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DOCTORAL THESIS

MULTIFACTORIAL DETERMINISM OF THE REQUEST
OF FORENSIC EXPERTISE REGARDING SENTENCE
INTERRUPTION ON MEDICAL GROUNDS

ABSTRACT

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KEY WORDS: prisoners, forensic expertise, sentence interruption, disease

DOCTORAL THESIS SUMMARY

GENERAL PART

Chapter 1 – INMATES RIGHTS ISSUE EVOLUTION

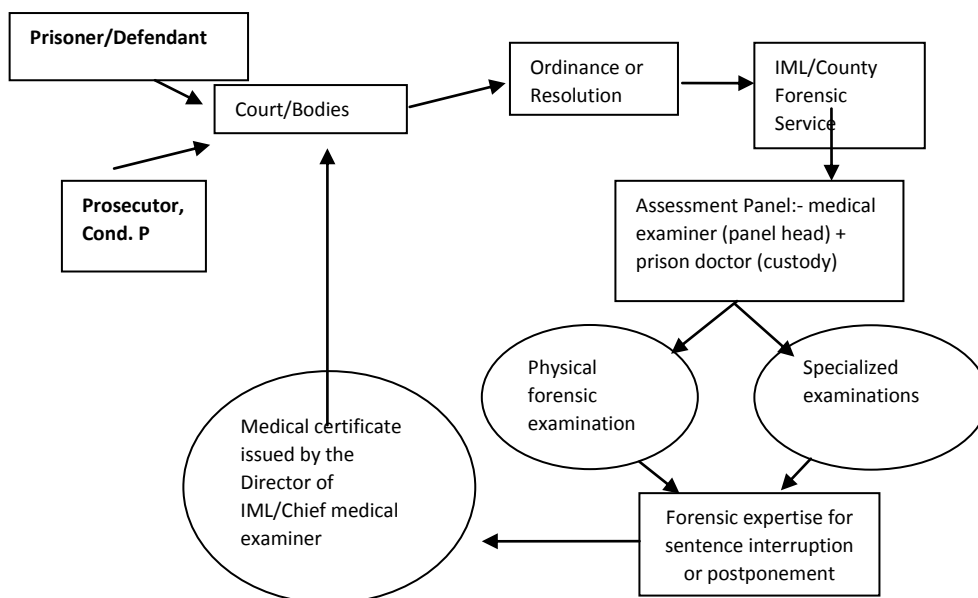
Within the large mass of prisoners, those with different pathological conditions distinguish by needs and special needs from the rest. This special category should be granted more attention in terms of quality healthcare right, at a comparable level to community healthcare.

Under the influence of penitentiary environment, limiting due to the set of institutional rules, but also to the need to adapt to the cohabitation with other prisoners, behavioral restructurings appear in accordance with the purpose of integration into the new type of community, which aims, among other things, at increased susceptibility to influence and suggestibility first of all on behalf of the experienced prisoners.

Prisoners' situation is a topic of constant concern and focus on global and European level. This issue should be seen also through the adherence to human rights legislation and thus to healthcare assistance operating in our country.

Chapter 2 – FORENSIC ASPECTS AND LEGISLATION ELEMENTS OF RELATIONSHIP WITH THE PRISON ENVIRONMENT

Takes into account legal framework evolution aspects and current provisions regarding healthcare provision situation in prison and doctor-patient relationship in forensic expertise elaboration. Under the circumstances of considering prisoners' healthcare access restrictive and limited (because ANP treats prisoners within their own health network) it becomes obvious that the forensic expertise for sentence interruption on grounds of illness is required as a necessary in addition in order to ensure full access of prisoners to complete healthcare, almost equivalent to community healthcare. The schematic of the stages of requesting and carrying out forensic expertise to postpone / interrupt sentence execution is presented below :



In our country, there are few studies on the topic of prison healthcare and the possibility of interrupting prison sentence on grounds of illness. It is important to know the realities regarding informing the prisoners about the framework within which the institution of forensic expertise operates and an analysis of their perception regarding the accessibility and use of this type of expertise. The cases when the requests for sentence interruption on medical grounds were used abusively were followed and identified and their causes.

APPLIED RESEARCH

Chapter 3 – ASPECTS OF PRISON ENVIRONMENT CONDITIONS

A current analysis based on official data from ANP reports was carried out that underline the following major problems: overcrowding, difficulties in ensuring the minimum necessary space (4 sqm), under-dimensioning of qualified personnel. The number of prisoners decreased in the last years, but with the increase of prisoners presenting chronic illnesses, of elderly and health problems prisoners, and the number of hospitalisations was expected to grow even if the prisoners number decreased.

Chapter 4 – PERSONAL CONTRIBUTIONS-STUDIES

Causes of death among detainees: a statistical study on the casework of the Forensic Medicine Institute in Cluj-Napoca during the period 2000-2014 -

Conclusions : The significant decrease in the number of deaths recorded among prisoners for a studied period of 15 years, between 2000 and 2014, is relevant for assessing the quality increase of primary and specialized health care provided within the hospital prisons where the data were collected. The main causes of death were represented by the cardiovascular diseases followed by the tumors, which is consistent with the data regarding the causes of mortality among prisoners, throughout the country in 2014. Further efforts are required to improve healthcare assistance conditions and their orientation towards specialized diagnosis and treatment in hospital prisons and the early proposal of the specific cases for the forensic expertise in order to suspend / interrupt the execution of the sentence.

Aspects regarding relation between death among prisoners and sentence interruption on medical grounds - a study on prisoners from Cluj county conducted between 2011 and 2015

The data were obtained from the National Administration of Penitentiaries, as well as from the archive of the Cluj-Napoca Institute of Legal Medicine. The studied aspects include the age of the prisoners at the time of death, their sex, the place where the death occurred, the manner of death, the existence of a forensic expertise for interrupting the execution of the sentence on medical grounds and its outcome.

Conclusions: Death among prisoners occurred at relatively high rates compared to their young age. The causes were nonviolent, the main cause was neoplasms, present in 9 of 19 cases. Less than half of the prisoners who died in custody during the studied period requested the medical-legal expertise to postpone or interrupt the sentence on medical grounds, an aspect that suggests deficiencies in the level of knowledge of their rights among the detainees. Some of the studied prisoners died before the expertise was completed.

In several cases identified the prisoners gave up their request for expertise for unknown reasons, and in none of the expert cases the suspended sentence has been granted. Further studies are required to improve quality and quantity information regarding medical-legal expertise activity, both among the prisoners, as well as among the personnel working in national prisons.

The multi-factorial determinism of forensic expertise regarding sentence interruption on medical grounds and decision - Instruments: The research instrument used in this study was a screening questionnaire with two sub-scales – the first scale refers to general data and the second scale takes into account data regarding forensic medical expertise, administered directly to the persons involved in the forensic execution procedure. Respondents (N=369) to the research are from one of the largest prison, Dej Penitentiary Hospital. The participants are male (N100%), with an average educational level of 11 grades ($m=2.79$, $=0.054$), with an average age of 33 ($m=2.16$, $=0.044$), with a predominantly urban background ($m=1.43$, $=0.026$), with multiple medical causes (cardiovascular, respiratory, digestive, neuropsychological, tumoral and other disorders, $m=1.85$, $=0.026$), and they are serving sentences between 5 and 15 years ($m=1.66$, $=0.038$).

Hypothesis: the subjects who were imprisoned have multiple causes that are the basis of requesting the forensic expertise regarding sentence interruption on medical grounds.

Conclusions: Pursuant to the significant statistical results at ANOVA, correlation coefficients, factorial analysis, false positive test results, Tukey HSD, WSD, we are convinced that age, education and years of detention are a predictor of The multi-factorial determinism of forensic expertise regarding sentence interruption on medical grounds.

The first five years and the last years of deprivation of liberty are a chronic rationalization of the demands compared to those in the middle range of the prisoners and the psychic / organic disorders and / or the comorbidity maintain the demand behavior higher than those who don't have a medical history as well as other associated diseases. Our hypothesis has been confirmed and we can conclude that the applications for sentence postponement must be analyzed from the perspective of rationalizing the excessive behaviors that put in difficulty and make the forensic expertise difficult, that cost the Romanian state.

An observational study on the parametres influencing the duration of forensic medicine expert reports in assessment of inmates' health status in view of sentence interruption on medical grounds – conducted at the Cluj-Napoca Legal Medicine Institute between 2014-2018 – justified by the need to identify and prioritisation of causes that determinate the necessary length of time to draw up sentence interruption on medical grounds.

Hypothesis: We consider that an interdependence relationship can be established between the medical factors (represented by the committee examination, and the clinical and paraclinical examinations respectively) and the procedural factors, with regard to the determination of the time needed to perform the expertise.

Material and method: The hereby study was conducted on a total of 319 cases of inmate-patients who requested forensic expertise to interrupt the execution of a prison sentence on medical grounds, and were brought at IML Cluj-Napoca during the period of 2014-2018, 210 prisoners respectively. the data on the 214 cases were statistically processed using the SPSS software tool (IBM 25.00 version) to calculate the frequency, mean and standard deviation of the obtained results, the factorial analysis, linear regression, to establish the discrimination of the variables established in research, inter-variable correlations subject to research.

Conclusions: the variables used in the research correlate and are significantly discriminant, which leads us to conclude that the factors influencing the duration of the forensic expertise for interrupting the execution of a prison sentence on medical grounds have been identified. The obtained results indicate the correlation between the duration of the procedures / formalities required for performing the forensic examination with the parameters represented by the pathological diseases and the necessary medical examinations in order to establish a correct and complete diagnosis.

Going through the inter-institutional procedures and clinic-paraclinical examinations of inmate-patients for diagnosis cannot be considered causes of delay and prolongation of procedural activities regarding the forensic expertise for interrupting the execution of a prison sentence on medical grounds, which does not exclude the necessity of tackling their optimization.

The role of forensic expertise is changed and diverted by the behavior of a large number of inmates who artificially invoke or exaggerate accusations of organic or psychiatric pathology, and then drop out of the expertise, thus causing congestion and spending resources of the legal and medical institutions involved, to the detriment of patients with real needs. Future studies may bring new research directions on the evaluation of inmates who request the interruption or deferral of the prison sentence, to elucidate all the factors involved in the management of the time required to conduct forensic expertise of this kind.

CONCLUSIONS

1. After the year 2000 the number of deaths among prisoners decreased slightly, the mortality rates were reduced compared to those at the national level, a significant aspect for a progressive improvement of primary and specialized health care quality, granted in the prison.
2. Cardiovascular diseases and neoplastic tumors are the main causes of death among prisoners. Diagnosis and treating these categories of conditions require further efforts as well as early proposal of specific cases for forensic expertise in order to suspend / interrupt the execution of the sentence. The cases when the prisoners have died before the requested expertise was completed confirm the existence of deficiencies in knowing their rights but also the need to streamline the process of carrying out the specific forensic expertise.
3. Requests regarding sentence interruption on medical grounds and prisoners behaviour multi-factorial determinism was identified in connection with forensic expertise carrying out. Age (between 36 and 50 years), environment (urban) poor education and the number of years spent in detention (between 5 and 10 years) are directly involved factors in multi-factorial determinism of forensic expertise regarding sentence interruption on medical ground.
4. Authorized, accurate, competent and adapted to the current rate information is required to the prisoners' own rights typology, request conditions and purpose of carrying out the forensic expertise for the interruption of the sentence on medical grounds.
5. Carrying-out inter-institutional procedures and indicating specialized examinations for the purpose of specifying the diagnosis can't be considered as causes of problems of delay and extension of the procedural activities regarding the forensic expertise for sentence interruption on medical ground, which doesn't exclude the necessity of future optimization approach.

6. The frequent situation of the cases in which the prisoners gave up to forensic expertise investigation requires the establishment of control mechanisms on the request sustainability.
7. Reducing or eliminating requests followed by giving up the performance of forensic expertise would certainly have a positive impact, by relieving the activity of the forensic commissions providing prisoners patients with real needs appropriate environments for the assurance and orientation of necessary resources (time, expenses for examinations and investigations). The revealed aspects, related to the multiple factors that interfere in the cases in which forensic expertise regarding sentence interruption on medical grounds, require further exploration and follow-up through further investigations and studies, in order to reduce the incidence of these cases and to diminish negative implications on forensic activity.