

## **1. Introduction**

Spirasi is the main provider of medico legal reports (MLRs) in the protection process. With AMIF funding we recruited two additional examining physicians in 2017. We have since organised training and capacity building for MLR doctors to ensure standardisation and quality improvement of reports. Spirasi's MLRs are written in line with the Istanbul Protocol Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (**IP**)<sup>1</sup> and are reviewed by independent legal and medical experts.

- How to Refer: Legal representative referral.
- Remit: (1) It appears that the individual has been tortured within the meaning of Art 1 (1) UNCAT. (2) In limited cases where it appears that the individual has been a victim of torture or inhuman treatment within the meaning of Art 15(b) of the Qualification Directive<sup>2</sup>.
- Timeframe: The current waiting time from MLR referral is 12 months. Our priority is to reduce this waiting time and backlog. MLRs for IPAT interviews are given priority where possible.

## **2. Purpose of MLR**

- IP paragraph 122 'To provide expert opinion on the degree to which medical findings correlate with the patient's allegation of abuse. And to communicate effectively the physician's medical findings and interpretations to the judiciary or other appropriate authorities. In addition, medical testimony often serves to educate the judiciary, other government officials and the local and international communities on the physical and psychological sequelae of torture.'
- IPAT Guideline 2017/6: Medico-legal Reports, paragraph 4.1 and 4.2<sup>3</sup>

## **3. MLR Content**

- A. Name and qualifications of Spirasi examining physician
- B. List of documents used in compiling report
- C. Abbreviations used in this document
- D. Client details
- E. History
  - Summary
  - Personal history
  - History relevant to claim:
  - Past medical history
  - Medication

---

<sup>1</sup> <https://www.ohchr.org/Documents/Publications/training8Rev1en.pdf>

<sup>2</sup> Spirasi's remit will be published on our website (current under reconstruction) in early 2019.

<sup>3</sup> [http://www.protectionappeals.ie/website/rat/ratweb.nsf/page/MJOF-ALRBTQ9215425-en/\\$File/IP%20Guidance%20Note%202017-6%20-%20Medical%20Reports.pdf](http://www.protectionappeals.ie/website/rat/ratweb.nsf/page/MJOF-ALRBTQ9215425-en/$File/IP%20Guidance%20Note%202017-6%20-%20Medical%20Reports.pdf)

- Current Situation
  - Examination
- F. Examination
- Physical symptoms (*directly related to torture*)
  - Physical findings
  - Description of scarring and client attribution of same
  - Psychological symptoms
  - Psychometric tests
  - Mental state examination
- G. Interpretation of Findings and Opinion
- Physical Finding/s (**reference to IP Sections 187**)
  - Psychological Finding/s (**reference to IP Sections 287**)
  - Recommendations (*medical*)
  - Conclusion (**short summary of findings (in line with IP). Including reference to both physical and psychological findings (if any).**)

#### **4. Interpretation of Physical Findings**

**IP Paragraph 187:** For each lesion and **for the overall pattern of lesions**, the physician should indicate the degree of consistency between it and the attribution given by the patient. The following terms are generally used:

- (a) Not consistent:** the lesion could not have been caused by the trauma described;
- (b) Consistent with:** the lesion could have been caused by the trauma described, but it is non-specific and there are many other possible causes;
- (c) Highly consistent:** the lesion could have been caused by the trauma described, and there are few other possible causes;
- (d) Typical of:** this is an appearance that is usually found with this type of trauma, but there are other possible causes;
- (e) Diagnostic of:** this appearance could not have been caused in any way other than that described.

#### **5. Interpretation of Psychological Findings**

**IP Paragraph 287:** In formulating a clinical impression for the purposes of reporting psychological evidence of torture, the following important questions should be asked:

- (i) **Are the psychological findings consistent with the alleged report of torture?**
- (ii) Are the psychological findings expected or typical reactions to extreme stress within the cultural and social context of the individual?
- (iii) Given the fluctuating course of trauma-related mental disorders over time, what is the time frame in relation to the torture events? Where is the individual in the course of recovery?
- (iv) **What are the coexisting stressors impinging on the individual (e.g. Ongoing persecution, forced migration, exile, loss of family and social role)? What impact do these issues have on the individual?**
- (v) Which physical conditions contribute to the clinical picture? Pay special attention to head injury sustained during torture or detention;
- (vi) Does the clinical picture suggest a false allegation of torture?

#### **6. Credibility**

Credibility is for the decision maker (IPO/IPAT) to assess. **Medical aspects of credibility:** As the IPAT Guidance notes, an MLR can deal with medical facts affecting ability or willingness to recount torture, which are relevant to credibility (IP para 142, 143 and 253). A physician may comment on history of wound healing or treatment of injuries (IP para 169, 172, and 189) and the credibility of these aspects of the client's history.