Victims.*
- ***Article 215 bis 3.*** *Victims who have suffered injuries, illnesses and emotional traumas resulting from the commission of a crime or the violation of their human rights have the right to have their physical and mental health restored. To this end, the Establishments for Medical Care of the public sector are obliged to provide them with Medical Care services, including the care of Medical Emergencies, in terms of the Law, the General Law of Victims, these Regulations, the provisions issued by each public institution that provides Medical Care services and other applicable legal instruments.*
- ***Article 215 bis 4.*** *The Establishments for Medical Care of the public sector that provide Medical Care services to Victims, including the care of Medical, dental, surgical and hospital Emergencies, must, in accordance with the model of comprehensive health care referred to in Article 32 of the General Law of Victims, establish the corresponding mechanisms to guarantee care to those Victims who are not entitled or beneficiaries of the institution to which they are subjected. belongs to the Health Care Facility in which the Health Care is provided, as well as for referral to other Health Care Facilities, when the specialized services required by the Victim cannot be provided by the Facility in which the services are provided. The medical care provided in terms of the preceding paragraph must take into account the main effects and consequences of the victimizing event, always respecting the general principles for the protection of victims established in the applicable provisions and, in particular, the differential approach for women, children, adolescents, persons with disabilities, the elderly and the indigenous population.*
- ***Article 215 Bis 5.*** *The person in charge of the Medical Care Establishment that provides services to a Victim must supervise that his or her general state of health is assessed, in order to determine the injuries and other conditions caused by the commission of the crime or the violation of his or her human rights. In the case of a Medical Emergency, the person in charge of the emergency service of the Medical Care Establishment is obliged to take the necessary measures to ensure, once the medical evaluation of the Victim has been carried out, the complete treatment of the Medical Emergency or the stabilization of her general physical conditions so that she can be referred to another Medical Care Establishment, when appropriate.*
- ***Article 215 Bis 6.*** *In the event of a Medical Emergency, the Public Sector Health Care Establishments shall be obliged to provide the Victim with the services referred to in Article 30 of the General Law on Victims, regardless of their socioeconomic capacity or nationality and without being able to condition their provision on the filing of the complaint or complaint. as appropriate, without prejudice to the fact that they may subsequently be recognized as such in terms of the applicable provisions.*
- ***Article 215 bis 7.*** *For Medical Care and the monitoring of the Victim's state of health, the person in charge of the Medical Care Establishment and the treating physician must take into consideration the following: I. Make the referral to a Hospital of higher resolution, in which the specialty services required by the Victim can be provided until the end of their treatment. The transfer will be carried out with the own resources of the Establishment that makes the shipment. If adequate means of transport are not available, those of the receiving Medical Care Establishment shall be used. For the purposes of the provisions of the first paragraph of this section, the end of the treatment will be determined by the treating physician through medical discharge, which must be based on a set of assessments of the User's state of health and, where appropriate, supported by laboratory and cabinet studies. including those of image, as applicable; II. The medical appointment requested by the Victim must be granted within a period of no more than eight days. In the event of a Medical Emergency, the Victim must be attended to immediately; III. Perform the laboratory and cabinet studies on the victim, including imaging, that are*

*required to establish an adequate diagnosis and give timely follow-up to the evolution of his or her state of health, and IV. In the case of reconstructive dental services, the Victim must receive all the services required for the damages caused as a result of the crime or the violation of his or her human rights.*

In this regard, the National Human Rights Commission, in its Guidelines for the Comprehensive Care of Victims of Crime [7], mentions the following:

*Respect for the rights of victims of crime by some public servants, especially those related to criminal justice, is a fundamental element in consolidating the system of freedoms and guaranteeing a better exercise of human rights in a democratic State. with the aim of establishing the necessary legal bases for the adequate and timely attention to their needs without any limitations other than those established by law. The National Human Rights Commission, in its commitment to Mexican society, seeks to have a greater rapprochement with the people. This implies that victims receive special attention and that their position as a highly vulnerable and neglected sector is redimensioned, as well as indicating the guidelines that the State, in its capacity as guarantor, is obliged to follow to satisfy their needs, and recognize and enforce their rights as established in the Political Constitution of the United States of Mexico. Since the 1993 reforms to article 20 of the Federal Constitution, the rights of victims have been elevated to constitutional rank.*

*In 2000, section B, entitled On the victim or the offended party, was incorporated, and in 2008 this article was amended to incorporate section C, entitled "On the rights of the victim or the offended party", which has shown a transformation in the recognition of their fundamental rights. Crime generates a high social and financial cost that requires significant investments of time, resources and personnel, a situation that has also reflected insufficiency and, in some cases, deficiency of victimological care. In addition to the above, the fact that in our country there is a wide variety of instruments (institutional agreements or administrative agreements, adjective criminal laws, organic laws of the Attorney General's Offices and special laws that regulate the rights of victims) has meant that the provision of victimological services is not uniform and therefore the validity of such rights as well as their application is ineffective; in addition to the fact that most care centers provide preferential care to victims of family violence and sexual crimes, neglecting victims of other violent crimes. In this sense, the fundamental rights of victims recognized in the Mexican legal system grant individuals the broad and full protection that corresponds to them as human rights, binding on the public authorities, in accordance with the higher criteria of freedom and total respect for the dignity of the human being. This implies encouraging the authorities, on the one hand, to actively raise awareness and a governmental commitment to the promotion of the rights of victims and, on the other, to refrain from conduct that nullifies and ignores them.*

*In short, they constitute an imperative in view of, among others, the guidelines included in the Universal Declaration of Human Rights; the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power; the Inter-American Convention to Prevent and Punish Torture; the Optional Protocol to the International Covenant on Civil and Political Rights; the Rome Statute of the International Criminal Court; the Manual of Justice for Victims, on the Use and Application of the Basic Principles of Justice for Victims of Crime and Abuse of Power, the Hand Book on Justice for Victims, and the Vienna Declaration on Crime and Justice: Meeting the Challenges of the Twenty-first Century.*

*Victimological care consists of a series of interrelated actions, which are developed sequentially, in a comprehensive manner and aim to contain the effects of victimization through effective accompaniment of the victim, during all the stages and moments that the victim requires, attending to their legal, medical, psychological and social needs in a timely manner, and seeking their recovery. offering you security, confidence and protection. It is advisable that victimological care be worked on in three aspects: a. Immediate response. It is the one that is provided from the first contact with the DV. Its primary objective is to safeguard the physical and emotional integrity of the DV, and to contain the state of crisis in which he or she may find himself as a result of victimization. b. Effective accompaniment. It is the one that is provided once the victim's state of crisis has stabilized. Its objective is to meet the needs that it requires from the reporting of the crime. c. Institutional work. It is the one that is carried out in coordination with various public and private institutions, in order to provide victimological care in an optimal and efficient way.*

*Rights of victims of crime Victims of crime (in terms of the provisions of section C, article 20, of the Political Constitution of the United States of Mexico and international instruments on the subject) have the right to: guidelines for comprehensive care for victims of crime Emergency medical and psychological care. To be provided free of charge with emergency medical and psychological care in any of the hospitals or public health centers, when they present injuries and illnesses or emotional traumas resulting from the crime. Not to be physically examined, nor to submit to any study, examination, analysis or expert opinion, if they do not wish to do so, and any act of intimidation or physical force for this purpose is strictly prohibited. That the examination and medical, psychiatric, or any other type of care is carried out by personnel of the same sex, when requested, and that a family member or trusted person is present. Receive free post-traumatic treatment for the recovery of their mental health. Legal advice and other rights That they be provided with this type of advice in order to report the crime to the Public Prosecutor's Office, in addition to being provided with justice in a prompt, free and impartial manner.*

*To this end, it sets the objective of: Safeguarding the physical integrity of the DVs by carrying out all the necessary actions to protect their health and life, seeking that they are attended to from the first moment they require it until their total recovery, when it is possible to achieve it, or until they recover their lost functionality.*

*General considerations for emergency medical care:*

1. *The crime can trigger physical ailments or aggravate pre-existing health problems that were controlled, so immediate medical intervention is necessary even when the DV does not present apparent symptoms.*
2. *The most common injuries resulting from the commission of a crime are caused by firearms, knives and blunt and subjugating objects. Lesions in the RV need to be carefully located and described to provide you with the care you require.*
3. *The most frequent conditions that can develop or worsen as a result of the crime are cardiac and diabetic episodes; peptic ulcer; gastrointestinal, urinary, skin, and respiratory infections; Poisoning; malnutrition, or dehydration.*
4. *It is very important to check the health status of the DV, especially if he or she has a high degree of stress as a result of the victimization.*
5. *In the event that the DV enters a hospital or health center, for care, it is very important to instruct the doctors who treat them to handle with care and preserve their clothing and other personal belongings, so that they can serve as evidence in the corresponding investigation.*

Having considered the main articles based on the Regulations of the General Health Law on the Provision of Medical Care [6] that supports Article 4 of the Constitution and its effectiveness; it is pertinent to know all those sanctions to which we would be responsible as public officials in the performance of our professional activity, which are supported in the same document and in the following elements legal documents shown below:

## Chapter XII Security Measures and Sanctions

- **Article 240.** The competent health authorities may impose the following administrative sanctions: I. Fine; II. Temporary or definitive, partial or total closure, III. Arrest for up to 36 hours.
- **Article 241.** The competent health authorities, when applying the sanctions established in these Regulations, shall observe the rules indicated in Articles 416 and 418 of the Law. (General Health Law). Chapter II Administrative Sanctions Article 416. Violations of the precepts of this Law, its regulations, and other provisions emanating from it, shall be administratively sanctioned by the health authorities, without prejudice to the corresponding penalties when they constitute crimes. Article 418. When imposing a sanction, the health authority shall justify and motivate the resolution, taking into account: I. Damage that has occurred or may occur to people's health; II. The seriousness of the infraction; III. The socio-economic conditions of the offender, and IV. The offender's status as a repeat offender. V. The benefit obtained by the infringer as a result of the infringement).
- **Article 242.** A fine equivalent to up to twenty times the general minimum daily wage in force in the area in question shall be imposed for violation of the provisions contained in Articles 12, 18, 19, section IV, 23, 24, 25, 29, 30, 30 bis, 32, 36, 45, 63, 90, 91 and 92 of these Regulations. (Article 19. It is the responsibility of the persons in charge referred to in the preceding article to carry out the following functions: I. To establish and supervise the development of procedures to ensure the timely and efficient provision of the services offered by the establishment, as well as for full compliance with the Law and other applicable provisions; II. To ensure that within them, safety and hygiene measures are applied for the protection of the health of the personnel exposed by their occupation; III. To deal directly with complaints that are formulated for irregularities in the provision of services, whether originated by the personnel of the establishment or by professionals, technicians or independent auxiliaries, who provide their services therein, without prejudice to the professional liability incurred; IV. To inform, in the terms determined by the Secretariat, to the competent health authorities, of the diseases of mandatory notification, as well as to adopt the necessary measures for epidemiological surveillance, taking into account the provisions of the Law, and V. To notify the Public Prosecutor's Office and, where appropriate, the other competent authorities, of the cases in which medical care services are required for persons with injuries or other signs that are presumably found linked to the commission of unlawful acts; Article 29. All health professionals shall be obliged to provide the user and, where appropriate, their relatives, guardian or legal representative, with complete information on the corresponding diagnosis, prognosis and treatment. Article 30. The person in charge of the establishment shall be obliged to provide the user, family member, guardian or legal representative, when requested, with the clinical summary of the diagnosis, evolution, treatment and prognosis of the condition that merited the hospitalization. Article 30 Bis. In the event of a medical emergency and when it is not possible to obtain authorization due to the user's incapacity and in the absence of the parents, guardians or those exercising parental authority, those responsible for their guardianship or custody and, in their absence, the person of their trust, of legal age or the competent judge, In accordance with the applicable provisions, the decision to provide the information to the persons who request it after the admission of the user will be taken by the authorized doctors of the hospital in question, after verifying the relationship of kinship or corresponding representation. Article 92. In the case of violent death or death allegedly linked to the commission of unlawful acts, the Public Prosecutor's Office shall be notified and the corresponding legal and regulatory provisions shall be observed.
- **Article 244.** A fine of one hundred to five hundred times the general minimum daily wage, in force in the economic zone in question, shall be imposed on the person in charge of any establishment in which medical care services are provided, where it is intended to retain or will be retained the user or corpse, to guarantee payment for services received in said establishment. this sanction may be doubled in the event of a repeat offense.
- **Article 245.** A fine of two hundred to five hundred times the general minimum daily wage in force in the economic zone in question shall be imposed on the person in charge of any establishment that provides health care services in which there is a lack of sufficient and suitable personnel or

adequate equipment, material or premises in accordance with the services they provide. In the event of a repeat offense or failure to correct the deficiencies, the violation will be temporarily closed, which will be definitive if the violation continues when the service is resumed.

- **Article 247.** The person in charge of any establishment that provides medical care services, in which, without written authorization from the user, his relatives or legal representative, surgical interventions are carried out that endanger the life or physical integrity of the user, shall be punished with a fine of two hundred to five hundred times the general minimum daily wage in force in the economic zone in question, unless the imperative need to practice it is demonstrated to avoid greater damage.
- **Article 249.** Any medical care establishment in which any procedure prohibited by health legislation that threatens the physical integrity of the patient is used as a therapeutic measure shall be definitively closed.
- **Article 250.** Violations of these Regulations not provided for in this chapter shall be punished with a fine of up to five hundred times the general minimum daily wage in force in the economic zone in question, in accordance with the qualification rules established in Article 418 of the Law.
- **Article 251.** In the event of a repeat offense, the amount of the corresponding fine shall be doubled. For the purposes of this chapter, recidivism is understood to mean that the offender commits the same violation of the provisions of these Regulations, two or more times within a period of one year, counted from the date on which he or she was notified of the immediately preceding sanction.
- **Article 252.** The application of fines shall be without prejudice to the health authority issuing security measures until such time as the irregularities are corrected.
- **Article 253.** Temporary or definitive, partial or total closure shall be admissible, depending on the seriousness of the infraction and the characteristics of the activity or establishment, in the following cases: I. When the establishments lack the corresponding sanitary license; II. When the danger to the health of persons originates from the repeated violation of the precepts of these Regulations and the provisions that emanate from them, constituting a failure to comply with the requirements and provisions of the health authority; III. When after the reopening of an establishment, due to the suspension of work or activities, or temporary closure, the activities carried out in it continue to constitute a danger to health; IV. When, due to the danger of the activities carried out or the nature of the establishment in question, it is necessary to protect the health of the population; V. When narcotic drugs or psychotropic substances are sold or supplied in the establishment without complying with the requirements indicated by the Law and its regulatory provisions, and VI. When it is proven that the activities carried out in an establishment violate the sanitary provisions, constituting a danger to health.
- **Article 254.** In cases of definitive closure, the authorizations that may have been granted to the establishment in question shall be null and void. Article 255: Establishments in which the provision of a medical service is denied in the event of a notorious emergency, endangering the life or physical integrity of a person, shall be permanently closed.
- **Article 256.** When the closure of an establishment for the internment of the sick is ordered, whether temporary or permanent, partial or total, the following may also be ordered as security measures: I. The non-admission of new users; II. The immediate transfer of non-serious users to other health institutions similar or equivalent in their services and medical equipment, in the opinion of the health authority, after the opinion of the user or the responsible family member, and III. The continuation of the care of users who, due to the seriousness of their condition, cannot be referred immediately, until they can be transferred to another establishment, so that the treatment can continue. The transfer costs of users shall be borne by the owner of the establishment where the offence was committed.
- **Article 257.** The following shall be punished with arrest for up to thirty-six hours: I. Any person who interferes with or opposes the exercise of the functions of the health authority; and, II. A person who, in absentia, refuses to comply with the requirements and provisions of the health authority. This sanction shall only apply if any other of the sanctions referred to in this chapter has previously been issued. Once the arrest has been imposed, the decision shall be communicated to the appropriate authority for execution.

*"There is an infinity of literature and substantiated articles referring to the events that occur in emergency services; however, in order to be able to issue our own conclusion, we previously cited the article called "Difficulties for care in emergency services: inhuman waiting", which we consider one of the most reliable articles on the interaction of minds, events and entities in emergency services and which comments on the following points of relevance to highlight: Regarding the process of emergency care, there is disharmony between three perspectives. The first is the meaning that the participants give to their experience: dehumanized care; the second has to do with the regulations of the health system: guarantee of opportunity; and the third, presented by authors and researchers: barriers and misinformation. This disharmony is evident in the view of the participants who designate the process of emergency care as an obstacle course imposed by the health system. The greatest difficulty is found in the legal requirements for admission, followed by the lack of information, and the inconveniences to be accompanied by their family. This perspective contrasts with the other two perspectives.*

- ***Barriers to admission***

*Participants see triage, the administrative process that proves the right to service, and the imbalance between supply and demand as barriers to admission. The health system describes triage as a process of mandatory compliance for service providers, with the aim of providing timely and quality care within parameters of rationality. Regarding the process of verifying rights to the service, in a study carried out in Medellín it appears as an administrative*

*and financial limitation; Coe describes the patients' experience in the intake process as unpleasant, because the treatment of employees is impersonal, with bureaucratic and informal behavior.*

- ***Obstacles to obtaining information***

*For the participants, requesting information has the meaning of fear, and they justify it by the attitude of the health, administrative and operational personnel. In addition, they consider that, in general, the little information they receive is information that does not inform, which makes them simple spectators of their own health situations because, in addition, they do not find a single person to help them obtain it.*

*Some authors have reported that there is a tendency for staff to treat the patient's body without informing them of the reasons for doing so, or even without communicating with them at all. On the other hand, it has been pointed out that in hospitals there are difficulties in communication with the patient, the patient is deprived of information about the hospital, and about his own condition, this being the most important complaint of the patients in the hospital and leading them to feel humiliated.*

- ***Obstacles to Finding Companionship and Help***

*For the participants, being captive is the meaning they give to the impossibility of obtaining companionship and help. The health system does not clearly establish standards in terms of company and patient care, leaving each institution the freedom to establish policies in this regard." [8].*

## Conclusion

Therefore, as our own conclusion, we establish the following premises:

*"Initially, it is important to note that the greatest congestion and crowding has occurred for decades in the emergency services of public sector medical services; this derived from the lack of health education prevailing in our environment; As considered in an article mentioned in this work, the population still considers emergency services as the department of initial care for any type of pathology that in their understanding represents an emergency even when the evolution is chronic, in which a strictly medical dimension of the subject is not mentioned and that should be taken into account before qualifying as excessive or unjustified the emergency consultations.*

*It should also be noted that "banal" Gallicism – by common or trivial symptom. For a patient, his symptom is never trivial; on the contrary, he perceives it as threatening to his health and his life, which is why he turns to the doctor to evaluate the real importance and repercussion of his discomfort. Hence, the statistical data and the judgments that are issued on the excessive, justified or unjustified, of consultations in the emergency room must be weighed with caution. Such statistics are inevitably constructed after the diagnosis of the doctors and not ex ante. In many cases, not only after performing the clinical examination, but also after a battery of laboratory tests and diagnostic examination procedures. In short, qualifying a symptom or condition as serious or mild or "banal" is a medical responsibility and decision and not that of the patients. They do not have to know in advance the seriousness of what they are suffering: precisely to find out they turn to an emergency service. For this reason, we consider it pertinent to implement surveys not only of satisfaction but also of reasons of care prior to the assessment in the emergency services where there is a possibility of identifying the conditions of greatest reference to the services and the concordance of diagnoses once the patient has been discharged or against referral to its family medicine unit in order to establish a system of consultation, efficient registration and implement actions to improve medical care that, together with triage, guarantee priority attention to urgent conditions." [9].*

*"In conclusion, it can be stated that the regulations of the health system and the attitude of the personnel who provide services in the emergency rooms make users see the process of emergency care as a chain of obstacles, sometimes difficult and sometimes impossible to overcome, which leads them to consider care as dehumanized. Knowledge of the situations described serves as a basis for implementing policies, projects and programs aimed at improving people's care, both physically and emotionally, within reasonable economic parameters. In academia, and for people who work in emergency services, knowledge of the meaning of care in the emergency department facilitates the analysis and construction of proposals for work and research groups that generate alternative solutions for more humanized care, for which it is important to consider some aspects that we discuss in this article: (a) reconsider the calculation of personnel according to supply, demand and complexity; b) design a structured triage system that includes the reception, reception, classification and follow-up of patients; c) propose the assignment of a person in charge of providing information to the people waiting for care, so that constant communication can be established with the patient and his family, and d) carry out studies that allow identifying the meaning that the waiting time of patients in the emergency rooms has for health personnel." [8].*

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