

Istanbul Protocol Documentation Form for Police Detention Isolators in Georgia

Rusudan Beriashvili¹

DOI: [10.52340/GBMN.2024.01.01.80](https://doi.org/10.52340/GBMN.2024.01.01.80)

ABSTRACT

Background: The Istanbul Protocol, which was first published in 1999, is a globally recognized set of best practices that States are required to investigate cases of torture and by which medical and legal professionals are expected to assess allegations of torture, compile survivor cases, and provide credible evidence.

Objective: Istanbul Protocol (IP) implementation requires analysis of current legal norms and methodologies in forensic medical practice. Of most importance are the changes in methods of adequate medical documentation in different medical settings, including civil and parallel healthcare systems.

Methods: Both retrograde and forward current evaluations of the forensic documentation practice were performed. We performed a systemic SWAT analysis of the scope of implementation of Istanbul Protocol standards.

Results: Several gaps and weak points were noticed and analyzed in forensic medical documentation in police detention isolators in Georgia. Of particular interest was the 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, the 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 particular documentation form for police detention isolators was introduced.

Conclusions: The adoption of the Istanbul Protocol in Georgia has brought about many good improvements in the field of forensic medical documentation; yet, there are still obstacles that arise, mainly in relation to the actual application of new legal rules and international standards. It may be suggested to implement an efficient system for the control and quality assurance of medical records across various medical facilities. This will improve the efficiency of forensic medical procedures and records and expand the ability to look into claims of torture and other forms of ill-treatment in compliance with the Istanbul Protocol's standards.

Keywords: Istanbul Protocol; police detention isolators; SWAT analysis; torture.

BACKGROUND

Implementing the Istanbul Protocol (IP) standards at the country level requires an analysis of current legal norms and methodologies in forensic medical practice.¹ The changes in methods of adequate medical documentation in different medical settings, including civil and parallel healthcare systems, are significant as the final medical conclusions, opinion formation, and reporting widely depend on effective forensic medical evaluations, documentation, and practice. The project aimed to establish the IP in Georgia by introducing a new documentation form for police detention isolators.

METHODS

Both retrograde and forward current evaluations of the medical documentation practice in police detention isolators were performed. We employed a mixed-methods approach to conduct a comprehensive study and analysis:

- We reviewed existing regulatory rules and procedures regarding the practice, documentation, and reporting of forensic medical services and then performed quantitative data analysis to identify gaps and assess compliance issues;
- Qualitative methods, such as in-depth interviews and focus discussions, were carried out to gather insights from key stakeholders of police detention 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;

- Desk research was employed as part of the overall study approach, analyzing available information and resources.

We performed a systematic SWAT analysis of the scope of implementation of Istanbul Protocol standards for forensic medical documentation.

RESULTS AND DISCUSSION

Since the first steps of the Istanbul Protocol implementation projects in Georgia, gaps and weak points were noticed and analyzed in forensic medical documentation practice in civil and parallel healthcare systems. As similar projects were implemented in many post-Soviet countries, the comparison of general patterns, regulations, and practices in all of them show huge similarities, and most of the topics could be considered characteristic of all post-Soviet countries.²

Challenges in legal regulations

These challenges were mainly related to the criminal codes and health legislation. Among the most significant changes



must be the rules about the forms of forensic evaluations and documentation; adding the alternative or so-called "independent" forensic examination option in the Criminal Procedural Code made a huge step forward in introducing forensic medical documentation practice in parallel healthcare systems, like police and prison healthcare systems.

The new definition of the Expert in the same document made it possible to use the expert opinion of different medical professionals and not only licensed forensic physicians in the court; this dramatically increased 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, and a 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 weaknesses in legal norms but rarely associated with existing practices. Many of them remain as current challenges that the police healthcare system is facing. Among many others, must be mentioned the comprehensiveness of physical examination during medical evaluations represents one of the main principles of the Istanbul Protocol and allows the effectiveness of the entire process of documentation and investigation;¹ 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 informative enough. This will lead to the missing medical evidence. 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 entirely vanished; the timing of medical evaluations in many ways depends on the effectiveness of the investigation process, but sometimes it can suffer from weaknesses of the police medical system itself too. Having clear conclusions is an essential part of the forensic report, but it should not be so dry that is not show the 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 a new form for medical documentation for police detention isolators in Georgia

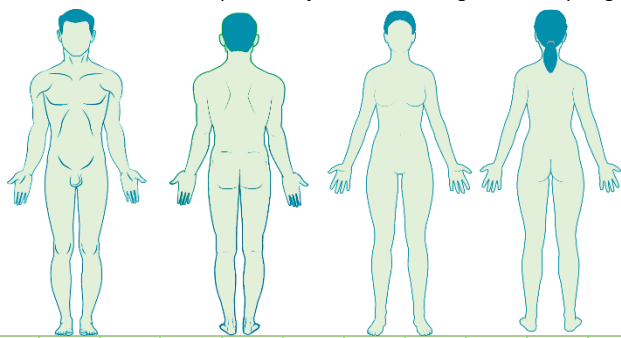
As part of the IP implementation activities in Georgia, a unique documentation form for police detention isolators was introduced. The drafts of the short documentation forms according to the Istanbul Protocol were provided by Physicians for Human Rights and used as templates to create the Georgian Form for the police healthcare system. The Form reflects all IP principles of the effectiveness of medical documentation. It 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 the alleged abuse, psychological symptoms related to the alleged abuse, examination of physical evidence, assessment and conclusion on degrees of consistency. There are several topics of particular interest, as follows:

- The Form starts with a 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 to obtaining informed consent in police detention isolators, especially the permission for photographing injuries or examination and documentation of the injuries related to genitalia;
- The content of informed consent is structured in detail, including information about referrals and essential procedural safeguards for the patient;
- Special permission must be obtained to photograph the injuries;
- The reason for requesting medical evaluation is underlined as, besides routine medical checking at the admission of the detainee, other possible reasons may exist, like medical complaints, accidents, alleged abuse, etc.;
- The prompt medical examinations will reveal the moments of new injury development and help investigators relate them to human rights violations.

A unique table was developed to describe and mark injuries on the body diagrams (Tab.1). The detailed criteria for injury description are placed in the table, together with the alleged method of infliction. The requirements for description include location, Form, size, direction, color, surface, surrounding tissues, and others. 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



Injury type	Location	Form	Sizes	Direction	Color	Surface	Bleeding	Healing/regeneration	Surrounding tissues	Other

CONCLUSIONS

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

AUTHOR AFFILIATIONS

¹ Forensic Medicine Department, Tbilisi State Medical University, Tbilisi, Georgia.

REFERENCES

1. Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2022), available from: www.ohchr.org/sites/default/files/documents/publications/2022-06-29/Istanbul-Protocol_Rev2_EN.pdf.
2. Iacopino V. et al (2020) Istanbul Protocol implementation in Central Asia: bending the arc of the moral universe. *Journal of Forensic and Legal Medicine*, vol. 69. available from: <https://www.sciencedirect.com/science/article/abs/pii/S1752928X19301234>.
3. Law of Georgia. Criminal Procedural Code of Georgia. available from: <https://www.matsne.gov.ge/document/view/90034?publication=151>.
4. Law of Georgia on Patient Rights. available from: <https://www.matsne.gov.ge/en/document/view/16978?publication=7>