

institutions like IMSS or ISSSTE, allowing the workers to decide where they want to be attended depending on their health problems. It is unconceivable that a worker pays for a low-quality, cold and inefficient service. We need to make constitutional reforms to improve quality, to recruit high quality staff, not through internal policies that end up affecting the health of not only one person but a whole society.

Conclusion

The patient is on disability leave. She has a left femoral-head prosthesis derived from a femoral fracture caused by a deficient practice of a resident who was not specialized in traumatology. Training in bioethics involves the continuous search for a better-quality service, with professional and moral values, whatever the profession.

X-Ray description



X-Ray 1. Anteroposterior pelvic X-Ray, with a bad technique, very penetrated, no iliac crest is observed, tool in pelvic hole, in the right hip; no intertrochanteric are is evaluated, it is observed a loss of coxofemoral space, with subchondral sclerosis. Left hip is not visualized.



X-Ray 2. Right anteroposterior hip X-Ray, bad technique, it is observed a solution of continuity of the bone at a basicervical level, it is not observed if the trace extends to the subtrochanteric region. Degenerative changes in the coxofemoral space are observed, with a femoral head flattening.



X-Ray 3. Right anteroposterior hip X-Ray, bad technique, it not observed a complete femoral component, it seems like the acetabular cup in a very vertical position, it should be measured to better evaluate the prosthesis placement. It is needed a pelvis where the left hip appears too.