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Assessment of the Quality of Medical Documents Issued in Central Police Stations in Madrid, Spain: The Doctor's Role in the Prevention of Ill-Treatment

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ABSTRACT: Doctors sometimes assess allegations of ill-treatment. Reports from such examinations may be used if the practice of the police is to be appraised; they should therefore be relevant and exhaustive.

We assessed, retrospectively, the quality of 318 medical documents concerning 100 persons held in central police stations in Madrid, Spain, from 1991 to 1994. In 71 documents concerning 44 persons the doctors quoted the detainee as alleging ill-treatment. Most of the documents appeared to lack significant information on history of ill-treatment and description of the clinical examination. Of 34 conclusions, ten were unacceptable and the premises were insufficient in 16. These observations point to weaknesses and needs for improvements in the fulfillment of the role of doctors as safeguards of the rights of detainees.

Medical examinations should be conducted outside the control of police officers, by a neutral doctor using a check-list/protocol. The quality of the report should fulfill international standards.

KEYWORDS: forensic science, ill-treatment, medical documents, quality assessment, medical neutrality, Spain

Amnesty International estimates that torture is used in approximately one third of the world's countries (1). In order to hinder torture, the authorities may employ doctors to make medical examinations of the detainees and report on their findings. In these situations, the task of the doctor is to act as a safeguard to ensure that the prohibition of the use of torture is observed. The doctor's report should, therefore, contain relevant data and be exhaustive (2–5).

The British Medical Association has promoted investigations about allegations that doctors in some countries were cooperating in torture (6). One way in which physicians or forensic specialists may be involved in torture is by not reporting clear evidence of torture, e.g., by writing false or incomplete reports (7). However, to our knowledge, apart from the study of Iacopino et al. (8), results of systematic assessment of medical documents have not been published. The aim of our study was to appraise the quality of such documents, and to compare it with standards for medical legal documents. Spain was chosen as the study country because, despite the fact that its legislation demands a forensic examination of detainees, according to international reports (1,9) ill-treatment still exists, and because we had access to some hundreds of forensic documents through a nongovernmental organization.

Detainees can be held in isolation in Spain for a maximum period of five days. In the central police station in Madrid, the detainees are usually examined each day by a forensic doctor employed by the antiterrorist Justice Court (Audiencia Nacional). The detainees should be examined again in this justice institution by the same doctors on the day of being presented in court. The aim of the forensic examinations is to give medical assistance and to protect the human rights of the detainee (10,11). According to previous reports, the medical examinations are carried out within the police station in a room near the interrogation room or in the latter. The examination facilities have been qualified as poor by the European Committee for the Prevention of Torture (CPT) (12,13). The report written by the examining doctor is subsequently sent to the Audiencia Nacional, according to our experience, without enclosure of diagrams or photos.

Material and Methods

The material comprised documents issued by forensic doctors employed by Audiencia Nacional (termed here Drs. A, B, C, and D), concerning persons from the Basque Country held under the antiterrorist legislation in closed institutions in Spain from January 1991 to December 1994. A document is defined here as any note written by a doctor reporting results from a meeting with a detainee. It may also be the material contained in some documents issued by doctors from hospitals or prison wards, concerning the persons who also were examined by the doctors from the central institutions.

About 100 to 150 persons were arrested annually during 1991 to 1994 in the Basque Country under the antiterrorist legislation (14,15).

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The study analyzed 318 documents concerning 100 persons. These documents represented all the files collected by Torturaren Aurkako Taldea (TAT), a nongovernmental association. TAT intends to collect material from all persons detained under the antiterrorist legislation and succeeded in 100 cases during the study period. It was not possible to get relevant information on the cases that were not assessed to characterize this sub-population and compare it to the examined one. Thus, we had access to photocopies of notes written by doctors during, and in some cases after, detention of the (ex-) detainees.

According to the Helsinki Declaration II, all 100 persons gave oral informed consent to TAT to study the documents and publish results of an analysis. The analyses covered:

a) the description in the document of allegations of ill-treatment, subjective state of health, the extent of a physical examination, and clinical findings indicating violence.
b) presence or absence of a conclusion concerning statements of subjection to ill-treatment or concerning objective findings caused by violence. In the conclusion, the doctor should state whether there was consistency between the history of ill-treatment, the ensuing symptoms described, and the results of the clinical examination. Thus, the conclusion may include an assessment of the age or origin of a lesion. The quality of a possible conclusion was classified as "acceptable" or "unacceptable" according to whether it fulfilled these principles (2–5) and respected professional common sense. If the conclusion apparently was based on premises not given in the document, it was classified "insufficient as to premises." If the conclusion could not be classified in the above categories, we called it "questionable."

Furthermore, we assessed intra- and inter-observer disagreements in the reporting of the history of ill-treatment and the objective findings for persons who had been examined several times, by the same or different doctors.

Moreover, we wanted to detect possible differences in the reporting of the individual doctors, and to compare the pattern of reporting from the individual institutions when the number of documents was sufficient.

The statistical methods used were X^2 test with and without Yates's correction, and Fisher's exact test. A level of significance of $p < 0.05$ was chosen.

Results

The mean number of documents per person was 3.2 (range 1 to 9). Four forensic doctors of the Audiencia Nacional issued 296 of the documents, mainly in the central police stations ($N = 208$) or in the Justice Institution ($N = 67$). On one occasion, one doctor carried out 21 examinations on the same day, and on six occasions one doctor carried out 10 to 14 examinations on the same day.

Data regarding allegations of ill-treatment, the description of types of ill-treatment, and our appraisal of the sufficiency of the description of localization of ill-treatment are shown in Table 1. Statements from the detainee about the treatment in custody were quoted in 182 documents (57%). The term "ill-treatment" came in 155 documents (49%). In 71 documents, concerning 44 persons, the detainee alleged exposure to ill-treatment.

Data regarding presence of symptoms and clinical examinations are given in Table 2. Physical findings indicating recent exposure to violence were described in 101 documents (concerning 46 subjects); the findings were multiple (more than three) in 27 of them. In documents affirming ill-treatment of a particular region of the body ($N = 48$), a clinical description of that region was given in 26 cases (54%), 13 with marks indicating exposure to violence. In 35 subjects, the documents included descriptions of lesions caused by handcuffs; however, we did not classify such findings as indications of exposure to violence.

Twenty-eight documents (9% of the whole) concerning 26 persons contained 34 statements considered by us as a conclusion. One or more conclusions were identified in 24% of the 71 documents with statements of ill-treatment, and in 44% of the 27 documents with statements of ill-treatment and descriptions of lesions caused by violence.

TABLE 1—*Information in the documents related to history of ill-treatment.*

Description of Treatment	$N = 318$
Ill-treatment alleged by the detainee	71 (22%)*
Ill-treatment denied by the detainee	84 (26%)
The treatment said to have been correct	27 (8%)†
Nothing about treatment was given	108 (34%)
The examinee did not cooperate	28 (9%)
Types of Alleged Ill-treatment	$N = 71$
Beating	60 (85%)
Plastic bag over the head ("la bolsa")	24 (34%)
Electrical shocks ("electrodos")	6 (8%)
Suffocation with water ("la bañera")	3 (4%)
Types of ill-treatment not specified	7 (10%)
Localization of Ill-treatment	$N = 71$
Adequately described	14 (20%)
Partially described	34 (48%)
Not described at all	22 (31%)‡
Description irrelevant	1 (1%)

* Four documents stated that the detainee denied ill-treatment apart from beatings and/or the plastic bag. These documents were classified as cases affirming ill-treatment.
† This term was only used by Dr. A.
‡ Including five of the six cases of electrical shocks.

TABLE 2—*Clinical information in the documents.*

Existence of a Description of the Subjective State of Health		
In the total of the documents	$N = 318$	148 (47%)
In documents with allegations of ill-treatment	$N = 71$	33 (47%)
Existence of Statement that the Whole Body was Examined		
In the total of the documents	$N = 318$	16 (5%)
In documents affirming ill-treatment	$N = 71$	7 (10%)
Signs of Recent Violence		
Presence of signs of recent violence	$N = 318$	101 (32%)
Absence of signs of recent violence	$N = 318$	103 (32%)
The examinee did not cooperate	$N = 318$	35 (11%)
Nothing indicated about clinical signs of violence	$N = 318$	79 (25%)

Most conclusions concerned the age or the origin of described lesions. Table 3 shows our appraisal of them.

The doctor did not establish a possible relationship with ill-treatment in any of the 16 cases in which there was a conclusion on the origin of lesions that were present at the time of the examination or symptoms, that could be ascribed to exposure to violence, even though ill-treatment was described in eleven of these documents. In eight documents, a conclusion referred explicitly to allegations of ill-treatment. In five of them lesions caused by violence were described. The doctors found no grounds for the allegations of ill-treatment in any of the cases.

In 14 of the 18 conclusions about the age of lesions, the doctors concluded implicitly that the lesions were too old to have been acquired during the detention in the institution where the examination took place. In the other four cases the information that could be extracted from the documents was insufficient to conclude whether the lesion could have been acquired during the detention.

We found intra-observer variation in the description of lesions or the history of ill-treatment in seven cases, representing 10% of all the persons who had been examined more than once by the same doctor.

TABLE 3—*Type, number, and quality of the conclusions in the documents.*

	Conclusion on the History or Symptoms	Conclusion on the Origin of Lesions	Conclusion on the Age of Lesions	Total
No of documents	3	10	16	28*
No of conclusions	3	13	18	34
Conclusion acceptable	1	1	0	2 (6%)
Premises insufficient	0	4	12	16 (47%)
Conclusion questionable	1	2	3	6 (18%)
Conclusion unacceptable	1	6	3	10 (29%)

* One document contained a conclusion concerning both the age and the origin of lesions.

In five cases there was significant disagreement in the description of clinical findings in documents issued by doctors from different institutions. A prison doctor described green-yellowish bruises in two cases one day after the Audiencia Nacional forensic doctor had stated that the examinee had no signs of violence. In two more cases, a prison doctor described excoriations and bruises "3 to 5 days old" that had not been mentioned by the Audiencia Nacional forensic doctor the day before. In one case, bruises and a wound on the head and lip described by a hospital doctor were ignored four days later by the Audiencia Nacional forensic doctor. These cases represent 25% of the 20 cases in which documents from different institutions were available.

Table 4 presents information about ill-treatment of detainees as quoted by the individual doctors together with information on clinical signs of violence. Only the documents issued by Drs. A, B, and C were sufficient in number for statistical analysis. In the documents analyzed here, Dr. C never reported allegations of ill-treatment [significantly less often than Dr. A ($p < 0.0005$) and Dr. B ($p < 0.025$)]. Dr. A used the term ill-treatment more often than Dr. B ($p < 0.0005$), who used it more often than Dr. C ($p < 0.0005$). There was no difference between doctors A, B, and C in the prevalence of description of lesions caused by violence ($p > 0.20$). Ill-treatment was reported more often from the justice institution (24/67 = 34%) than from police stations in Madrid (40/208 = 19%) ($p < 0.01$). Dr. B reported ill-treatment only in documents issued in the Justice Institution. Lack of information about the treatment was more frequent in documents issued in central police stations (45%) than in the Justice Institution (18%) ($p < 0.0005$).

Case A

A 21-year-old male was examined by Dr. A on the day of arrival (Day 1) at the Guardia Civil station in Madrid. The detainee alleged ill-treatment, but no description of the ill-treatment was given in the document, which stated that the detainee presented with generalized pain. The document gave the following description of the result of the clinical examination and conclusion:

> "Excoriations and bruises, all recent, on the face, arms, forearms, hands, body, and lower extremities. On the basis of the widespread localization of the lesions and the position of some of them, i.e., those on the forehead, nose, the left ante-

TABLE 4—*Number of subjects examined and content of documents by individual doctor.*

	Audiencia Nacional Forensic Doctors					
	Dr. A	Dr. B	Dr. C	Dr. D	Others†	Total
Subjects	63	20	24	2	20	100*
Ill-treatment affirmed	38 (60%)	5 (25%)	0	1 (50%)	6 (30%)	44* (44%)
Signs of violence described	24 (38%)	7 (35%)	8 (33%)	2 (100%)	11 (55%)	46* (46%)
Documents	199	32	50	15	22	318
Ill-treatment mentioned	135 (68%)	9 (28%)	0	1 (7%)	10 (45%)	155 (49%)
Ill-treatment affirmed	59 (30%)	5 (16%)	0	1 (7%)	6 (27%)	71 (22%)
Ill-treatment denied	76 (38%)	4 (12%)	0	0	4 (18%)	84 (26%)
Signs of violence described	53 (27%)	12 (38%)	13 (26%)	11 (73%)	12 (55%)	101 (32%)

* For some of the examinees, more than one of the doctors had issued documents.
† In all these cases documents issued by the four Audiencia Nacional forensic doctors were also available.

rior part of the body, arms, hands, knees, and ankles, it could be inferred that they are consistent with lesions caused by throwing a person onto the floor. The lesions on the back side of the body could have been produced in a similar way. Furthermore, a hematoma in the conjunctiva of right eye was seen."

Our comments: The description of the ill-treatment is grossly insufficient. The description of the lesions, particularly their localization is also insufficient. Thus, an appropriate assessment of the origin of the lesions is impossible for a reader of the document. We find it highly unlikely that such a large number of lesions located practically all over the body could have been produced in the way indicated by the doctor. We classified the conclusion of the doctor as unacceptable. We noted that the lesion of the right eye was not included in the conclusion of the doctor; this corroborates our criticism. We find it unacceptable that the doctor apparently tries to figure out the origin of the lesions, which is beyond his duty. His task is to assess whether the history is consistent with the clinical findings. When a detainee does not want to give a history, the doctor should report to the authorities if he suspects that the detainee could have been ill-treated. In our opinion the doctor should have been suspicious because the detainee had multiple lesions in many regions of the body. If the detainee does not want to cooperate with the doctor, it should be stated explicitly in the report.

A more exhaustive description of the lesions was given by the same doctor on Day 3, stating that the detainee did not want to answer questions:

"Hematoma on the forehead, around the right eye and in the conjunctiva. Excoriations on the dorsum of the right hand and on the lateral side of the elbow, hematomas forming lines on the lateral side of the left arm and hematomas on the left arm and on the dorsum of the left hand. Small hematomas below the left nipple and on both iliac crests. Blisters of the toes of both feet caused by rubbing from the shoes. Small excoriation on the lateral side of the right foot and on the dorsum of both feet and on both malleoli."

Our comments: More precise description of the lesions, none of which was described as recent; we therefore assume that the lesions were the same as those described at Day 1, which was confirmed in a document issued on Day 5 by the same doctor stating that all the lesions were of the same age.

The only interpretation of the findings of Day 3 was that of the blisters. The localization of some of the lesions e.g., those of the dorsum of the hands and feet and on the malleoli, as well as the linearity of the hematomas, clearly contradict the conclusion given in Day One's document.

The detainee was examined in the prison ward on Day 6 and a rib fracture was diagnosed by X-ray. The large number of lesions described by Dr. A leads us to assume that the fracture was already present during his examinations and could possibly have been diagnosed by him if he had cared more for the subjective symptoms.

Case B

A 32-year-old female was examined by Dr. A on four occasions during January 1992 in the Guardia Civil station in Madrid. According to the documents issued by Dr. A, the examinee did not allege physical ill-treatment on Days 1 and 2. On Day 3, she alleged having been beaten, but no localization was given for the beatings. The clinical notes only stated that there were no signs of violence. A similar description of ill-treatment and clinical findings was given on Day 5.

She was examined in the prison ward on Day 6. The following lesions were described: Hematoma, 2 by 3 cm on the posterior part of the right shoulder, color blue/violet, border zone ill-defined (imprecisos). Another similar hematoma located symmetrically on the other shoulder. A third hematoma 2 by 2 cm below the second, pale blue color, border zone ill-defined.

In November 1992, Dr. A made a written statement about the findings of Day 6 (not included in our material since it is not based on an examination of a detainee). Here it is stated that, on the ground of the described color and border characteristics, the age of the lesions could be no more than 24 h, more likely 6 to 18 h.

On the basis of the symmetry of the lesions it could be inferred that the origin was an indirect trauma against a flat object (e.g., a wall), i.e., possibly self-infliction or an accident during the transfer from the Guardia Civil station to the prison. The origin of the lesions given by the ex-detainee (beatings by the guardia Civil) was not appraised as probable, based on localization and characteristics of the lesions.

Our comments: The description of the ill-treatment in the original documents was grossly insufficient, as was the description of the clinical findings. The whole surface of the body should have been inspected and described. The very precise estimation of the age of the lesions, based on a description of another doctor, is not well founded, i.e., not acceptable. The statement about the indirect trauma as the origin of the lesions is badly founded and not acceptable.

Discussion

The present observational study is based on material collected by a human rights organization. It was designed to analyze medical documents that could contain information on ill-treatment of a population of detainees held under the antiterrorist legislation, because this group has a higher risk of exposure to ill-treatment than others (12,13,16–19).

The documents analyzed here could be regarded as a selected sample, since they were collected through a human rights organization. The difficulties inherent in epidemiological studies tend to be particularly pronounced in research concerning human rights violations (20,21). We did not have access to all police files; furthermore, a full research program would require that all (ex-)detainees were approached and asked for permission to study their documents. In addition to logistical problems there would also be ethical ones. However, our material is large; thus, it represents at least a significant part of the activities of the Audiencia Nacional forensic doctors and a large percentage (approximately 15 to 20%) of people from the Basque Country arrested under the antiterrorist legislation in the study period, according to the official figures on number of detentions. Furthermore, the available series of documents concerning the individual examinees are fairly complete, given the fact that each detainee was examined approximately three times during the period of detention. However, the purpose of our study was not to give an epidemiological description of ill-treatment in a given population, and we make no general inference about the population of persons detained under the Spanish antiterrorist act. The only intention was to assess the quality of medical documents concerning ill-treatment. The number of documents and the prevalence of allegations of ill-treatment in the studied subpopulation was sufficient for such an assessment.

The high percentage of allegations of ill-treatment makes us infer that ill-treatment in custody was a problem that occurred with a significant prevalence. This is in agreement with previous official reports (9). In any case, the high frequency of allegations of ill-treatment should be regarded in itself as a problem for the authorities, underlining the need for the doctor to make an appropriate examination and give an exhaustive written report.

The fact that the term "ill-treatment" appeared in 49% of all the documents, and that the detainees were examined on a daily basis, leads us to assume that the doctors were aware of their role to safeguard the detainees against physical abuse (10,11). Various authors have described the data that should be collected from the interview and examination of a person who alleges exposure to ill-treatment or torture, and the way to appraise the data and present them in a report (2–5). Thus, the documents in general, and those with allegations of ill-treatment in particular, should fulfill the internationally accepted standards of medical reports: the report should contain a detailed history of the ill-treatment, a thorough description of ensuing symptoms, and a full report of the results of the clinical examination, so that the conclusion drawn about a possible consistency between these elements is understandable to the reader (2,4,22). In general, the documents studied here did not live up to those standards, and in some cases the doctor concluded more on the age and the origin of lesions than could be justified (e.g., see Case A and B).

Lesions caused by violence were described with the same frequency in the documents issued by all three doctors; thus, there was no indication that the detainees should have been selected to examination by the individual doctors in a particular way. On this basis, the difference between doctors regarding reports of ill-treatment makes us assume that the examinations were carried out without a formal check-list. We also find it remarkable that ill-treatment was reported more frequently in the justice institution than in the central police stations, considering that the detainees normally spend only a few hours in the justice institution (9).

Most of the documents were not sufficient (with shortcomings and/or omissions) regarding statements about allegations of ill-treatment and subjective symptoms, and with respect to the description of the clinical examination and whether the whole surface of the body had been examined. This lack of information sometimes caused difficulties when the result of a subsequent examination was compared with that described in the last document from the period of detention. In some cases the information was not complete because the examinee did not want to cooperate. An additional reason for the shortcomings of the documents might be the doctors' lack of time in situations when many persons had recently been detained; some of the doctors had to carry out a large number of examinations, apparently in a very short time.

The insufficiency of the documents is underscored by the lack of conclusions, particularly in reports of examinations with allegations of ill-treatment and clinical signs of violence. Furthermore, we disagreed with the doctors in most of their conclusions, which we found were based on premises not given in the documents, or were unacceptable or questionable.

It is difficult to assess precisely the age of a bruise since the color of the lesion depends on other factors than time. In the literature, the colors green and yellow can be taken as an indication of an age exceeding 48 h (23). However, a bruise may appear immediately or with a delay of 24 to 48 h (23); after this it will take some time for the color to change to green or yellow. Thus, a bruise that one day was described as green/yellow would have been visible the day before. The minimum time for the healing of a bruise or superficial wound is normally considered to be at least 5 to 7 days (23). Absence of lesions that were described three days earlier as acute lesions is inferred by us as failure to report. On this ground we concluded that there was inter-observer discrepancy in some cases.

In spite of the recognized difficulties in the appraisal of the precise age of a lesion (3,24), we found it remarkable that the lesions were always assessed in a way that excluded the possibility that it could have been acquired in the institution at which the examination took place. We also noted that the doctors from the Audiencia Nacional seemed to underreport signs of violence, judged by the inter-observer disagreement. We also found it remarkable that the doctors never found a possible consistency between a history of ill-treatment and the clinical signs of violence; such a consistency was always rejected.

These observations point to weaknesses and needs for improvements in the fulfillment of the role of the doctors as safeguards of the Human Rights of the detainees through the reporting of results of medical examinations. The following considerations are generally applicable (8,25) and not specific to Spain. If the medical examination should serve as such a safeguard, it would require that the examinations were carried out a) on a neutral ground, i.e., in a place out of hearing and sight of the police officers, who could possibly be accused by the detainee of having committed abuses; b) by a neutral doctor; c) in a correct manner using a check list or protocol; and d) that reporting lives up to generally accepted standards.

It has been reported that some doctors in Turkey were overtly threatened by police officers if they suggested in their medical documents that the examinee had been tortured (8). Such an attitude of the police towards the doctor may be completely unthinkable in Spain, but we concur in the opinion that, to ensure independence and impartiality, the doctor who is in charge of examining detainees, who could have been ill-treated by the police force, should be employed by a body or ministry other than the police (26,27), or at least the doctor should not be affiliated to the special investigation court, e.g., the Audiencia Nacional. Experience in South Africa has recently demonstrated that, when a doctor has dual loyalties, the relations to the patient would be jeopardized (28).

On the basis of our observations that the documents were not sufficient with respect to extent and quality we stress the following:

- Doctors who are responsible for the appraisal of allegations of ill-treatment and lesions caused by violence should have an appropriate training.
- The examinations should be carried out according to a protocol fulfilling international standards.
- The doctors should be independent of the institutions they are to control. The examinations should be carried out in privacy, and the detainee should be given an opportunity to have a second opinion by another doctor, preferably of his own choice.
- The forensic doctor should be given reasonable working conditions: sufficient time for each examination, easy access to facilities for para-clinical examinations, e.g., X-rays, and a formal possibility, with respect to cases with a conflict of interest, to confer with the national and international medical associations.

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ERRATUM

Erratum/Correction of Petersen HD, Morentin B, Callado LF, Meana JJ, Idoyage MI. Assessment of the Quality of Medical Documents Issued in Central Police Stations in Madrid, Spain: The Doctor's Role in the Prevention of Ill-Treatment. J Forensic Sci 2002 March;47(2):293–298

It has come to my attention that Dr. Hans P. Hougen has preferred to refrain from taking part in the authorship for the above-mentioned article.

The Journal regrets this error. Note: Any and all future citations of the above-referenced paper should read Petersen HD, Morentin B, Callado LF, Meana JJ, Idoyage MI. Assessment of the Quality of Medical Documents Issued in Central Police Stations in Madrid, Spain: The Doctor's Role in the Prevention of Ill-Treatment. [published erratum appears in J Forensic Sci 2002 July;47(4)] J Forensic Sci 2002 March 47(2):293–298.