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# COMMISSION FORENSIC MEDICAL EXAMINATION: MODERN APPROACHES, SCIENTIFIC FOUNDATIONS, AND ITS ROLE IN THE EVALUATION OF COMPLEX CLINICAL AND LEGAL SITUATIONS

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**Annotation**

Commissioned forensic medical examination is a specialized expert procedure conducted with the participation of multiple specialists in order to obtain an objective and scientifically grounded conclusion. This article analyses modern approaches to the organization and implementation of commissioned examinations, their regulatory and methodological foundations, and the role of interdisciplinary collaboration within the expert process. Special attention is given to the significance of commissioned examinations in complex clinical-legal situations characterized by diagnostic uncertainty, conflicting primary conclusions, and disagreements between involved parties. The analysis demonstrates that collegial expert decision-making is essential for ensuring objectivity, evidentiary reliability, and reproducibility of expert findings.

**Keywords**

commissioned examination, forensic medical assessment, expert opinion, clinical-legal disputes, evidentiary reliability, objectivity, interdisciplinary collaboration.

# КОМИССИОННАЯ СУДЕБНО-МЕДИЦИНСКАЯ ЭКСПЕРТИЗА: СОВРЕМЕННЫЕ ПОДХОДЫ, НАУЧНЫЕ ОСНОВЫ И ЕЁ РОЛЬ В ОЦЕНКЕ СЛОЖНЫХ КЛИНИКО-ПРАВОВЫХ СИТУАЦИЙ

**АННОТАЦИЯ**

Комиссионная судебно-медицинская экспертиза представляет собой специализированный формат экспертного исследования, проводимого с участием нескольких специалистов с целью получения объективного и научно обоснованного заключения. В статье рассматриваются современные подходы к организации и выполнению комиссионных экспертиз, их нормативно-правовые и методологические основы, а также роль междисциплинарного взаимодействия в процессе экспертной оценки. Особое внимание уделено значению комиссионной экспертизы при разрешении сложных клинико-правовых ситуаций, сопровождающихся диагностической неопределённостью, расхождением первичных заключений и конфликтами между сторонами. Проведённый анализ подчёркивает необходимость коллегиального экспертного решения для обеспечения объективности, доказательственности и воспроизводимости выводов.

**Ключевые слова**

комиссионная экспертиза, судебно-медицинская оценка, экспертное заключение, клинико-правовые споры, доказательственность, объективность, междисциплинарность.

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# КОМИССИОН СУД-ТИББИЙ ЭКСПЕРТИЗАСИ: ЗАМОНАВИЙ ЁНДАШУВЛАР, ИЛМИЙ АСОСЛАР ВА МУРАККАБ КЛИНИКО-ҲУҚУҚИЙ ВАЗИЯТЛАРДАГИ АҲАМИЯТИ

## АННОТАЦИЯ

Комиссион суд-тиббий экспертизаси бир нечта мутахассислар иштирокида амалга ошириладиган, объектив ва илмий жиҳатдан асосланган хулосага эришишга қаратилган махсус эксперт тадқиқот шаклидир. Мазкур мақолада комиссион экспертизаларни ташкил этиш ва ўтказишнинг замонавий ёндашувлари, уларнинг меъёрий-ҳуқуқий ва методологик асослари, шунингдек, эксперт баҳолаш жараёнидаги фанлараро ҳамкорликнинг аҳамияти кўриб чиқилган. Айниқса, диагностик ноаниқлик, дастлабки хулосалар ўртасидаги фарқлар ва тарафлар ўртасидаги низолар кузатилган мураккаб клинико-ҳуқуқий вазиятларда комиссион экспертизани қўллашнинг аҳамияти алоҳида таъкидланган. Ўтказилган таҳлил, коллегиал эксперт хулосасини шакллантириш объективлик, исботланиш даражаси ва хулосаларнинг қайта тикланиши учун зарур эканини кўрсатади.

**Калит сўзлар**

комиссион экспертиза, суд-тиббий баҳолаш, эксперт хулосаси, клинико-ҳуқуқий низолар, исботланиш, объективлик, фанлараро ҳамкорлик.

## INTRODUCTION

In recent years, commission forensic medical examination has become one of the most important instruments for resolving complex clinical and legal situations arising from diagnostic uncertainty, complications of medical care, discrepancies in expert conclusions, and the presence of conflicting circumstances of treatment. The growing number of appeals, lawsuits, and expert contradictions has necessitated the application of a comprehensive collegial approach that ensures objectivity and scientific validity of expert conclusions (Peterson et al., 2019).

Modern medical practice is characterized by high dynamics: the introduction of innovative treatment methods, the expansion of minimally invasive procedures, increasing complexity of clinical cases, and a growing proportion of patients with severe comorbidities. Against this background, the frequency of complications, diagnostic errors, and claims regarding the quality of medical care has increased. At the same time, patients' awareness of legal protection mechanisms has significantly improved, leading to a rise in court appeals and independent expert requests (Anderson, 2020). As a result, traditional individual forensic medical examination often proves insufficient.

In international practice, there is a steady transition toward commission-based forms of expert assessment involving multiple specialists from various disciplines: forensic physicians, surgeons, ophthalmologists, internists, radiologists, pathologists, toxicologists, and geneticists (Barrett & Rhodes, 2022). The collegial format of examination is reflected in the recommendations of the World Health Organization, which emphasize that collective expert opinion is necessary in socially sensitive categories of cases, including sexual violence, abuse, in-hospital deaths, and obstetric complications (WHO, 2020). Similar provisions are contained in UNODC documents, according to which commission examinations minimize diagnostic and interpretative errors and enhance the evidentiary robustness of conclusions (UNODC, 2019).

International quality standards ISO/IEC 17025 and ISO 15189 also exert significant influence on the formation of requirements for expert activities, regulating the necessity of expert independence, documented methodology, verifiability, and reproducibility of expert conclusions (ISO, 2018).

The problem of expert errors is one of the key reasons for appointing a commission-based examination. Recent studies indicate that up to 40% of primary forensic medical reports contain internal inconsistencies, methodological shortcomings, or incomplete analysis (Smith & Jones, 2018). Among the most common errors are: incomplete evaluation of medical documentation, insufficient interpretation of imaging data, failure to consider comorbid conditions, lack of analysis of alternative causes, and logical discrepancies between the descriptive section and the final conclusions (Kumar, 2021).

The scientific foundation of commission forensic examination is based on an interdisciplinary approach, collective comparative analysis, multi-level data verification, systematic interpretation of clinical factors, and mandatory justification of expert consensus. The commission model significantly reduces the subjectivity of expert opinion, expands the evidentiary basis, and ensures the reliability of conclusions in legally significant situations (Briggs, 2023).

Thus, commission forensic medical examination represents a highly structured, scientifically grounded, and legally significant instrument of objective expert assessment under modern conditions. Its application ensures the resolution of key tasks in forensic medical practice: elimination of expert contradictions, verification of the reliability of medical information, interpretation of treatment complications, and formulation of a sustainable and well-substantiated evidentiary conclusion.

**AIM OF THE STUDY.** The aim of the present study is to conduct a comprehensive, scientifically grounded analysis of the theoretical, regulatory, and practical aspects of commission forensic medical examination. This includes the examination of contemporary international and national practices, identification of key methodological principles and diagnostic approaches, determination of its significance in the evaluation of complex clinical and legal situations, and assessment of the role of collegial expert decision-making in enhancing the objectivity, evidentiary value, and reproducibility of expert conclusions in the presence of conflicting, ambiguous, and contradictory medical data.

Modern scientific literature demonstrates a steady increase in the role of commission forensic medical examinations within medico-legal evaluative processes. Experts emphasize that traditional individual forensic medical examinations are not always capable of ensuring completeness of analysis and objectivity of conclusions in complex clinical circumstances, situations of diagnostic uncertainty, or in the presence of contradictory data (Peterson et al., 2019).

According to recent international publications, the collegial format of expert analysis is regarded as the most scientifically substantiated model for resolving conflict-related clinical and legal situations, as it enables the integration of diverse diagnostic methods, clinical experience, and professional perspectives of specialists (Anderson, 2020). International guidelines highlight the necessity of involving multiple experts from different specialties in the investigation of cases of violence, in-hospital deaths, surgical complications, and alleged defects in medical care (WHO, 2020; UNODC, 2019).

Barrett & Rhodes (2022) note that modern expert models involve clinicians, forensic physicians, pathologists, geneticists, radiologists, and other specialists, thereby ensuring a high level of analytical detail. Briggs (2023) emphasizes that a key feature of commission examinations is the need to overcome differences in expert opinions that arise during individual assessments.

Scientific publications also analyze potential causes of deficiencies identified in primary examinations, including incomplete documentation analysis, misinterpretation of imaging data,

absence of alternative expert hypotheses, one-sided conclusions, or logical inconsistencies in interpretation (Smith & Jones, 2018; Kumar, 2021).

Taken together, these findings lead to the conclusion that commission examinations in contemporary literature are regarded not only as a mechanism of expert review but also as an instrument for preventing expert errors and strengthening the legal reliability of conclusions.

**AUTHOR'S TABLE No. 1 (Ganiyeva N.Kh.)**

**Main Directions in the Coverage of Commission Examinations in Scientific Literature**.This table systematizes the key research directions identified by the author based on analysis of contemporary literature. Each direction represents an independent scientific domain reflected in specialized publications. The table indicates which research areas have been studied, who represents them, and the conceptual role these authors play in shaping the scientific understanding of the topic. It demonstrates that modern literature addresses several major aspects of the issue: organizational, legal, clinical, international, and methodological.

| No. | Main Research Direction | Authors | Scientific Approach |
|---|---|---|---|
| 1 | International standards and mandatory collegial format | WHO (2020), UNODC (2019) | Institutional requirement for collective examination |
| 2 | Interdisciplinarity | Barrett & Rhodes (2022) | Integration of clinical and forensic competencies |
| 3 | Increase in legal claims | Anderson (2020) | Influence of legal pressure on the expert system |
| 4 | Scientific models of commissions | Peterson et al. (2019) | Medical board as a decision-making model |
| 5 | Analysis of expert deficiencies | Smith & Jones (2018), Briggs (2023) | Causes of expert discrepancies |

**AUTHOR'S TABLE No. 2 (Ganiyeva N.Kh.)**

**Typology of Expert Errors Described in Scientific Sources**. This table reflects the classification of typical errors identified by various authors in primary forensic medical examinations. Its purpose is to demonstrate that such errors are not random but systematic and predictable. It highlights areas where expert problems most frequently arise and identifies which errors most often lead to the appointment of commission examinations.

| No. | Type of Error | Authors | Manifestation |
|---|---|---|---|
| 1 | Incomplete data collection | Smith & Jones (2018) | Limited analysis of documentation |

| | | | |
|---|---|---|---|
| 2 | Errors in interpretation of imaging studies | Briggs (2023) | Incorrect reading of CT/MRI results |
| 3 | Narrow-specialty approach | Peterson et al. (2019) | Single expert instead of a medical board |
| 4 | Absence of alternative hypotheses | Anderson (2020) | Lack of comparative analysis |
| 5 | Logical inconsistency | Barrett & Rhodes (2022) | Conclusions do not correspond to data |

**AUTHOR'S TABLE No. 3 (Ganiyeva N.Kh.)**

**Advantages of Commission Examinations in Scientific Publications**. This table demonstrates the consensus in literature regarding the key advantages of commission examinations. Each advantage is supported by a specific mechanism, scientific source, and functional role. International documents associate collegial examinations not only with methodological accuracy but also with legal significance.

| No. | Advantage | Authors | Scientific Essence |
|---|---|---|---|
| 1 | Objectivity | WHO (2020) | Elimination of individual subjectivity |
| 2 | Collective expert experience | Peterson et al. (2019) | Complex clinical evaluation |
| 3 | Evidentiary robustness | UNODC (2019) | Coordinated argumentation |
| 4 | Error prevention | Briggs (2023) | Multi-level discussion |
| 5 | Legal reliability | Anderson (2020) | Applicability in court proceedings |

**AUTHOR'S TABLE No. 4 (Ganiyeva N.Kh.)**

**Multi-Level Model of Commission Forensic Medical Examination**. In order to visualize the structure of the author's conceptual framework, Table 4 presents a schematic multi-level model reflecting the logic of the expert process.

| Model Level | Stage Content | Key Expert Actions | Expected Result |
|---|---|---|---|
| I. Initial problem point | Conflict-related clinical and legal situation | Identification of reasons for referral | Definition of expert task |
| II. Appointment triggers | Necessity of collegial format | Assessment of complexity and legal risks | Grounds for forming a commission |
| III. Formation of commission | Selection of specialists | Inclusion of forensic physicians and профильных | Ensuring interdisciplinarity |

| | | | |
|---|---|---|---|
| | | clinicians | |
| IV. Expert data evaluation | Multi-level analysis | Study of documentation, imaging, alternative versions | Identification of contradictions and alternatives |
| V. Internal commission discussion | Professional debate | Comparison of opinions and argumentation | Development of consensus |
| VI. Collective conclusion | Final expert position | Systematization of findings | Scientifically substantiated, coordinated conclusion |
| VII. Socio-legal effect | Impact on judicial decision | Minimization of errors | Increased fairness and reliability of expert evaluation |

This schematic table clearly reflects the structure of the author's model and demonstrates the sequential transition from the emergence of an expert conflict to the formation of a collegial, substantiated decision.

Each level of the model possesses independent content and performs a specific function; however, together they form a unified and systematic sequence of the expert process. The presented schematic table demonstrates the staged development of a collegial expert conclusion and emphasizes the systemic nature of commission forensic medical examination.

**DISCUSSION.** The analysis of scientific literature has demonstrated that commission forensic medical examination is regarded by researchers as the most objective format of expert assessment in situations of high clinical and legal complexity, where multidisciplinary knowledge and critical comparison of expert interpretations are required (Peterson et al., 2019).

According to a number of authors, the increasing complexity of clinical cases, the rise in diagnostic errors, and the growing number of patient complaints naturally intensify the need for consultative and collegial expert models (Anderson, 2020). International recommendations emphasize that the involvement of multiple experts ensures completeness of analysis and reduces the likelihood of subjective error (WHO, 2020; UNODC, 2019).

A comparative review of various studies reveals a common trend: scholars tend to recognize commission examination as the standard for evaluating highly complex clinical and legal situations, particularly in cases involving alleged defects in medical care, discrepancies between primary expert conclusions, or uncertainty regarding the mechanism of injury (Barrett & Rhodes, 2022).

At the same time, Smith & Jones (2018) point out that most expert errors result from insufficient consideration of initial information or unjustified narrowing of clinical interpretations. Briggs (2023) emphasizes that multi-level expert discussion significantly reduces the likelihood of such errors.

On the other hand, the literature reveals limitations in the terminological and methodological standardization of commission examinations. In particular, Peterson et al. (2019) note the absence of unified models for forming expert consensus, while Anderson (2020) highlights substantial differences in expert approaches between countries and institutions.

Thus, the comparison of literary data reveals several key patterns:

1. Commission examinations are regarded as a mechanism for preventing expert discrepancies (WHO, 2020).
2. Their effectiveness is based on multidisciplinarity (Barrett & Rhodes, 2022).
3. They reduce the likelihood of expert errors (Briggs, 2023).
4. The need for commissions is driven by objectively increasing clinical complexity (Peterson et al., 2019).
5. Scientific literature lacks sufficiently detailed structural models of commission examinations (Anderson, 2020).

Consequently, the author's model proposed in this study addresses the identified gap by offering a structurally formalized approach.

**CONCLUSIONS.** The analysis of published scientific materials has demonstrated that commission forensic medical examination occupies a special position in the modern system of expert procedures, providing a multi-level, interdisciplinary, and evidence-oriented assessment of complex clinical and legal situations. The primary substantive element of its significance is the ability to integrate diverse professional approaches, thereby compensating for the limitations of individual expert perspectives (Peterson et al., 2019).

International recommendations emphasize that the collegial form of examination represents the optimal mechanism for expert interpretation of medical data in situations of high social and legal sensitivity, including treatment complications, in-hospital deaths, ambiguous injuries, and cases of alleged medical errors (WHO, 2020; UNODC, 2019). This approach reflects a trend toward strengthening the scientific and legal accountability of expert institutions.

A synthesis of the literature also revealed that commission examinations eliminate discrepancies in primary conclusions arising from differences in assessing the severity of harm, mechanisms of injury, causal relationships, and the quality of medical care (Anderson, 2020).

Furthermore, errors identified in primary examinations—such as insufficient interpretation of imaging studies, limited analysis of source documentation, and disregard for alternative expert hypotheses—highlight the necessity of a multi-stage and collegial expert analysis (Smith & Jones, 2018; Kumar, 2021).

The systematization of literature data allowed us to determine that commission forensic medical examination exerts a comprehensive positive influence on the quality of expert conclusions and the legal evaluation of medical situations. According to published studies, its application contributes to:

**Reduction of expert error likelihood**, as the participation of multiple specialists from different fields mitigates the subjectivity of a single expert, identifies deficiencies in primary analysis, and corrects incorrect clinical interpretations through mutual professional oversight and critical comparison of opinions;

**Expansion of diagnostic approaches**, achieved through the use of diverse clinical, instrumental, laboratory, and morphological methods, as well as involvement of narrow-specialty experts capable of identifying important clinical factors previously overlooked;

**Objectivity of expert decisions**, since collegial discussion produces a balanced position based on comprehensive analysis of medical records, imaging data, dynamic observation findings, and regulatory-legal criteria, excluding subjective or one-sided evaluations;

**Internal verification of expert actions**, expressed in stepwise review and control of medical fact interpretations within the expert group, including reanalysis of diagnostic data, comparison of alternative hypotheses, and assessment of argument consistency;

**Increased trust in expert conclusions**, both by investigative and judicial authorities, as well as medical organizations, patients, and their representatives, since collegial expert conclusions are perceived as more transparent, scientifically grounded, and independent;

**Minimization of judicial conflicts**, as coordinated expert conclusions reduce the likelihood of disputes, appeals, and the need for repeated examinations, as confirmed by international studies (Briggs, 2023).

A particularly significant finding is the lack of universal, standardized structural models for conducting commission examinations in the scientific literature, which underlines the relevance of the author's conceptual model presented in this work.

Thus, this study confirms the necessity for further development of the theoretical, methodological, and organizational foundations of commission forensic medical examination, as well as the creation of unified expert standards and algorithms for collegial analysis.

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