

ბერიაშვილი რუსუდანი

სტამბოლის პროტოკოლის სტანდარტებით დოკუმენტირების ფორმა საქართველოს პენიტენციური დაწესებულებების სამედიცინო სამსახურისათვის
თბილისის სახელმწიფო სამედიცინო უნივერსიტეტის სასამართლო მედიცინის დეპარტამენტი

რეზიუმე

სტამბოლის პროტოკოლის პრინციპების დანერგვა მსოფლიოს სხვადასხვა ქვეყანაში მოითხოვს სასამართლო სამედიცინო ექსპერტიზის პრაქტიკისა და სამედიცინო დოკუმენტაციის წარმოების სამართლებრივი ნორმებისა და მეთოდოლოგიის ანალიზს. განსაკუთრებით საყურადღებოა ეფექტური სამედიცინო დოკუმენტირების მეთოდოლოგიის ცვლილება სხვადასხვა ტიპის სამედიცინო დაწესებულებებში, როგორც სამოქალაქო, ასევე პარალელური ჯანდაცვის სისტემებში, როგორცაა, მაგალითად, სასჯელაღსრულების ჯანდაცვის სისტემა. პროექტის ფარგლებში მოხდა სამედიცინო დოკუმენტირების რეტროგრადული და მიმდინარე პრაქტიკის ანალიზი, სტამბოლის პროტოკოლის სტანდარტების დანერგვის პერსპექტივის გათვალისწინებით. სასჯელაღსრულების ჯანდაცვის სისტემაში სამედიცინო დოკუმენტირების არაერთი ხარვეზი და სუსტი წერტილი იქნა გაანალიზებული. განსაკუთრებული ყურადღება მიექცა ბრალდებულთა/მსჯავრდებულთა სამედიცინო შემონმებისა და დაზიანებების დოკუმენტირების პროცესის ყოვლისმომცველობასა და დროულობას, დოკუმენტირების ფორმების სამართლებრივ რეგულირებას, პაციენტთან გასაუბრებისა და სამედიცინო შემონმების არსებულ პრაქტიკას, ინფორმირებული თანხმობის მოპოვების წესს, ინფორმაციის კონფიდენციალურობის შეზღუდვებს, სამედიცინო საექსპერტო აზრის ჩამოყალიბებისა და გამოკვლევის შედეგების ინტერპრეტაციის სირთულეებს. სტამბოლის პროტოკოლის პრინციპების საქართველოში დანერგვის მიზნით პენიტენციური დაწესებულებების სამედიცინო სამსახურისათვის შემუშავებულ იქნა სამედიცინო დოკუმენტირების ახალი ფორმა.

Introduction: Implementation of the Istanbul standards on the country level requires analysis of current legal norms and methodologies in forensic medical practice [2]. Of special importance are the changes in methodology of effective medical documentation in different medical settings, including civil and parallel healthcare systems, as the final medical conclusions, opinion forming and reporting widely depends on effective forensic medical evaluations, documentation and practice. The aim of the present project was to introduce the special documentation form for prison medical service as a part of the IP implementation activities in Georgia.

Methodology: Both retrograde and forward current evaluations of the medical documentation practice in prison system was performed. A mixed-methods approach was employed to conduct a comprehensive study and analysis. Firstly, existing regulatory rules and procedures pertaining to the practice, documentation and reporting in forensic medical services were reviewed. This was complemented by quantitative data analysis to identify gaps and assess compliance issues. Secondly, qualitative methods, such as in-depth interviews and focus discussions were carried out to gather insights from key stakeholders of prison medical institutions, aiming to explore the effectiveness of existing procedures, staff capacity and challenges in interaction between relevant state bodies. Provided data, the identical structures and regulations have been analyzed. Additionally, desk research, involving the analysis of available information and resources was employed as part of the overall study approach.

Systemic SWAT analysis was performed with the scope of implementation of Istanbul Protocol standards of forensic medical documentation.

Results of the Study and Discussion: Since the first steps of Istanbul Protocol implementation projects in Georgia several gaps and weak points were noticed and analyzed in forensic medical documentation practice, both in civil and parallel healthcare systems. As the similar projects were implemented in many post-Soviet countries [1], the comparison of general patterns, regulations and practice in all of them show huge similarities and the most of the topics could be considered characteristic for all post-Soviet countries.

Challenges in legal regulations: These challenges were mostly related to the criminal codes and health legislation. Among the most important changes must be named the regulations related to the forms of forensic evaluations and documentation; adding the alternative or so called “independent” forensic examination option in the Criminal Procedural Code made huge step forward to introduce forensic medical documentation practice in parallel healthcare systems, like police and prison healthcare systems are.

New definition of the Expert in the same document made possible to use expert opinion of different medical professionals and not only licensed forensic physicians in the court; this increased dramatically the pool of experts and made a practice of professional competition among them, which in its turn stimulated quality of forensic medical evaluations and reporting [3]. The regulations for confidentiality and consent were updated in health laws, new Law on Patients’ Rights appeared in 2000 considering all aspects of international standards of the field and medical ethics [4].

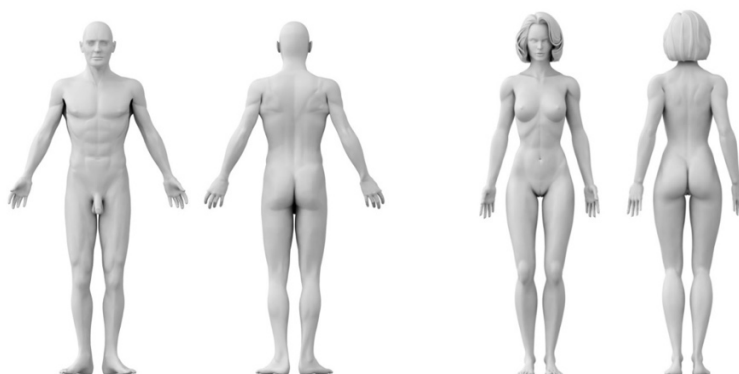
Challenges in medical practice and documentation: These challenges were commonly related to the weaknesses in legal norms but not rarely related to the existed old and bad practice. Many of them still remain as current challenges that the prison healthcare system is facing. Among many others, must be mentioned the comprehensiveness of physical examination during medical evaluations, which represents one of the main principles of the Istanbul Protocol and allows effectiveness of entire process of documentation and investigation [2]; if the physical examination is limited almost only by just dermatological evaluations and does not include examination of all body systems and parts, it cannot be enough informative and will lead to the missing of medical evidences. The medical evaluations must be prompt, especially in detention places, and not delayed for many days and weeks when many of the physical findings are changed or almost fully vanished; the timing of medical evaluations in many ways depends on effectiveness of investigation process but sometimes it can suffer from weaknesses of the prison medical system itself too. Having clear conclusions is the most important part of the forensic report, but it should not be so dry that is not showing expert opinion of the professional; clear interpretation and forming of forensic medical opinion must be a crucial part of the report which can be extremely helpful for investigation and finally for the judge to understand common picture of the case [3].

Introducing new Form for medical documentation for prison medical service of Georgia: As part of the IP implementation activities in Georgia, the special documentation form for prison medical service was introduced. The drafts of the short documentation forms according to the Istanbul Protocol were provided by Physicians for Human Rights and used as templates to create the Georgian form for the prison healthcare system. The form is reflecting all IP principles of effectiveness of medical documentation and follows the structure of Annex IV of IP, including: general information about the case, relevant medical history, allegations of abuse, physical symptoms and/or disabilities related to alleged abuse, psychological symptoms related to alleged abuse, examination of physical evidence, assessment and conclusion on degrees of consistency. There are several topics of special interest, as follows:

The form starts with short reminder about the methodology and international standards. The referral pathways for the patient and information are particularly emphasized. Informed consent is specially addressed as there may be challenges of obtaining informed consent in prison system, especially the consent for photographing injuries or examination and documentation of the injuries related to genitalia. The content of informed consent is structured in details, including information about referrals and basic procedural safeguards for the patient. The special consent must be obtained for photography of injuries. The reason for requesting medical evaluation is underlined as besides of routine medical checking at the admission of the detainee, other possible reasons may exist like medical complains, accidents, alleged abuse and etc. The prompt medical examinations will reveal the moments of new injuries development and help investigation to relate them to the human rights violations.

The special table was developed for description of injuries and marking them on the body diagrams (see Table 1). The detailed criteria for injury description are placed in the table, together with the alleged method of infliction. The criteria for description include location, form, sizes, direction, color, surface, surrounding tissues and other. Each physical finding related to the alleged method of injury must be assessed with degrees of consistency according to the Istanbul Protocol standards. The overall conclusion must be made using the same principles of the degrees of consistency.

Table 1. The table for description of injuries and marking on the body diagram



დაზიანების სახე Type of injurie	ლოკალიზაცია Location	ფორმა Form	ზომები Sizes	მიმართულება Direction	ფერი Color	რეღიფი Surface	სისხლდენა Bleeding	შეხორციების ნიშნები Signs of healing	მიმდებარე ქსოვილები Surrounding tissues	სხვა Other

Conclusion: Despite many positive changes in forensic medical documentation practice for the Istanbul Protocol implementation in Georgia still remain challenges especially related to the practical implementation of new legal norms and international standards. The effective system for quality assurance and control in medical institutions could be recommended, that will contribute to the effectiveness of the forensic medical practice and documentation and increase capacities of investigation of the cases of alleged torture and other forms of ill-treatment according to the standards of the Istanbul Protocol.

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RUSUDAN BERIASHVILI

ISTANBUL PROTOCOL DOCUMENTATION FORM FOR PRISON MEDICAL SERVICE IN GEORGIA

Forensic Medicine Department, Tbilisi State Medical University, Tbilisi, Georgia

SUMMARY

Istanbul Protocol implementation requires analysis of current legal norms and methodologies in forensic medical practice. Of most importance are the changes in methodology of effective medical documentation in different medical settings, including civil and parallel healthcare systems. Both retrograde and forward current evaluations of the forensic documentation practice was performed. Systemic SWAT analysis was performed with the scope of implementation of Istanbul Protocol standards. Several gaps and weak points were noticed and analyzed in forensic medical documentation in prison medical service of Georgia. Of special interest was examination and documentation of injuries of detained individuals that must be prompt and thorough; regulations related to the forms of forensic evaluations, medical interview and examination practice, informed consent for forensic medical examinations and so on.

Challenges in forensic medical documentation were addressed, especially, the challenges of informed consent, comprehensive medical examination more than just dermatological evaluations, confidentiality of information, prompt forensic medical evaluations, forensic medical opinion forming and interpretation of medical findings. As part of the IP implementation activities in Georgia, the special documentation form for prison medical service was introduced.

Keywords: Istanbul Protocol, forensic medicine in Georgia, prison documentation form

