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FACTORS HINDERING ACCESSIBILITY OF QUALITY MEDICO-LEGAL SERVICE IN SECURED DIAGNOSTIC CRIME IN WESTERN KENYA

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lobally, regionally and local population health suffer from Significant number of evidence contamination, which remains inadmissible in jurisprudence thus, major challenges among forensic investigators and population health. In given secured crime scene triangle, (History / testimony, physical evidence and victim/ corpse), most investigators ignore admissible evidence as indicated by witness, geographical features or, anatomical positions of the victim scene, hence provide evidence based on current events on victim, with limited reconstruction of evidence content on scene, thus contaminating valuable medico-legal evidences and render them inadmissible before a common law. Traditional forms of forensic investigations remain key pillar, which provide access to look at crimes objectively and uncertainty on measured results. Determinants of increased evidence contamination at crime scene in Sub-Saharan Africa (SSA) are aimed at hiding political and social cultural differences among population health, hiding patient mismanagement, and enhancing unavailability of valid data from the crime scene to testify. Also, prolonged limited access to grant witness immunity and limited access to affordable and reliable forensic training in middle level in medical on standard procedure of management of quality evidence at crime scene remains a major challenge on implementing quality medico-legal issues. Failure to utilize quality standards on evidence reconstruction, have ignited severe criticism in forensic science. Chain of custody on secured evidence and traceable at all times remains unachievable in western Kenya. Hence, need for study using sampling and cross sectional designs, by purposive sampling, research tools used were survey and interviews on forensic service providers. Exploring study, a sample size of 160 respondents was used. Result showed, majority) 84%, (150) respondents, demonstrated that evidence contaminations are aimed at hiding real evidence, thus inadmissible. We also established that, prevalence of witness reconstruction among forensic experts providing forensic services are trained on criminal investigation and forensic science, those on contract are low compared to forensic experts, permanently employed, with prevalence risks of OD (0.34, 2.22) and relative risk of RR (1.5) signifying, that more we employ unsuitable and unreliable forensic experts, higher we increase harmful effect on population health, study revealed that, over 85% (136) service providers have no a dear on witness grant immunity with RR (3.6).

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