Five days later, she went to the IMSS for medical revision with her family care physician. The doctor who attended her wrote her medical record in her file, revise her and indicates X-Ray studies, which were scheduled for 3 months later, meaning there were no possibilities of making an actual diagnosis. With no more resources and trusting the times indicated by the treating physicians, she continues with her treatment at home which never fully relieved the main symptoms: pain, decrease of mobility and strength, as well as disability to carry out daily activities.
It took three months to receive another revision by Traumatology and Orthopedics. In this evaluation, she gets her final diagnosis: coxarthrosis with femur fracture, ordering surgery. She started the treatment with painkillers and anti-inflammatories again. This time, she was prescribed: diclofenac 1 every 12 hours, calcium 1 pill per day. For three months, she was in pain for the fracture. The diagnosis was made and informed on July 8, 2013, she was programmed for surgery for July 19, 2013, placing a femoral-head prosthesis together with a treatment with: Celebrex one pill/day, tramadol one pill/day and paracetamol one pill/day.

The truth is that the resident caused my fracture and treated me without any conscience, and the Doctor was always in a mood …

I lasted 3 months with the fracture and without a diagnosis. The fracture was finally detected on July 8 by the traumatologist who with a simple revision gave a diagnosis and programmed the surgery.
After the surgery I was told not to set my leg to the ground. From week 7 I started to do it bit by bit until I could totally stand on that extremity. From there, I lasted 5 months using a zimmer frame, I went to 12 therapy sessions paid by myself (200 pesos per therapy) because the IMSS had no appointments available until the year 2014.
The truth is that the resident caused my fracture and treated me without any conscience, and the Doctor was always in a mood, she wasn't focused on my condition. The X-Ray wouldn't be useful until August…the one who made the diagnosis was truly a traumatologist.

Material and methods

An analysis of the generated information about a case of coxarthrosis with disabling consequences derived from a non-specialized attention was performed, based on laboratory studies and the statement of the patient.

Results

The patient is on disability leave. Her life style and life quality have been affected because of a femoral fracture caused by a physician who was not a traumatologist. Her experience shows a deficient medical attention, diagnosis mistakes, poor professional capacity of the health care staff that attended her, delay in her X-Ray studies, and lack of empathy on behalf of the health care staff toward her condition.

Discussion

The professional training of every person in the health care service demands an individual commitment as their practice has an impact of an entire society. Patients trust the health care staff as they are the experts. Patients put their lives in their hands, and even when the physicians are not well trained, he/she tries to explore and learn from the patient instead of assuming his/her role of studying and specializing more every day. This could generate serious problems to the patient's health. The restless need to force movements in the patient without considering the consequences, the lack of empathy to someone else's pain (as it is the case in causing the fracture) are present in this case.
The professional and ethical behavior of a physician must correspond to the search of health recovery, on the contrary, it would be like a mechanic not to be able to fix a car's breaks, leading to the death of the driver or even more people in the car.
How far does professional ethics go in patients that he/she should not attend? Or how well a physician with enough competences can attend a patient? The proposal described herein is then generated through the experience suffered by a patient with left coxarthrosis and femoral-head fracture, caused by a poor health care attention, leading to disability leave, changes in life style and life quality as well as an economic impact trying to recover her health.

A proposal to improve health care quality

A person who studied medicine will have to work according his/her level of competence. There is no degree that covers every field, no one can be good at everything and it is the responsibility of the physician to transfer the patient to the specialist aiming at giving a more accurate diagnosis and a timely treatment. One of the main aspects is the fact that the specialist should be the one who attends the patients. A person who is still studying his/her specialty must not even try to attend the patient.

It is wrong that some health care staff have that job because some relative is working in that same place. It is crucial that job posts in health care are offered and occupied according to the academic profile of the candidates, based on their skills and not on policies. It must not depend on internal policies as it would affect all Mexicans who are paying for those services and are not willing to receive a deficient attention. The suggestion is to guarantee professional equality through public health policies.

-Educational reforms are necessary, under a constructivist model, and it is the same for health; a reform that considers as core idea the quality of the health care services offered to workers, prioritizing the service that the worker needs so he/she does not depend on public