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***INTERNATIONAL AND DOMESTIC STANDARDS RELEVANT TO PRISON
HEALTH CARE SERVICE AND MEDICAL ASSISTANCE
PROVIDED TO PERSONS IN POLICE CUSTODY***

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I. INTRODUCTION

Prison health care personnel, as well as other medical personnel that treat detained persons, play an active role in the absolute prohibition of torture – a principle which has been set out in all major international human rights instruments. Their role is multi-faceted and does not only consist of giving timely and necessary medical assistance, but also of adequately recording the injuries of a detained or imprisoned person and reporting any possible ill-treatment, of course within their duty of confidentiality. In addition, prison medical personnel are well-placed to make a positive impact on the overall quality of life in the establishment within which they operate.

Inadequate medical assistance can lead to situations falling within the scope of “inhuman and degrading treatment,” such treatment being prohibited under all major international human rights instruments.

In view of the above, this paper first provides an overview of international standards and domestic obligations. Second, it underlines the issues pointed out by the Commission for the Prevention of Torture of the Council of Europe (CPT) during their visits to this country, as well as the respective Macedonian Government responses. Finally, it sets forth a set of recommendations on how to improve the medical care provided to detained and imprisoned persons in order to make such care compatible with international standards.

II. INTERNATIONAL STANDARDS

Standards regarding prison health care service and medical assistance for detained persons are found primarily in the following international instruments:

- The UN Convention against Torture (1985);
- The UN Standard Minimum Rules for the Treatment of Prisoners (1955);
- The UN Body of Principles for the Protection of all Persons under any Form of Detention or Imprisonment (1988);
- The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UN Istanbul Protocol 1999);
- The UN Principles of Medical Ethics relevant to the Role of Health Personnel (1982);
- The UN Standard Minimum Rules for the Administration of Juvenile Justice (“The Beijing Rules” 1985);
- The European Convention for the Prevention of Torture (1987);
- European Prison Rules (Recommendation No. R(87)3 of the Committee of Ministers of the Council of Europe 1987);
- The World Medical Association’s Declaration of Tokyo (1975); and
- International Council of Nurses’ Ethical Code (1973).

In addition, the CPT Standards, the case law of the European Court of Human Rights and the former Commission on Human Rights, and the OSCE commitments regarding the prohibition of torture and other cruel, inhuman or degrading treatment or punishment, also establish certain obligations relating to health care services provided to detained and imprisoned persons.

The abovementioned international standards pertain mainly to the following areas:

- A. General Duties of the Health Professional;
- B. Access to Medical Services;
- C. Medical Examinations;
- D. Medical Records;
- E. Prohibition of Complicity in Torture and Other Cruel, Inhuman or Degrading Treatment;
- F. Prohibition of Medical and Scientific Experimentation;
- G. Reporting of Cases of Torture and Other Cruel, Inhuman or Degrading Treatment;
- H. Responsibility of Health Professionals;
- I. Standards Pertaining to Juveniles; and
- J. Education and Training.

These headings have been employed in the parts of this document devoted to domestic obligations, CPT visits and recommendations.

A. General Duties of the Health Professional

1. The central tenet of health care ethics is the fundamental duty always to act in the best interests of the patient, regardless of constraints, pressures or contractual obligations. Health care professionals have a moral duty to protect the physical and mental health of detained persons.

2. Doctors should act in line with the principles of professional independence and competence, as well as provide preventive health care and humanitarian assistance. They should protect their patients' right to confidentiality.

3. Health care professionals must provide prisoners and detained persons the same quality and standard of care as free persons. In all types of medical practice, they shall be dedicated to providing competent medical service in full technical and moral independence, with compassion and respect for human dignity.

4. Discrimination by health professionals, whereby s/he alters her treatment or even refuses to treat a person because of his/her ethnicity, political affiliation, legal situation or other criteria, is a breach of one of the basic duties of principles of medical ethics.¹ No derogation is allowed in times of emergencies or armed conflict.² Medical, including psychiatric, services must be available to all prisoners without discrimination.

5. Health care professionals must refuse to comply with any procedures that may harm patients or leave them physically or psychologically vulnerable to harm.

¹ The Declaration of Geneva based on the Hippocratic Oath includes the pledge new doctors take: "I WILL NOT PERMIT consideration of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, or social standing to intervene between my duty and my patient."

² Paragraph 4 of the World Medical Association's (WMA) 1956 Regulations in Time of Armed Conflict states that "In emergencies, the physician must always give the required care impartially and without consideration of sex, race, nationality, religion, political affiliation or any similar criterion. Such medical assistance must be continued for as long as necessary and practicable."

6. Doctors have a duty to monitor and speak out when services in which they are involved are unethical, abusive, inadequate or pose a potential threat to a patient's health. In such cases, they have an ethical duty to take prompt action.³ They should report the matter to appropriate authorities or international agencies who can investigate, but without exposing patients, their families or themselves to foreseeable serious risk of harm.

7. They also have a duty to support colleagues who take action against human rights violations on the basis of reasonable evidence.

8. The health care professional must insist on and be ensured to receive unhindered access to all those in custody. It is the health professional's responsibility to ensure that his or her duties are not neglected or impeded because of the actions of prison officials.

9. Health care professionals must regularly inspect and report on sanitary, living and general health conditions to the custodial authorities and independent medical authority, and when necessary, should advocate better custodial conditions.

10. If the health professional is prepared to treat a hunger striker, s/he should respect the freedom of choice of a detained hunger striker regarding medical intervention and intravenous feeding, and resist third party intervention.

B. Access to Medical Services

1. Persons in police custody should have the right to access a doctor in private formally acknowledged unless the doctor requires otherwise.

A doctor should always be called should the detained person request so, and, in addition to the doctor called by the detaining authorities, the detained person should also have the right to a doctor of his/her own choosing.

2. Health care services should be organized in order to avoid any undue delay in case the person needs a doctor. The doctor must be qualified, experienced and accessible at all times.

3. Prisons should be well equipped with the medical personnel necessary to respond to the needs of the detained and imprisoned persons, and should have at least one fully-qualified nurse. Services of medical personnel of both genders, if possible, should be made available.

Someone competent to provide first aid should always be present in prison premises, preferably with recognized nursing qualifications.

Prisoners should be able to approach the health service on a confidential basis, for example by means of a message in a sealed envelope.

Prisoners should also have the benefit of access to a psychiatrist and dentist.

Medical assistance should be provided for free.

³ A failure to take an immediate stand makes protesting at a later stage more difficult.

4. Prison health services must be closely connected with the health administration in the country.
5. Detained persons and prisoners needing special treatment must be transferred to specialized institutions or civilian hospitals and should have the right to request a second medical opinion from the doctor of their choice.

C. Medical Examinations

1. The detained person must be medically examined as soon as possible, so that any signs of torture and ill-treatment can be recorded and his/her physical condition authoritatively established.
2. Medical experts should behave at all times in conformity with the highest ethical standards and in particular shall obtain informed consent before any examination or procedure is undertaken. The examination must follow established standards of medical practice.
3. Medical examinations should be conducted out of the hearing and, unless the doctor concerned requests otherwise in a particular case, out of the sight of police officers or prison wardens.
4. Doctors should make their role and the purpose of the examination clear to the patient.
5. The examination room should be equipped with sufficient illumination and medical equipment. Any deficiency in this respect should be noted in the report in which the results of the examination are entered.
7. In cases of alleged recent torture and when the clothes worn during torture are still being worn by the torture survivor, they should be taken for examination without washing. The examiner should note all pertinent positive and negative findings using body diagrams to record the location and nature of all injuries. Photography should be a routine part of the examination.
8. Health care professionals should have the unquestionable right to make independent clinical and ethical judgments without improper outside interference.

D. Medical Records

1. Medical reports/records provide a benchmark against which any future signs of ill-treatment can be measured.
2. The fact that a detained or imprisoned person underwent a medical examination, the name of the physician, and the results shall be duly recorded.
3. The medical expert should promptly prepare an accurate written report for examination of each detained or imprisoned person⁴, which should include at least the following:

⁴ In addition to the above "general" medical report, in specific cases when a detained person or prisoner alleges being a subject of ill-treatment or torture a standard questionnaire may be adopted in order to establish his/her current health condition. The standard

The name of the subject and affiliation of those present at the examination, the exact time and date, location, nature and address of the institution where the examination was conducted, and the circumstances of the subject at the time of examination (e.g., nature of any restraints on arrival or during the examination, demeanor of those accompanying the prisoner, threatening statements to the examiner) and any other relevant facts.

An interpretation as to the probable relationship of possible physical and psychological findings to possible torture or ill-treatment, and a recommendation for any necessary medical and psychological treatment and further examination should be given.

The report should clearly identify those carrying out the examination and should be signed.

4. Medical reports must be confidential, contain the freshest information and accessible only to authorized persons. Medical reports, as well as any relevant statement by the detained person and doctors' conclusions, shall be formally recorded by the doctor and made available to the detained person and his/her lawyer.

5. A medical file should be compiled for each patient, containing diagnostic information as well as an ongoing record of the patient's development and any special examinations s/he has undergone.

In the event of a transfer, the file should be forwarded to the doctors in the receiving establishment.

6. Daily registers should be kept by health care teams in which particular incidents relating to patients should be mentioned.⁵

E. Prohibition of Complicity in Torture and Other Cruel, Inhuman or Degrading Treatment⁶

1. Health care professionals are specifically prohibited from using medical knowledge and skills in any manner that contravenes international standards of individual rights. In particular, it is a gross contravention of health-care ethics to participate actively or passively in torture or to condone it in any way.

Health care professionals should not be present when such procedures are being used or threatened, nor provide any premises for such treatment of detained persons.

questionnaire should contain: reason for medical examination being requested; prior medical history, including other examinations relating to ill-treatment and torture with methods and dates; current complaints; signs of injuries and other findings of medical examination; assessment of the correlation between physical and psychological findings and the alleged methods of injury; referral for further examination or treatment; diagnostic tests or studies requested; name and details of examining doctor and signature; a detailed record of the subject's story as given during the interview, including alleged methods of torture or ill-treatment; the time when torture or ill-treatment is alleged to have occurred; and all complaints of physical and psychological symptoms. It should also contain a record of all physical and psychological findings or clinical examinations including appropriate diagnostic tests and where possible color photographs of all injuries.

5 Those registers are useful in that they provide an overall view of the health care situation in the prison and highlight specific problems as well as trends.

6 The relevant international documents also encourage doctors to resist torture or any other pressure to act contrary to ethical principles.

2. Health care professionals may not assist in the interrogation of prisoners or detained persons in a manner that may adversely affect the latter's physical or mental health, or certify their fitness for any treatment or punishment adversely affecting the detained or imprisoned person's health, or participate in his/her restraining unless such a procedure is necessary to protect the health or safety of the person concerned.

Physical and verbal⁷ abuse by doctors of custodial patients is both criminal and a breach of human rights and professional ethics.

3. Health care professionals should not engage in medical interventions that are not in the detained persons' therapeutic interests even when requested to do so by authorities for whatever purpose.

F. Prohibition of Medical and Scientific Experimentation

1. No detained or imprisoned person shall, even with his/her consent, be subjected to any medical or scientific experimentation which may be detrimental to his/her health.

G. Reporting of Cases of Torture and Other Cruel, Inhuman or Degrading Treatment

1. Information concerning torture or maltreatment must be reported to a responsible body. Health care professionals may not conceal evidence of abuse even when they fear reprisal.

They should report evidence of torture so long as the patient does not oppose such report. If the prisoner or detained person requests that the health professional does not report ill-treatment, then the health professional should weigh the risk and potential danger to the individual patient against the benefits to the prison population and the interests of society in preventing the perpetuation of abuse.⁸

2. Ill-treatment must be recorded by prison doctors and forwarded to the prison director. A copy of this record must reach an IJ or another judge responsible for the supervision of detained persons, and when necessary to other appropriate authorities vested with remedial powers. It is the responsibility of the State to ensure that the information is delivered securely to these persons.

3. For reporting, health care professionals should seek advice where possible from national and international bodies, particularly medical associations.

⁷ Pursuant to Art. 143 of the Criminal Code (Mistreatment in Performing a Duty) a person who while performing his duty mistreats another, frightens him, insults him, or in general, behaves towards him in a manner in which the human dignity or the human personality is humiliated, shall be punished with imprisonment of six months to five years.

⁸ International ethical codes of nursing take a more active position and say that if nurses have knowledge of the maltreatment of custodial patients, they must take the appropriate measures to protect the patient.

H. Responsibility of Health Care Professionals

1. Health care personnel should be held accountable for contraventions of medical ethics, for example, in case they certify fitness for a form of treatment or punishment which adversely affects the health of imprisoned persons.
2. National medical associations should assist in the creation of machinery for investigating unethical practices by health professionals called upon to provide medical treatment or any other form of medical expertise to people held in custody, regardless of whether they are held in prison, a police station, a holding cell, or a health care facility.
3. Effective measures must be taken to prevent and punish any (psychiatric or medical) practice that violates the human rights and fundamental freedoms of detained and imprisoned persons.

I. Standards Pertaining to Juveniles

1. While in custody, juveniles shall receive the necessary medical, psychological and physical care and protection that they may require in view of their age, sex and personality.
2. The standards that apply to adults, apply with equal force to juveniles. In particular, all juveniles deprived of their liberty should be properly interviewed and physically examined by a medical doctor as soon as possible after their admission, and juveniles should have confidential access to a doctor at any time.
3. The provision of health education relevant to young persons is an important element of a preventive health care system, which should include information about the risks of drug abuse and transmittable diseases.

J. Education and Information

1. Members of the prison health service must be educated and informed about international legal obligations pertaining to detained and imprisoned persons. They should be encouraged to act humanely and seriously in respect of their obligations.
2. The international standard of the prohibition of torture in absolute terms must be included in any instruction addressed to prison health care personnel.
3. They must regularly attend courses to maintain and improve their professional abilities. Such courses should be organized by prison authorities.

III. DOMESTIC LAW

Provisions relevant to the prison health care service and medical assistance provided to detained persons are set out in the following pieces of legislation:

- Constitution of the Republic of Macedonia;
- Code of Criminal Procedure (CCP);
- Criminal Code (CC);
- Law on the Execution of Sanctions (LES);
- Law on Health Insurance (LHI);
- Law on Health Protection (LHP);
- House Rules on Serving Detention in Prisons (HRSDP);
- Skopje Prison House Rules for Convicts (Skopje Prison House Rules);
- Skopje Prison Instructions on the Manner of Execution of the Obligations towards Detained Persons in the Detention Unit (Skopje Prison Instructions);
- Skopje Prison Order for the Working Hours in the Prison Ambulance (Skopje Prison Order);
- Code of Medical Deontology;
- Code of Police Ethics; and
- Statute of the Doctors' Chamber of Macedonia.

This legislation relates to several headings mentioned in the above section describing international standards, as follows:

- A. General Duties of the Health Professional;
- B. Access to Medical Services;
- C. Medical Examinations;
- D. Medical Records;
- E. Prohibition of Complicity in Torture and Other Cruel, Inhuman or Degrading Treatment;
- F. Prohibition of Medical and Scientific Experimentation;
- G. Reporting of Cases of Torture and Other Cruel, Inhuman or Degrading Treatment;
- H. Responsibility of Health Professionals; and
- I. Standards Pertaining to Juveniles.

A. General Duties of the Health Professional

1. Pursuant to LES, Skopje Prison House Rules and Order, the prison health service shall provide health protection, take care of hygiene and control the nutrition and water. In particular, according to Skopje Prison Order, the health service supervises: a) the distribution of meals, the kitchen and other premises and keeps a record of it; and b) from time to time it controls personal hygiene, accommodation, the clothes, beddings and sanitary conditions of detention facilities and working premises. The prison health service communicates its findings to the prison director every 7 to 15 days.

2. Arts. 219 and 236 of CCP release health care professionals from the obligation to testify about facts that are a “professional secret” or to prepare an expert report. The LHP and the Code of Medical Deontology also protect the confidentiality of patients. The latter obliges doctors not to use their knowledge contrary to the principle of humanity

even when threatened. They should always protect the interest of the sick incarcerated persons.

3. The Constitution, CC, LES and the Code of Medical Deontology prohibit any kind of discrimination by officials on the basis of gender, race, social, or ethnic affiliation, or connected to any other personal circumstance of a prisoner.

4. Pursuant to LES and the Skopje Prison House Rules, if a prisoner refuses medical treatment and food and thereby jeopardizes his/her life, the prison doctor may recommend to the prison director measures to be undertaken without the prisoner's consent. In case of hunger strike, the Code of Medical Deontology provides that a doctor may offer medical assistance only if prisoners or detained persons are not aware of the foreseeable consequences. If persons on hunger strikes are aware of the consequences, doctors may not impose feeding.

B. Access to Medical Service

1. The right to health care is guaranteed to all citizens in Art. 39 of the Constitution. However, there are laws that are directly related to the health care of prisoners, regardless of their citizenship. The LHI, LHP and LES, provide for the protection of the prisoner's health and affirm the right to free health care.

2. Art. 46, paragraph 2 of the LES states: "the health services' activities shall be performed by doctors and other health workers, who have finished an appropriate degree of education in accordance with the general regulations." Art. 120, paragraph 1 says: "a doctor shall be obligatorily employed in the institutions, who shall take care of the convicts' health conditions."

3. Art. 195 of CCP provides that a detained person may be examined by a doctor on the detained person's request and upon IJ's approval. Pursuant to Art. 17 of HRSDP, upon the court's approval and under supervision of an authorized person and prison doctor, a detained person may be examined by a doctor of his/her own choosing provided that s/he is first examined by the prison doctor. The examination will be carried out in the prison clinic or other convenient premises unless the situation is urgent.

4. Art. 16 of the HRSDP provides that when a detained person gets ill, s/he will be treated in the prison clinic or other convenient premises. The detained person may request for himself a medical examination which is noted down in the official register. In case hospital treatment is needed, a detained person shall be sent to the closest facility by the court on the prison doctor's proposal. For detained persons that are sent to Idrizovo hospital's unit for detained persons and prisoners, a certificate is issued specifying the day, month, year and the time the detained person was taken to hospital.

LES, Skopje Prison House Rules and Order provide that special health care should be given in a special medical unit. It can be given in other hospitals on the basis of the prison doctor's recommendation when accompanied by the prison director's approval. Unless a specialist's medical examination is recommended by the prison doctor, the prisoner requesting it will have to pay for such an examination, once approved by the prison director.

5. Art. 9 of Skopje Prison Instructions re-affirms the right of detained persons to be examined by a doctor. Detained persons, who have worked before, pay the expenses for medicines as well as for specialist or hospital examinations. A detained person may request a medical examination every day between 18.00 and 19.00. Medical examinations are conducted between 10.30 and 19.00 and in emergency cases any time during the day. This instruction should be made available to the detained persons during their detention.

6. Pursuant to Art. 55 of the Code of Police Ethics, a police officer must inform an arrested or detained person of his/her rights, including the right to be examined by a doctor, should the detained person request so.

7. Pursuant to Art. 18 of HRSDP, medicines procured by the detained person on his/her own expense shall be first examined by the prison doctor.

C. Medical Examinations

1. Art. 122 of the LES states: (1) The doctor must examine each convict⁹ and determine the convict's personal state of health both at his/her reception and his/her departure from the institution; (2) the data on the convict's state of health shall be entered into his/her personal file.

2. Pursuant to Art. 249 of CCP, if a medical expert report regarding bodily injuries is required, then an expert will examine the injured if possible. Art. 250 regulates the preparation of psychiatric medical reports.

3. Art. 251 of CCP allows that a victim be physically examined even without his/her consent, if there are traces of a criminal offence on his/her body. S/he may be subjected to different medical activities without his/her consent, provided that it is important for criminal proceedings and the activities are not detrimental to his/her health.

4. The Skopje Prison House Rules and Order provide for entrance and exit medical examinations, and determine the hours during which the examinations may be carried out.

5. The LES provides that before putting a prisoner in solitary confinement, s/he will be examined by a doctor.

D. Medical Records

1. Skopje Prison House Rules provide that the results of the entrance and exit medical examination shall be entered into the detained person's medical record.

2. Pursuant to Art. 241 of CCP, when an expert report is prepared upon court order, it contains the name of the expert, his/her profession, education and field of expertise.

⁹ It should be noted that no such right has been formally included for pre-trial detainees at their reception or when leaving the detention facility.

3. Art. 249 of CCP provides that when a medical expert report is prepared on bodily injuries, it must contain: the description of injuries, how they were inflicted, the object with which they were inflicted, what kind of damage the object usually causes to the human body, an expert's opinion on its type and seriousness, and the impact of the injuries in view of the particular circumstances of the case. If it is not possible to examine the injured, the report shall be prepared on the basis of available medical documentation or other documents.

E. Prohibition of Complicity in Torture and Other Cruel, Inhuman or Degrading Treatment

1. Art. 11 of the Constitution, Arts. 142 and 143 of the CC, Art. 193 of CCP, as well as Art. 12 of the LES protect the moral and physical integrity of persons and prohibit torture, inhuman and degrading treatment.

2. The Code of Medical Deontology prohibits any complicity in torture and other cruel, inhuman or degrading treatment, regardless of circumstances. A doctor may not offer premises, equipment or his/her knowledge for use in torture. A doctor may not take part in compulsory psychiatric treatment of a person who is not mentally ill.

3. Art. 251 of CCP does not allow that a defendant or a witness be subjected to medical interventions or that they be given drugs which might influence their testimony.

F. Prohibition of Medical and Scientific Experimentation

1. The LES and the Code of Medical Deontology prohibit medical and other experiments that damage the psychological, physical and moral integrity of prisoners.

G. Reporting of Cases of Torture and Other Cruel, Inhuman or Degrading Treatment

1. Concerning criminal responsibility, Art. 363 of CC criminalizes a failure to report the preparation of a crime, specifically including torture, which may be punished with more than 5 years imprisonment, whereas Art. 364 criminalizes a failure to report a criminal offence or an offender.

2. Art. 140 of CCP provides that every person, State bodies and institutions with public authorization are under a duty to report ex-officio prosecutable criminal offences. They must protect and submit evidence to corroborate the criminal complaint.

3. Pursuant to the Code of Medical Deontology, a doctor is under a duty to prevent and report each activity which may harm an imprisoned or detained person who is ill.

H. Responsibility of Health Care Professionals

1. In addition to CC provisions that penalize torture, inhuman and degrading treatment, Arts. 135, 207, 208, 209 and 217 penalize the abandoning of a feeble person, negligent

care of the sick, not providing medical attention to a person whose life is in danger and the unlicensed practicing of medicine.

2. Pursuant to Art. 365 of the CC, a person who *inter alia* covers up the tools, traces, objects, or in some other way helps a perpetrator of an ex-officio prosecutable offence will be sentenced to pay a fine or to spend up to 10 years in prison in more serious cases. Art. 367 of the CC criminalizes perjury of *inter alia* medical experts, and Arts. 366a and 368 criminalize tampering with evidence.

3. The Code of Medical Deontology provides that all professional associations of doctors must undertake measures against doctors who violate the provisions of the Code, Declarations of the World Medical Association and of the WHO.

4. Pursuant to the Statute of the Doctors' Chamber of Macedonia, the Chamber *inter alia* ensures observance of ethical and legal norms. The Chamber has a Court of Honour that decides on the responsibility of doctors from an ethical and deontological viewpoint and may even permanently withdraw a doctor's license.

5. The LHP provides that a patient who has not been satisfied with the treatment provided may complain to the head of the medical establishment. He may also request damages in accordance with the Law on Obligations.

I. Standards Pertaining to Juveniles

1. Art. 221 of LES provides that prison health care professionals should have knowledge of child psychology and psychiatry. Juveniles should be regularly subjected to medical examinations and treated when necessary.

IV. COMMISSION FOR THE PREVENTION OF TORTURE

This section contains excerpts from the Commission for the Prevention of Torture (CPT) recommendations following their visits and respective Government responses that pertain to medical assistance provided to detained and imprisoned persons.

It is noteworthy that the principle of cooperation set out in the Convention for the Prevention of Torture and Inhuman or Degrading Treatment and Punishment does not only refer to the cooperation with the State bodies,¹⁰ but also requires that decisive action be taken, including at the highest political level, to improve the situation in light of the Committee's key recommendations.

The CPT conducted five visits in May 1998, October 2001, July and November 2002, and July 2004. Four of the reports following those visits and the respective Government responses were published in October 2001, January and April 2003, and September 2004, respectively. Only the report from the last visit of the CPT is not yet available to the public.

The CPT's recommendations and the Government responses relate to several of the areas mentioned in Part II. International Standards:

- A. Access to Medical Services;
- B. Medical Examinations;
- C. Medical Records;
- D. Reporting of Cases of Torture and Other Cruel, Inhuman or Degrading Treatment;
and
- E. Standards Pertaining to Juveniles.

A. Access to Medical Services

Relevant portions of the CPT reports relating to access to medical services for people in custody, and the respective Government responses, are quoted below.

A.1 CPT visit of 17-27 May 1998

CPT Report

I. "38. Persons in police custody should have the right of access to a doctor including, if they so wish, to a doctor of their own choice (in addition to any medical examination carried out by a doctor called by the police authorities).

39. There is currently no statutory or regulatory provision in 'the former Yugoslav Republic of Macedonia' governing access to a doctor in police custody. Certain larger district police stations employed a doctor or a nurse to attend to the health care needs of staff; the delegation was told that 'when needed' they would provide medical assistance

¹⁰ Excerpt from the CPT report from the visit of 21-26 October 2001: "Although the delegation's doctors were eventually granted access to most of the data they required at each establishment, at times they were faced with delays, in particular at the State Hospital. With reference to Art. 8 (2) (d) of the Convention, and to the undertaking by the Ministry of Health to form a Committee for the implementation of the Convention in the field of health care, the CPT trusts that the relevant authorities will take the necessary steps to avoid such problems in the future".

to detained persons as well. In other cases, recourse could be had to external medical emergency services. However, the fact that a person detained had been seen by a doctor was not recorded in custody registers at the establishments visited, nor – according to certain doctors interviewed by the delegation – in the external medical emergency services to which detained persons might be taken.

The CPT recommends that the right of persons in police custody to have access to a doctor, including – if they so wish – to a doctor of their own choice, be formally guaranteed...”

Government Response – from Interim Report¹¹

“In principle, even in its present practice, the Ministry satisfies the requests for medical examination of the detained persons and, in accordance with the needs and possibilities, provides in all cases quality medical assistance. In all cases, the medical findings are available to the persons to whom they relate.

Having in mind the recommendations and the provisions contained in the international documents, the Ministry will initiate activities for formal incorporation of the provision in this sense, in the laws and in the by-laws.”

Government Response – from Follow up Report

“c) the right of access to a doctor: As already mentioned, this right is not formally provided for, however it is being applied *de facto*. In order to formalize this right within the scope of the proposed reforms in the Ministry of Interior, the Interior Minister made a decision to establish a Commission composed of Ministry and external experts. The task of this Commission is to prepare a Proposal for the passage of a law to amend the present Law on Internal Affairs, which will incorporate the right of the person deprived of liberty to have access to a doctor. It is evident from the daily practice that when a person deprived of liberty in the police procedure demands the attention of a doctor, this person is given the opportunity for a proper medical treatment.”

CPT Report

2. “64. A prison health care service should be able to provide medical treatment and nursing care, as well as appropriate diets, physiotherapy, rehabilitation or any other necessary special facility, in conditions comparable to those enjoyed by patients in the outside community. Provision in terms of medical, nursing and technical staff, as well as premises, installations and equipment should be geared accordingly.

There should be appropriate supervision of the pharmacy and of the distribution of medicines. Further, the preparation of medicines should always be entrusted to qualified staff (pharmacist/nurse, etc.).

The existing staff resources of the health-care team at Idrizovo Prison are manifestly insufficient for an establishment accommodating more than 600 sentenced inmates. As a result, in both the prison itself and in the closed unit at the State Hospital in Skopje, inmates were engaged in tasks which are properly those of a nurse, such as the distribution of medication and the provision of first aid. Staff shortages also compromised medical confidentiality, in that inmates – and certain custodial staff – had ready access to prisoners’ medical files.

¹¹ The Government has prepared two reports in reply to the CPT report of 17-27 May 1998: Interim and Follow up Report.

The CPT recommends that: staffing levels in the health care team at Idrizovo Prison be significantly augmented, in particular as regards nursing cover. It would also be desirable for the establishment to secure the services of at least the equivalent of an additional half-time, doctor.

67. All prisons from time to time accommodate a certain number of prisoners who, while not requiring admission to a psychiatric facility, could benefit from ambulatory psychiatric or psychological care. Consequently, **the CPT recommends that a visiting psychologist/psychiatric service be introduced at Idrizovo Prison.**

68. Idrizovo Prison's health care facilities also left something to be desired. The establishment's clinic had been destroyed in a fire in 1995 and, at the time of the visit, a "temporary" 30-bed clinic was in operation. This was a distinctly dilapidated facility, the state of repair and hygiene of the dormitories and sanitary facilities being particularly poor. Similar shortcomings were observed at the Closed Unit at the State Hospital in Skopje, although some renovation work was taking place.

The CPT recommends that the health care facilities at Idrizovo Prison be upgraded and, in this respect, would like to receive further details of the renovation work being carried out at the Closed Unit of the State Hospital in Skopje."

Government Response

"The recommendation to increase the medical personnel in the Idrizovo Penitentiary was accepted. Therefore a request was submitted to the Government of the Republic of Macedonia to increase the number of medical officers in this institution that was accepted by the Government. However due to the limited budget, this request still has not been realized. The situation of increasing the medical personnel has been solved by a part-time hiring of a neuropsychiatrist and by transferring one more person, a medical attendant, from the already employed personnel who was engaged in another service. This person, in addition to administering therapy and medical interventions, also takes care of the medical files of convicted persons.

A psychologist has been also engaged in the medical team, in addition to the part-time neuropsychiatrist.

With regard to the improvement of the conditions in the premises for medical treatment, such depends on financial resources. Attempts have been made to dislocate the complete dispensary in the premises of the building of the semi-open department that were renovated (paragraphs 66 and 67).

The renovation of the arrest department in the State Hospital that was in progress during the visit of the CPT, was completed (paragraph 68)."

A.2 The CPT visit of 15-29 July 2002

CPT Report

No mentioning of access to medical services.

Government Response

“In the Interior Ministry – Police Division, a proposal has been prepared for Draft Strategy on reforms of the police force...This provides for introduction of a work place for a separate authorized officials that will receive the suspected persons from the very moment of their entry in the police station ... [who would be responsible] for calling a physician if required...”

A.3 The CPT visit of 18 - 27 November 2002

CPT Report

“The practical application of formal safeguards against ill-treatment is still far from satisfactory in "the former Yugoslav Republic of Macedonia". The CPT is particularly concerned by the continuing lack of compliance with the formal legal and/or regulatory provisions regarding police detention limits, notification of custody, access to a lawyer, access to a doctor, and recording of various aspects of police custody. The specific recommendations on these issues made in previous reports continue to be valid (cf. paragraphs 28 to 46 of CPT/Inf (2001) 20, 47 to 55 of CPT/Inf (2003) 3, and 39 to 45 of CPT/Inf (2003) 5). **The CPT calls upon the national authorities to review those recommendations and ensure that they are systematically followed by all categories of officials under the authority of the Ministry of the Interior.**”

Government Response

“In respect of **paragraph 36**, related to the issue of **safeguards against ill-treatment**, the Ministry of the Interior has established Registers of persons in police custody. In connection with certain established omissions when entering data in these registers, there are appropriate control measures undertaken in order to secure careful and responsible filling in and use of the Registers. Furthermore, in January 2002 brochures entitled “Lessons for the rights of citizens” were printed in seven languages and distributed to all police stations.”

CPT Report

“52. The establishments visited were grossly under-resourced as regards health care staff. For example, Skopje Prison and the Educational-Correctional Institution - which had a combined inmate population of over 300 - had to rely almost exclusively on the services of one part-time doctor. At the time of the visit, an outside psychiatrist also gave consultations at Skopje Prison once a week; the only full-time member of the health care team was a technician. As for the other prisons, none of them had any health care personnel whatsoever; instead, they were relying on outside hospitals for health care services (depending on the establishment, inmates could be taken to a local health care institution for examination and/or treatment, or a doctor would visit the prison once a week).

The CPT recommends that the authorities take immediate steps to increase (or introduce) health care staff in the establishments visited, paying particular attention to the recruitment of qualified nurses as well as the provision of psychiatric care. More generally, a high priority should be given to reviewing the situation as regards health care staffing throughout the prison system; the CPT would like to be informed of the outcome of that review and of the measures taken in response.”

Government Response

“As regards **paragraph 52**, the Ministry of Justice and the Department for Execution of Sanction in the Information about the personnel situation in the penitentiaries and

correctional facilities in the Republic of Macedonia especially underscored the situation with the lack of personnel in health care services at these institutions, in respect of which it has been reiterated that it is necessary to employ nurses and doctors-psychiatrists.”

B. Medical Examinations

Relevant parts of the CPT reports and respective Government responses relating to medical examinations have been quoted below.

B.1 The CPT visit of 21-26 October 2001

CPT Report

1. “all medical examinations should be conducted out of the hearing and - unless the doctor requests otherwise in a given case - out of the sight of police officers;...

Appropriate steps should also be taken to ensure the practical implementation of this formal legal right.”

Government Response

“The Government of the Republic of Macedonia adopted, at its session of 3 September 2002, the Information on the need to establish a Commission for implementation of the Convention provisions in the justice field and the CPT recommendations. The Government made a decision to form this Commission, as independent and impartial working group, to be made up of experts with the commanding good knowledge on the Convention subject matter.

The task of the Commission would be to prepare expert opinion for the implementation of the recommendations and suggestions of the CPT, to seek information to be able to fulfil its duties, to draft comments, notes and information for the CPT.

The Ministry of Health has established a Commission for the implementation of the European Convention against Torture and Inhuman or Degrading Treatment and Punishment in the health sector. The Ministry of Health will continue to undertake measures to provide for full implementation of the Convention in health care institution in the Republic of Macedonia.”

B.2 The CPT visit of 15-29 July 2002

CPT Report

1. “38. The CPT’s delegation also noted with some concern that prison officers were systematically present during all medical consultations at the Skopje Prison Medical Service. The CPT has serious misgivings about this approach. It acknowledges that special measures may be required during medical examinations in a particular case, when a security threat is perceived by the medical staff. However, there can be no justification for prison officers to be *systematically* present during such examinations; their presence is detrimental for the establishment of a proper doctor-patient relationship and usually unnecessary from the security standpoint. Alternative solutions can and should be found to reconcile the principle of medical confidentiality with legitimate security requirements. One possibility might be the installation of a call system, whereby a doctor would be in a

position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination.

The CPT recommends that all medical examinations be conducted out the hearing and - unless the doctor concerned expressly requests otherwise in a particular case - out of sight of non-medical staff.

- measures to be introduced to guarantee that medical confidentiality is strictly respected.”

Government Response

“...The instruction has been sent to all detention facilities by which they are obliged to establish a central register which will contain all the information as indicated in item 34¹² of the CPT report. ...to conduct detailed screening by a security officer...depending on the prisoner’s gender and record every sign of visible injuries, after which the detained person immediately or within 24h. at the latest should be seen by the prison doctor.

- Medical examinations must as a rule be carried out in the absence of security officer or other non-medical staff, except when otherwise requested by the doctor as a result of signs of aggressiveness of the detained person.”

B.3 The CPT report of 18 – 27 November 2002

CPT Report

“53. The CPT has repeatedly stressed - including in its July 2002 visit report (cf. paragraphs 33 to 38 of CPT/Inf (2002) 76) - that an efficient prison service can contribute to the prevention of ill-treatment by the police, in particular in establishments which represent points of entry into the prison system. The findings made during this visit indicate that there is an urgent need for improvement in this area.

With the exception of Skopje Prison, none of the establishments visited had a procedure to medically screen newly-arrived prisoners. Prisoners only had contact with a doctor if they had a specific medical complaint; as a consequence, weeks or even months could pass before a newly arrived prisoner was seen by health care staff at Bitola, Tetovo and Ohrid Prisons. This is a matter of great concern, for a number of reasons.

The CPT recommends that all newly-arrived prisoners be subject to a proper medical examination within 24 hours of admission.”

Government Response

As regards **paragraph 53**, dealing with the issue of regular medical check ups for newly admitted detainees and convicts, such examinations are conducted without exceptions within 24 hours from their admittance to the institution. In institutions where there is no doctor, a part time doctor is engaged. In all institutions where a part time doctor is

12 Paragraph 34 provides as follows: After verification of the validity of the detention order issued by the judge/court, the prison officer in charge of the reception unit systematically asked the prisoner concerned to undress (in the shower room adjacent to the unit office) and a detailed strip-search was conducted, either by a male or female prisoner officer, depending on the prisoner’s gender. On that occasion, every sign of visible injuries was recorded on a special note attached to the prisoner’s administrative file. In such cases, the prisoner concerned was also offered to write a statement summarising the origin of the injuries on a separate piece of paper, which was usually accepted without reluctance. Every case of injury was reported to the Director, either immediately by telephone in serious cases, or the next day by transmission of the prisoner’s individual file. Following the screening by the reception unit, prisoners were seen at once by the doctor if the latter was present in the prison, or within 24 hours at the latest. A careful examination of the administrative files of the 107 remand prisoners present in the institution during the July 2002 visit revealed that this procedure was scrupulously followed.

engaged, he/she works two times a week and is available for emergency cases. In the communication with the Directors of all institutions it has been underlined that medical examinations performed within 24 hours upon the admittance of the detainees, need to be registered and all details of the examinations are to be entered upon registration. The medical report contains the following details:

- Complete review of the statements of the ill-treated detained describing the injuries and manner in which the injuries have been inflicted, of importance for the medical examination;
- Complete review of the objective medical findings of the doctor made based on thorough examination;
- Findings of the prison doctor based on the objective medical examination and the assessment of the grounds of the statements of the detainee for alleged ill-treatment.

The results of each examination, statements and findings of the doctor are to be available for the detainee and his/her lawyer.

Medical examinations as a rule are performed without the presence of the security department or other non-medical personnel, except when the doctor requests the presence of security officers because of the aggressiveness of the detainee.”

C. Medical Records

Relevant parts of the CPT reports relating to medical records, and respective Government responses, are quoted below.

C.1 The CPT visit of 17-27 May 1998

CPT Report

I. “- the results of every examination, as well as any relevant statements by the detained person and the doctor’s conclusions, should be formally recorded by the doctor and made available to the detained person and his lawyer.”

Government Response

No reply in respect of medical records.

C.2 The CPT visit of 15-29 July 2002

CPT Report

I. “37. ...However, injuries observed during such examinations and allegations made by the prisoners being examined were not always recorded in a sufficiently detailed manner (in some cases, the medical doctor's findings were less detailed than those recorded at the reception unit).

“The CPT recommends that the record drawn up by prison doctors following a medical examination of a newly-arrived prisoner contain:

- (i) a full account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment);**
- (ii) a full account of objective medical findings based on a thorough examination, and**

- (iii) the doctor's conclusions in the light of (i) and (ii), indicating the degree of consistency between any allegations made and the objective medical findings.

Further, the results of every examination, including the above-mentioned statements and the doctor's conclusions, should be made available to the detained person and his lawyer.”

In addition, the CPT invites the authorities to set up a central register at the reception unit, with a view to recording all findings mentioned in paragraph 34 above.¹³

More generally, such procedures should be followed throughout the Macedonian prison system.”

Government Response

“The instruction has been sent to all detention facilities by which they are obliged to establish a central register which will contain all the information as indicated in item 34 of the CPT report...

The medical examinations carried out by the prison doctor within 24 hours upon admission of the detained person, should be complete and registered regularly with details. The medical report should contain:

1. Full account of statements of the ill-treated detained person, describing the injuries and their origin, and which are important for medical examination;
2. Full account of Complete review of the objective medical findings of the doctor based on a thorough examination;
3. Conclusions by the prison doctor based on his objective findings from the completed medical examination and assessment of the basis for the statement by the detained person on the alleged ill-treatment.

- The results from every examination, statement and conclusions of the doctor must be available to the detained person and his/her lawyer.”

D. Reporting of Cases of Torture and Other Cruel, Inhuman or Degrading Treatment

Relevant parts of the CPT reports that relate to reporting of cases of torture and other cruel, inhuman or degrading treatment, and respective Government responses, are quoted below.

D.1 The CPT visit of 15-29 July 2002

CPT Report

I. “35. Information regarding specific cases of alleged ill-treatment was recorded by the prison doctor and forwarded to the Director on a form entitled "Medical finding and

¹³ Ibid.

opinion" (Form No. 4). The delegation was informed that previously, copies of that form were sent to the relevant investigating judge; however, since the first half of 2001, the judicial authorities were - at their own behest - no longer being informed of findings relating to possible police ill-treatment. Clearly, this is a matter of serious concern; if observations made on a person's admission to the prison system regarding police ill-treatment are not transmitted to the relevant judicial authorities, an otherwise meritorious system of recording is confined to a vacuum.

36. The CPT considers that the relevant prosecutors/investigating judges should be systematically informed by the Prison Director, in writing, of any findings relating to possible cases of police ill-treatment discovered on a person's admission to the prison system. The information transmitted should contain the detailed description of the injuries taken by the head of the reception unit, the statement made by the prisoner regarding their origin and the certificate prepared by the prison doctor (cf. the following paragraph).

The CPT recommends that such an information procedure be immediately re-instituted at Skopje Prison...

More generally, such procedures should be followed throughout the Macedonian prison system."

Government response

No mention of reporting cases of torture and other cruel, inhuman or degrading treatment.

D.2 The CPT visit of 18 - 27 November 2002

CPT Report

"The Acting Prosecutor-General confirmed that as from mid-2001, prosecution authorities were no longer receiving information from prisons relating to possible cases of police ill-treatment (cf. paragraphs 35 to 36 of CPT/Inf (2003) 5). Such an approach is not conducive to the prevention of ill-treatment; **the CPT reiterates its recommendation that relevant prosecutors/investigating judges be systematically informed in writing of any findings relating to possible cases of police ill-treatment discovered on a person's admission to the prison system."**

Government Response

No mention of reporting torture cases or other cruel, inhuman or degrading treatment.

E. Standards Pertaining to Juveniles

Relevant parts of the CPT reports relating to standards of juvenile detention, and respective Government responses, are quoted below.

E.1 CPT visit of 17-27 May 1998

CPT Report

I. “108. Young persons should be offered a full programme of educational, recreational and other purposeful activities; physical education should constitute an important part of that programme. Further, the programme should be implemented by persons trained in dealing with the young.”

Government Response

No mention of the standards pertaining to juveniles.

V. RECOMMENDATIONS

From the research on international and domestic standards applicable to prison health care services and medical assistance for detained persons, as well as CPT reports and Government responses, substantial reform in this field is warranted in order to bring the national standards up to the required level.

Therefore, this last section provides concrete recommendations on how to improve medical assistance provided to detained and imprisoned persons. The recommendations are based on the assessment of the compatibility of domestic legislation with international standards. Emphasis is placed on the CPT recommendations and their follow up by the Government.

A. General Duties of the Health Professional

1. The OSCE suggests that the CCP, HRSDP, and the Code of Medical Deontology be amended to include provisions allowing medical professionals unhindered access to detained persons, as well as a duty on health professionals to insist on such access. The provisions should also ensure that these duties are not neglected or impeded because of action of police officers.
2. The OSCE suggests that the MoI Rulebook and the Code of Police Ethics be supplemented to impose a duty on police officers not to hinder in any way health care professionals' access to those in custody, but rather to facilitate it.
3. The OSCE suggests that a provision in the Law on Health Protection, the Code of Medical Deontology and the Statute of the Medical Association be included that would oblige health personnel to support colleagues who take action against human rights violations on the basis of reasonable evidence.

B. Access to Medical Services

1. In respect of the CPT recommendations of 1998, 2001 and 2002 requiring that detained persons be given formal access to medical assistance, including a doctor of their own choosing, and that visits of health care professionals be formally registered in the custody registers, the Ministry of Interior (MoI), on behalf of the Government, replied that a change was initiated in the laws and by-laws and that a committee was set up to amend the MoI Law accordingly. Reportedly, the Ministry of Justice (MoJ) issued instructions to detention facilities ordering them to establish a register in which every sign of visible injuries would be recorded.

The OSCE welcomes the Government response and further suggests that the appropriate changes be made in the CCP and HRSDP in order to formally guarantee the right to persons in police custody to be examined by a doctor, including a doctor of their own choosing in addition to the doctor called by the police.

2. The OSCE suggests that changes are made in the CCP, LHP, HRSDP, MoI Rulebook, LES, and/or other secondary legislation as appropriate, in order to include the following:

- A provision clearly stating that inadequate medical assistance can fall within the scope of inhuman and degrading treatment;
- An obligation that prison health services and medical assistance for persons in police custody be organized in such a way as to avoid any undue delay in case the person needs a doctor;
- The possibility to approach the health service on a confidential basis;
- Clarification of the status of the prison health service, i.e., its connection with the Ministry of Health and National Medical Association;
- Access to a psychiatrist and dentist, when needed, for free;
- A leaflet to be handed to prisoners and detained persons at their arrival informing about the existence, operation and confidentiality of the health care service and reminding them of basic measures of hygiene.

C. Medical Examinations

1. In reply to the CPT recommendations about formal access to confidential medical examinations for detained persons out of hearing and, unless doctor requests otherwise, out of sight of police officers, the Government replied that the MoJ sent instructions to all detention facilities, according to which all detained persons must be examined by the prison doctor in the absence of security officer within 24 hours of their admission and that the examination must be confidential.

The OSCE welcomes the Government response and suggests that a change to this effect should also be made in the pertinent laws and regulations, such as CCP, LHP, MoI Law and Rulebook and HRSDP.

2. Noting that by virtue of law, all prisoners are subjected to medical examination at their reception and when leaving the institution, the OSCE recommends that such examinations be formally included into the CCP, MoI Rulebook and other legislation as appropriate also for persons in pre-trial detention.

3. The OSCE recommends that appropriate changes be made in the relevant legislation in order to ensure that:

- Medical experts behave at all times in conformity with the highest ethical standards, inform the detained or imprisoned person of their role and the purpose of any examination and obtain informed consent before any examination is performed;
- The examination room is equipped with sufficient illumination and medical equipment. Any deficiency in this respect should be noted down in the medical report;
- In cases of alleged recent torture and when the clothes worn during torture are still being worn by the torture survivor, the clothes worn are taken for examination without washing;
- Follow up examinations take place in case a detained or imprisoned person alleges being tortured and no injuries have been detected during the initial examination;
- Photography is a routine part of examination; and
- Health care professionals make independent clinical and ethical judgments without untoward outside interference.

D. Medical Records

1. Pursuant to CPT recommendations in respect of proper medical recording and access to medical records, the Government replied that instructions have been issued to that effect. The OSCE suggests that the appropriate changes be made in the relevant legislation, such as the CCP, LHP, MoI Law and Rulebook and HRSDP.

2. The OSCE further recommends that changes be made to the relevant legislation in order to ensure that:

- The fact that a detained or imprisoned person underwent a medical examination, the name of the physician and the results are duly recorded;
- Medical reports are confidential, contain the freshest information and are accessible only to authorized persons, i.e., a lawyer and prisoner/detained person. Reports should always be forwarded to the doctors in the receiving establishment in case of transfer of a detained or imprisoned person; and
- Daily registers are kept in health care teams in which particular incidents relating to patients are mentioned.

E. Prohibition of Complicity in Torture and Other Cruel, Inhuman or Degrading Treatment

1. The OSCE recommends to include provisions in the Code of Medical Deontology that would call upon health professionals:

- To resist any act of torture, or any other pressure to act contrary to ethical principles; and
- Not to engage in medical interventions that are not in the individual's therapeutic interests, even when requested to do so by authorities for security purposes.

F. Reporting of Cases of Torture and Other Cruel, Inhuman or Degrading Treatment

1. The OSCE reiterates the CPT recommendation following their visits of July and November 2002 that prison directors should systematically inform investigating judges and public prosecutors about any findings forwarded to them by health care professionals relating to the possible ill-treatment of prisoners and detained persons. Furthermore, the information transmitted should contain a detailed description of the injuries recorded by the head of the reception unit, the statement made by the prisoner or detained person regarding the origin of the injuries and the certificate prepared by the prison doctor.

The OSCE suggests that instructions to this effect be formally issued by the MoJ and that appropriate changes be made to this effect in the relevant legislation, including HRSDP.

2. Furthermore, appropriate changes should be made in the relevant legislation in order to remind health care professionals that they:

- May not conceal evidence of abuse even in cases when they fear reprisal;

- Should report evidence of torture only if the patient gives properly informed consent. If the detained person or prisoner forbids the health professional to report ill-treatment, then s/he should weight the risk and potential danger to the individual patient against the benefits of prison population and the interest of society in preventing the perpetuation of abuse; and
- Should seek advice for reporting such cases from national and international bodies where possible and, in particular medical associations.

G. Responsibility of Health Care Professionals

1. The OSCE recommends to the National Medical Association to assist in the creation of machinery for investigating unethical practices by health care professionals working in human rights field. The rules apply wherever the health professional is called upon to provide medical treatment or any other form of medical expertise, whether that be in prison, PS, a holding cell, a health care facility or any other place where people are held in custody.

H. Standards Pertaining to Juveniles

1. The OSCE reiterates the CPT recommendations relating to juveniles in the sense that they should be provided with educational and other purposeful activities.

2. It further suggests amending the relevant legislation in order to include:

- Confidential access to a doctor at any time;
- Prompt examination of juveniles as soon as possible after their deprivation of liberty; and
- Mandatory health education, including concerning the risk of drug abuse and transmittable diseases.

I. Education and Information

The OSCE encourages the Government to:

- Educate and inform health care professionals dealing with prisoners and detained persons about international and national obligations pertaining to detained and imprisoned persons and encourage them to act humanely, seriously and more efficiently in respect of their obligations;
- Include the standard of absolute prohibition of torture in the instructions addressed to prison health care personnel; and
- Conduct trainings for prison health care personnel in order for them to maintain and improve their professional abilities.