• Opposition of medical criteria, where the solution involves completely opposite actions.

Some of the types of conflicts previously mentioned are the reason for the majority of complaints and claims toward health institutions and even health professionals.

Among the main disputes in health care and attention are several aspects derived from the medical practice like mistakes and bad praxis.

It is important to say that within the Mexican context, the medical work is supervised by the government, who has to timely attend the society's claims.

Conclusion

Political, social and cultural transformations that have happened in the Mexican society lead people to reflect on the function of professional practice and invite them to rethink the roles and functions so they meet the needs of a global and changing society.

Prove of this is the role that CONAMED plays as the institution in charge of receiving claims and complaints from health care services users with the objective of developing alternative strategies to solve medical conflicts with the commitment of solving, objectively and impartially, the disputes and have a positive influence on the improvement of public and private medical practice in our country.

Political, social and cultural transformations that have happened in the Mexican society demand reflecting on the function of professional practices and invite to rethink the roles and function so they meet the needs of a global and changing society.

Prove of this is the role that CONAMED plays as the institution in charge of receiving complaints and claims from health care services users with the objective of developing alternative strategies to solve medical conflicts, aiming at settling discussions objectively and impartially, as well as having a positive influence on the improvement of public and private health care services in our country.

References

- Orrego P. Malpraxis médica. Acta Cancelológica [Revista online]. 2002; 31(1). Disponible en: citado además en http://www.asociacionabogadosrcs.org/congreso/ponencias 3/PonenciaEugenioLLamasPombo.html#_ftn56.
- [2] Besio M. Sobre el acto médico, Depto. Obstetricia y Ginecología. Centro de Bioética. Pontificia Universidad

Católica de Chile [Revista on-line]. 2013; (1): 25-38. Disponible en: http://aebioetica.org/revistas/2003/14/1/50/25.pdf.

- [3] Laín P. Antropología Médica. España: Salvat Editores; 1985.
- [4] Vinyamata E. Aprender mediación. España: Paidós; 2003.
- [5] Vallejo R, Guillen C. Mediación, proceso, tácticas y técnicas. España: Ediciones Pirámid.; 2006.
- [6] Boqué, MC. Cultura de mediación y cambio social. Barcelona: Gedisa; 2003.
- [7] Munné M, Mac-Cragh P. Los 10 principios de la cultura de la mediación. Barcelona: Editorial Gra; 2006.
- [9] Netza C. Protocolo para la presentación y análisis de casos clínicos ante los Comités de Ética Asistencial. Rev. Bioética y Derecho [Internet].c2013 Sep [citado 26 de agosto de 2019]; (29): 24-34. Disponible en: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1 886-58872013000300004&lng=es. http://dx.doi.org/10.4321/S1886-58872013000300004.