

**CENTRE FOR HUMAN RIGHTS-NIS**  
[www.chr-nis.org.rs](http://www.chr-nis.org.rs)

**Branislav Ničić, Milan Jovanović, Lidija Vučković**

**Monitoring of the work of medical services in prisons**

Report is result of the activities within the project ``Towards full application of european standards in prison practice`` funded by EU Delegation in the Republic of Serbia

**Niš, September 2013.**

## Content

I Analysis of work (diagnostic and therapy procedures) of health services in prisons, identified shortcomings and recommendations to eliminate observed.....	3
Recommendations.....	4
II Analysis of health problems of prisoners, chronology of events and reaction of medical service to the existing problem (1 – 19).....	5
III Overview of individual cases in which the prisoners complained to inappropriate medical care and steps that followed.....	16

## **I Analysis of work (diagnostic and therapy procedures) of health services in prisons, identified shortcomings and recommendations to eliminate observed**

Period: Jun 2012 – Jun 2013

Target group of this project activity, were prisoners who, according to their own opinion, were not provided adequate medical treatment by a doctor from health services in prisons. Idea on which the activity was based is that the conducted medical treatment is evaluated based on the insight of an expert into the copy of the prisoners' medical file (with, of course, previous consent of the patient), taking into account the statement on health condition and contents of the complaint to the medical treatment by the patient-prisoner. Simultaneously, since we do not know that there are studies that have dealt with mapping the frequency and, in general, with overview of the types of disease in prison conditions in the countries in transition, here we give an overview of the diseases of all convicts who addressed us.

During the project realization, nineteen cases of complaints of the prisoners were processed, and eleven were not. Those that were not processed and about which we have the basic information, most frequently gave up alone from further representation, or in some other way did not meet the required project criteria.

In the mentioned nineteen cases, it was about the following diseases:

In nineteen processed cases of prisoners' complaints, it was about the following diseases: three cases of tuberculosis, two cases of acute coronary syndrome, two cases of frequent allergic reactions, one case of dog tapeworms, one case of insulin dependent diabetes, one case of thyroid gland hyper function, one case of skin cancer, a case of varicose veins in the legs, one case of hernia, one case of double-sided hearing damage, one case of post-traumatic stress disorder (PTSD), a serious psychiatric illness that was not recognized and had resulted in multiple suicide attempts, one convict had problems caused by inadequate dentures, large infected wound on the leg, which was occurred as a result of inadequate initial treatment of harmless injury, one adequate and one completely inadequate response of health services to the needs and problems in case of disability.

In case of twenty diseases, first symptoms were reported in ten prisoners before coming to prison for sentence serving, and in ten it was during the sentence serving.

If at the admission to prison a detailed anamnesis was taken by the health service and a careful examination was made, that would ensure early diagnosis of yet unrecognized disease at the time of admission. Early diagnosis is a prerequisite for:

1. Later adequate treatment,
2. Prevention of complications consequences and non-preferred natural course of the disease;
3. Facilitating the patient to realize the right to adequate medical treatment;
4. Control of transmissible diseases in prison conditions.
5. \* Everything that is of importance for a particular disease should be carefully input into the medical files of prisoners

From the previous experience and contacts with prisoners comes that penitentiary medical service, primarily reacts to the requests of prisoners and symptoms they complain to. Regular, periodical and detailed examinations would enable early detection of the disease. Such behavior of health care service would create conditions and offer a chance for prisoners to be medically treated in different way.

In eleven cases where the disease occurred while serving the sentence, it was observed that penitentiary medical service did not apply diagnostic procedures necessary for the diagnosis of a specific disease. It is logical that in all these cases appropriate therapy was missing, as well. Out of these eleven cases, in ten a specialist examination at the doctor's with other specialization was not enabled, and in one case, the penitentiary medical service had at its disposal everything needed to make the diagnosis, but this option was not used. In eight cases necessary diagnostic procedures were applied, the diagnosis were made, but in five out of these eight cases, appropriate treatment failed to be applied.

In five cases where the therapy was missing, in two cases the reason was that the penitentiary medical service did not have needed medicines at disposal. Despite that fact, prisoners' families were not introduced with possibility to provide the missing medicine on their own. In two cases, where the need for prosthetic aid was observed, in one case the prosthetic aid was inadequate and in the other case it was completely missing. It should be avoided, in any manner, a situation where the same doctor evaluates the justifiability of prisoner's complaint to constructed aid and participates in the construction of the aid. In one case, due to the repeated lack of expected response to medical treatment, specialist doctor expressed doubt that the patient had been taking appropriate therapy in appropriate dose. Only in three cases, the diagnosis was made in time and needed therapy was applied.

#### ***Recommendations:***

1. In everyday work, to strictly follow the procedures for the diagnosis making and then the application of therapy. Regardless of the fact that in the Republic of Serbia, opposite to the developed countries of the world, there are no protocols for all the diseases, the doctors are expected to use all their knowledge and experience to promptly make the diagnosis and apply the appropriate treatment.
2. If, for making a specific diagnosis, participation of doctors from other specialties is needed, as well as additional diagnostic methods, penitentiary medical service is expected to take advantage of these opportunities in time, so that the correct diagnosis could be made as early as possible. During the treatment, the obligation of medical service is to apply the prescribed medical therapy prescribed by a doctor outside the prison, as well as to provide regular control check-ups at a specialist, so that the assessment of treatment could be done in the right way and allow the definitive cure;
3. At the admission of prisoners to sentence serving, to take a careful anamnesis and do a detailed examination by use of additional diagnostic procedures. During sentence serving to carry out serious, detailed quarterly examinations aimed at assessment of the current health status of prisoners and discovery of new symptoms and diseases that were not present until that moment. To register in detail the results of such medical examinations in a special form so that they are separated and different from the reviews that were initiated by the patient's complaints;
4. To involve a psychiatrist in regular quarterly medical examinations of prisoners;
5. As it is an obligation of hospital institutions to provide needed therapy for medical treatment of its patients, it is also an obligation of penitentiary medical service to do the same since the prisoners have no possibility to, at their own initiative, provide necessary medicines. In exceptional cases, if there is no other way, prisoner's family should be informed and enabled to procure that medicine;

6. To ensure the respect of the Law on the enforcement of criminal sanctions in a part where the right of prisoner or his authorized representative to get a copy of his full medical documentation is prescribed;

7. As any other patient in the Republic of Serbia, prisoners, as well, have a right to get appropriate medical treatment; to ensure the function of the protector of patients rights in prison conditions.

## **II Analysis of health problems of prisoners, chronology of events and reaction of medical service to the existing problem**

### **1. Patient: G.J. ID number 8525**

*Institution:* Penitentiary Niš

*Disease:* Heart attack

*When did the symptoms occur for the first time:* First problems occurred during sentence serving (2010)

*Response of medical service to the existing problem:* Number of medical examinations during June 2010, because tightness above chest bone, choking, and heart palpitations. During the examination the anamnesis was taken, blood pressure was measured as well as auscultation of the heart and lungs.

*Shortcoming in the treatment:* During the period in which he turned in for examinations due to the duration of symptoms, ECG was not done for a single time and the opportunity to make a precise diagnosis was missed, thus he was not treated appropriately.

*Further course of events:* In February 2011 he was sent to Clinical center where he was diagnosed with suffered myocardium infarct. Coronography was done and stent was placed in September 2011. From that moment the patient is, mostly, being treated with appropriate medicines and in a manner prescribed by good clinical practice.

*Comment:* Doctors from the Medical Service did not use the available diagnostic options (ECG), which is considered the golden standard in the diagnosis of this disease. In addition, valuable time in treating heart attacks was missed, where speed of reaction is of crucial importance.

*Recommendations by which observed shortcomings are being removed:* To strictly respect the protocol in diagnostic and therapy procedure

### **2. Patient: D.K. ID number 7146**

*Institution:* Penitentiary Niš

*Disease:* Hyper function of thyroid gland and goiter

*When did the symptoms occur for the first time:* He arrived healthy to prison, for sentence serving in 2007.

*Response of medical service to the existing problem:* He was repeatedly provided with specialists examination at endocrinologist's in Clinical center Niš and diagnosis of thyroid gland hyper

function was confirmed (both by ultra sound and by hormone analysis). He was determined therapy by endocrinologists but taking medicines is irregular.

*Shortcoming in the treatment:* Therapy determined by specialist - endocrinologist is not applied by medical doctors in Penitentiary.

*Further course of events:* Diseases continue despite frequent examinations and recommended medical treatment.

*Comment:* Even specialist endocrinologist in his report doubts that the patient receives therapy regularly, in full dose.

*Recommendations by which observed shortcomings are being removed:* To strictly respect recommended therapy prescribed by specialist doctor.

### **3. Patient: M.J. ID number 8898 (I)**

*Institution:* Penitentiary Niš

*Disease:* Lungs tuberculosis

*When did the symptoms occur for the first time:* During sentence serving in July 2011

*Response of medical service to the existing problem:* After having doubted tuberculosis, he was for several times examined by pneumo-physiologist and complete diagnostics was done (Lungs RTG, sputum seeding, full blood analysis)

*Shortcoming in the treatment:* -

*Further course of events:* During 2011. and 2012. for several times he was treated in appropriate manner, with contemporary medicines and in may 2012, heal of tuberculosis was stated and that there was no need for further medicine taking.

*Comment:* A problem was observed in the fact that to our requests we received exclusively documentation from other institutions (Clinical Center Niš, Knez selo, Special prison hospital) and we never received documentation that testifies about the work of medical service in Penitentiary Niš. Bearing in mind that it is chronic insidious disease and conditions that exist in prison, we consider that it is necessary to pay attention to possible recidives of this disease).

*Recommendations by which observed shortcomings are being removed:* To official, legally grounded request to provide the prisoner or his representative a complete medical documentation related to Patient.

### **4. Patient: M.J. ID number 8898 (II)**

*Institution:* Penitentiary Niš

*Disease:* Post Traumatic Stress Disorder (PTSD)

*When did the symptoms occur for the first time:* During nineties, after coming back from the theater of war operations (before sentence serving)

*Response of medical service to the existing problem:* Patient was irregularly examined by medical service, specialist examination at neuro psychiatrist was not provided for him for more than six months, and therapy (Xalol, Formidal) was denied by prison doctors and he has not been receiving it for 5 months now.

*Shortcoming in the treatment:* He is not provided with specialist's examinations (neuropsychiatric) necessary for the control of this disease. Doctors from the medical service of the penitentiary, at their own initiative, stopped the treatment prescribed by the specialist at previous examination.

*Further course of events:* Patient still stresses out his complaints: tension, insomnia, often at night walking in-between dormitories, with which the commanders of penitentiary Niš are introduced.

*Comment:* Bearing in mind physical condition of the patient (consequence of participation in the war) and surroundings in which he is (prison conditions) it is necessary to have careful approach to patients with PTSD (in literature they are described as ticking time bomb) so as to prevent non-preferred consequences.

*Recommendations by which observed shortcomings are being removed:* To enable specialist examinations at other doctors', always when there is need for that and to respect recommended therapy.

## **5. Patient: I.S. ID number 8314**

*Institution:* Penitentiary Niš

*Disease:* Frequent allergic reactions

*When did the symptoms occur for the first time:* During sentence serving, after 2011.

*Response of medical service to the existing problem:* Patient, during sentence serving, addressed doctors from Penitentiary for several times for frequent allergies. He was not provided with specialists examination at allergists' but the price for allergy testing in the amount of 10.000 dinars was presented to him.

*Shortcoming in the treatment:* For the solution of such problem it is medically justifiable to determine what is the patient allergic to, so as to remove the causer of allergy could be removed from his environment, which in this case failed.

*Further course of events:* Medical service, in their regular treatment included anti-histamines, which caused that the medical condition of the patient improved to that extent that he had no complaints any more.

*Comment:* Appropriate medical care was provided only after the complaint of the representative, before that the prisoner complained for several times personally but without effect. In living conditions out of prison, if the disease significantly reduces the quality of patient's life and he has an order from a doctor, allergy testing is not charged.

*Recommendations by which observed shortcomings are being removed:* When a problem is identified (in this case allergy reaction), it is necessary to react on time: to determine what is the patient allergic to, to moderate allergy symptoms, if it is impossible to remove the allergen completely.

**6. Patient: R.G. ID number 9410**

*Institution:* Penitentiary Niš

*Disease:* Hernia

*When did the symptoms occur for the first time:* One year after he started sentence serving. (19.12.2011)

*Response of medical service to the existing problem:* The prisoner addressed doctors in penitentiary for several times for pains and only once he was enabled to have examination at surgeon in Clinical Center Niš. After the examination the surgeon recommended the operation of hernia, but so far the operation has not been scheduled.

*Shortcoming in the treatment:* Doctors from Medical service of Penitentiary did not provide specialist examination to a prisoner and after that they did not act upon the advice of the surgeon, although the prisoner himself insisted for several times.

*Further course of events:* Patient more frequently has pains in the area where the hernia is, for which he says that they are high intense. The only therapy he gets is pain killers.

*Comment:* The only medically justifiable procedure when the hernia exists is surgery intervention and it cannot be replaced by anything. Lack of surgery intervention not only exposes the patient to pains but the complication of hernia may endanger his life.

*Recommendations by which observed shortcomings are being removed:* To enable specialist examinations at other doctors, always when there is need for that and to respect recommended therapy.

**7. Patient: R.R. ID number 34/12**

*Institution:* Penitentiary Niš

*Disease:* Multiple suicidal attempts

*When did the symptoms occur for the first time:* Before sentence serving (before 24.10.2011), he attempted suicide for three times and the most serious one was the jump from the 5th floor on 06.10.2011. Within the verdict of the Basic Court in Vranje from December 2011, the Court expert recommends mandatory medical treatment measure in psychiatric institution.

*Response of medical service to the existing problem:* During sentence serving the prisoner complained for several times to pain that is a consequence of the jump from the 5th floor. He was provided with medical examination at orthopedists' and at that occasion removal of the fixation was proposed. Opposite to numerous requests of prisoners this has not been done yet. For all the time of sentence serving the prisoner was at psychiatric examination for three times only and he only gets tranquillizers as the therapy.

*Shortcoming in the treatment:* Removal of fixation was not enabled which would reduce the pains that the patient has and regular psychiatric treatment was not organized.

*Further course of events:* CHR-Nis does not have information



*Comment:* Regular psychiatric treatment and control for suicidal persons are considered to be an obligatory measure so as to prevent non-preferred consequences.

*Recommendations by which observed shortcomings are being removed:* Psychiatric diseases should not be neglected easily. Pains that a patient has should be reduced whenever possible, with all available means.

## **8. Patient: M.I.**

*Institution:* Penitentiary Niš, Special Prison Hospital Belgrade

*Disease:* Frequent allergic reactions. Lungs tuberculosis

*When did the symptoms occur for the first time:* First allergy attack on 29.12.2009, before being sent to sentence serving. Tuberculosis occurred during sentence serving.

*Response of medical service to the existing problem:* In 2010 he was sent to Special Prison Hospital Belgrade - internal medicine ward. He spent one month on examinations, allergy testing was done, diagnosis Dg Urticaria chr made (manifestations of frequent allergy reactions) and appropriate therapy was determined. With the use of prescribed therapy the prisoner practically did not have problems. After having returned to Penitentiary Niš, recommended therapy was changed due to the lack of certain medicines (tbl. Acrius). As a result there were frequent allergic attacks, almost on daily basis (from May till October). The prisoner was frequently given injections of Synopen and Urbason and he had anaphylactic shock in 2011, when his life was endangered.

*Shortcoming in the treatment:* Non application of determined therapy by allergist. Needed medicines were not provided by the medical service nor were the family enabled to provide it. Long term giving of therapy with pronounced side effects that may endanger the life of the patient.

*Further course of events:* During sentence serving, allergic manifestations continue to occur as a result years long corticosteroids therapy, there are swellings in the arms, legs and stomach. In March 2013, the convict gets a high fever, cough, and at the Special Prison Hospital Belgrade-internal medicine ward, the diagnosis of lungs tuberculosis was made. He then returned to sentence serving in Nis Penitentiary.

*Comment:* To solve specific problems (frequent allergies) it is possible to give injections of Synopen and Urbason, but only as a short-term therapy. Long-term therapy with these drugs is impossible because of expressed side effects (immune suppression, Cushing's syndrome...). Taking into account that this is an intravenous drug addict, a person who since 2006. has been suffering from hepatitis C virus (HCV+), caution when deciding to give corticosteroids had to be even more pronounced. The occurrence of tuberculosis after all, is almost not a surprise at all.

*Recommendations by which observed shortcomings are being removed:* When doctors from the penitentiary medical service have a precise diagnosis made and adequate therapy suggested by doctors of other specialty, it should be implemented in practice. When they decide for independent treatment of the patient they must take into account the side effects of treatment and the potential threats to patient's health.

## **9. Patient: I.L. ID number 6028**

*Institution:* Penitentiary Niš

*Disease:* Varicose legs veins

*When did the symptoms occur for the first time:* The problems occurred for the first time in 2007, before sentence serving. It worsened during the sentence serving (November 2012.)

*Response of medical service to the existing problem:* Because of hard pain of varicose veins in both legs, swellings and redness on the shins, the convicted appealed to doctors in Penitentiary on several occasions. He was never provided with examination by a vascular surgeon, aids were not provided (elastic stockings, bandages, etc.) nor the family was instructed to provide them for him. The only treatment he received tablets Diclofen.

*Shortcoming in the treatment:* Prisoner was never enabled specialist examination by vascular surgeon, and in respect of therapy the application of simple procedures (elastic stockings, bandages) was completely missing, which is now days considered to be a standard in medical treatment.

*Further course of events:* Difficulties related to varicose veins continue and become even more expressed during the time, but it does not cause any worry among doctors in penitentiary.

*Comment:* This is an example of a disease where preventive is of special importance. By simple methods that are available to anyone and cheap, difficulties that a patient has are reduced and complications in further course are reduced.

*Recommendations by which observed shortcomings are being removed:* If doctors from the Penitentiary are not capable of solving the problem of the patient definitely, they should, for sure, turn to their colleagues- doctors specialists, for assistance.

#### **10. Patient: M.V. ID number 209/12**

*Institution:* Penitentiary Niš

*Disease:* Skin tumor

*When did the symptoms occur for the first time:* Symptoms have been lasting from the half of December 2010 (during sentence serving)

*Response of medical service to the existing problem:* The change occurred on the back, so that he at first did not notice, but other prisoners turned his attention during the changing. The change on the skin was bleeding to touch and spontaneously, and the prisoner was changing towels and cloths because he was ashamed that other prisoners would think he was infected. The prisoner was sent to a plastic surgeon and was operated at the Clinic for Plastic Surgery in Nis, in January 2013.

*Shortcoming in the treatment:* From the beginning of first symptoms until the surgery passed more than two years which is unacceptably long period.

*Further course of events:* The prisoner did not get any medical documentation related to operation. He was not given insight into patohystology examination report which is obligatory done after such operations. He has pains in the neck and arm on the left side. The control examination was scheduled for March 2013 but those control examinations were not provided for him by the medical service.

*Comment:* The prisoner had a change of skin that was persistently bleeding for more than two years. His father suffered and died from malignant disease. The prisoners can not be expected to assess severity of certain symptoms, while it is an obligation of the doctors from the Medical Service. Exactly that was missing here.

*Recommendations by which observed shortcomings are being removed:* The everyday work of doctors in Penitentiary involves a careful, detailed summary of the prisoners and the proper assessment of symptoms and changes that patients might sometimes ignore or hide.

**11. Patient: M.S. ID number 7677**

*Institution:* Penitentiary Niš

*Disease:* Problems with inadequate denture

*When did the symptoms occur for the first time:* During sentence serving (after 2007)

*Response of medical service to the existing problem:* During sentence serving, the prisoner complained to doctors of medical service to problems due to the lack of upper teeth. He was examined by the dentist in the dental infirmary of Penitentiary Niš. The construction of the upper denture in private prosthodontic office was indicated and the prisoner paid alone for it.

*Shortcoming in the treatment:* -

*Further course of events:* During sentence serving, the prisoner repeatedly complained to the dentist in the Penitentiary about dental problems caused by newly made denture (pain, bleeding gums, non-functional). He was never provided a specialist examination at another dentist, nor his remarks in terms of eliminating shortcomings of dentures were approved.

*Comment:* When the patient is dissatisfied with prosthetic aid (complete dentures), it is necessary to remove these deficiencies as a prosthetic aid should facilitate everyday life and not to be a source of new problems.

*Recommendations by which observed shortcomings are being removed:* A situation in which the same doctor who participated in the construction of aid does the estimation of justifiability of patient's remark, should always be avoided.

**12. Patient: D.B. ID number 32571**

*Institution:* Penitentiary Zabela

*Disease:* Infected wound on the leg

*When did the symptoms occur for the first time:* The injury happened in 2007 (during sentence serving)

*Response of medical service to the existing problem:* A cut on the shin made with the spade, it came to bacterial infection, the wound spreads, moisturizes and smells bad. Established diagnosis of varies Cruris I. dex. and everyday bandaging and antibiotics according to the anti-biogram are prescribed. Responsibility for the non-preferred course of the disease, the health service attributes to the patient "The named person cures himself alone (leaves of various herbs, non-medicinal

creams and animal origin oils), removes the bandages alone, wets the wound, does not adhere to the advice of doctors."

*Shortcoming in the treatment:* During the period in which he went for a medical treatment for many times (2007 to 2013), the patient was not sent to another doctor in another institution (vascular surgeon) and was therefore not treated appropriately.

*Further course of events:* Only in 2013, after CHR-Nis addressed the Minister of Health and after the inspection, the Head of the prison health care of Penitentiary Zabela was ordered to organize consultative examination from the area of general surgery, vascular surgery and psychiatry.

*Comment:* Six years is a very long period in which the adequate treatment was not performed. As a result, from the innocuous wound on the leg, the surgeon on 23.01.2013, finds immense ulceration (wound) on the shin diameter 20x12cm and suggests appropriate treatment.

*Recommendations by which observed shortcomings are being removed:* To strictly respect the protocol in diagnostic and therapy procedure.

### **13. Patient: I.N. ID number 3824**

*Institution:* Penitentiary Zabela

*Disease:* Paralysis of the lower limbs as a result of injuries from firearms

*When did the symptoms occur for the first time:* Before sentence serving (03.11.2008)

*Response of medical service to the existing problem:* The patient was operated immediately after being wounded in the EC Belgrade. As a result of the injury, he is permanently confined to a wheelchair. He had repeated fracture of the right femur on 24.04.2009, by falling out of the wheelchair and was again operated at the Emergency Center in Belgrade. He was taken for rehabilitation to Sokobanjska for 45 days (June 2012). His medical condition improved significantly, as he says alone.

*Shortcoming in the treatment:* -

*Further course of events:* The control was scheduled for February 2013th. It was suggested that before the new rehabilitation in Sokobanjska, the fixation should be removed, and the patient accepted that. In early March 2013, the prisoner was transferred to a semi-open part, and bearing in mind that he hopes for the seize of the prison sentence, he suspended the proposed medical treatment.

*Comment:* At the repeated request of prisoner's representatives, from Medical service of Penitentiary we received only documentation testifying about the work of other services while the medical file with data about the work of Penitentiary service has never been delivered to us. Bearing in mind the severity of the problem, the conclusion is that the patient was adequately taken care for.

*Recommendations by which observed shortcomings are being removed:* Upon the official, legally grounded request, to provide the prisoner or his representative a complete medical documentation related to the patient.

**14. Patient: N.M. ID number 2448**

*Institution:* Penitentiary Zabela

*Disease:* Bilateral hearing impairment

*When did the symptoms occur for the first time:* Before coming to sentence serving where he is and before 2008.

*Response of medical service to the existing problem:* After repeated complaints to doctors from medical services related to hearing problems, he was provided a specialist ENT specialist and audiometry was done (January 2009). He was determined bilateral hearing impairment of 64.5%. The prisoner did not receive amplifier for hearing amplifier, but he was prescribed poly-vitamins and vasoactive therapy.

*Shortcoming in the treatment:* After objectively determined hearing impairment it is necessary to enable provision of hearing amplifier aimed at improvement of life quality, which was not done.

*Further course of events:* From 2009 there has been a subjective worsening of health (even more expressed hearing loss) which made the functioning of the prisoner in the prison even harder (he is accused that he does not respect the orders of security service, however, he does not even hear them) . After CHR-Nis urging, the prisoner was examined at ENT specialist's (08.01.2013), audiometry was done, but the results were not submitted to us.

*Comment:* Bearing in mind that it is bilateral hearing impairment and chronic process, it is unacceptable that between 2 audiometry procedures four years passed. In case that the hearing impairment is more than 70% the Penitentiary is obliged to provide hearing amplifier to the prisoner.

*Recommendations by which observed shortcomings are being removed:* When, due to the nature of the disease, worsening of symptoms is expected, what is implied is in-time reaction of medical service aimed at prevention or alleviation of symptoms of natural course of the disease.

**15. Patient: G.U. ID number 5082-BK**

*Institution:* Penitentiary Zabela

*Disease:* Shortening of right leg, difficult moving, constant pains as a consequence of femur fracture

*When did the symptoms occur for the first time:* He was injured for the first time in 1990, was operated for three times (1990, 1992 and 1998), before sentence serving.

*Response of medical service to the existing problem:* At the admission to sentence serving, doctor from medical service of the prison failed to state the obvious disability of the prisoner, he was not provided with a raise for left leg nor he was allowed to use his crutches for moving (he brought his own crutches to the prison with him). It indirectly led to additional injuring on 25.02.2012. when accidental fall down the stairs happened.

*Shortcoming in the treatment:* The provision of necessary aid was missing.

*Further course of events:* During sentence serving he was medically examined at the institute Banjica for two time - in February and July 2012. Consequences of previous injuries were stated, worsening and clinical progression of the disease. On both occasions he was recommended a raise under right leg and provision of crutches. Health Service Bureau ignored the request and the opinion of a specialist.

*Comment:* Only when CHR-Nis attorney intervened and addressed the Ministry of health, the family of the patient was enabled to provide for him a raise under right leg and crutches. We remind that violation of the Law on ban of discrimination of disabled persons has a special aggravating impact in imprisonment conditions.

*Recommendations by which observed shortcomings are being removed:* Medical service is expected to take care of prisoners' health and alleviation of disability consequences and not to expect families to take over their job.

**16. Patient: N.N. ID number 4724**

*Institution:* Penitentiary Zabela

*Disease:* Insulin dependent diabetes. Increased number of platelets.

*When did the symptoms occur for the first time:* First problems occurred before sentence serving (before 2009)

*Response of medical service to the existing problem:* During sentence serving the prisoner was provided with medical examination at specialist doctor - endocrinologist, for several times and acted based on the opinion and recommendations of specialist doctor.

*Shortcoming in the treatment:* -

*Further course of events:* Despite changing of therapy and different combination, satisfactory regulation of diabetes was not achieved. Besides that, a problem of increased number of platelets occurred which additionally increases the possibility for blockage of blood vessels. For all the above mentioned, the prisoner was recommended, by the medical service, a hospitalization in special prison hospital, which we consider to be fully medically justifiable. The prisoner rejected this for his personal reasons and confirmed that with his signature.

*Comment:* Symptoms that the prisoner describes represent all the complications of many years long duration of diabetes and it is possible to reduce or avoid them only with good glyco-regulation.

*Recommendations by which observed shortcomings are being removed:* It is doctor's responsibility to, in appropriate manner, appropriately to patients capabilities and education, explain the need for a certain kind of medical treatment, so that the decision, that the patient brings, is in his best interest.

**17. Patient: M.T. ID number 11946**

*Institution:* Penitentiary Sremska Mitrovica

*Disease:* Angina pectoris

*When did the symptoms occur for the first time:* August 2011. (during sentence serving)

*Response of medical service to the existing problem:* After frequent chest pain, the prisoner was hospitalized in Special Prison Hospital in Belgrade, necessary diagnosis were made, he was diagnosed with unstable angina pectoris and two stents were placed on 16-08-2011. Necessary therapy was prescribed with respect to the modern understanding of the treatment of this disease. Control examination at cardiologist's was scheduled in six months.

*Shortcoming in the treatment:* -

*Further course of events:* Based on the testimony of the prisoner, he is deprived of prescribed medication by Penitentiary medical service. For the last two years (from 2011.) a control examination at cardiologist's was not provided for him.

*Comment:* Failure to implement treatment prescribed by a cardiologist and denial of control examinations in this case means the most immediate threat to life and health of the prisoners about whom the doctors from Penitentiary medical service have to take care while serving a prison sentence.

*Recommendations by which observed shortcomings are being removed:* When doctors from Penitentiary medical service have a precise diagnosis and adequate therapy recommended by doctors of other specialty, they should implement it in practice.

#### **18. Patient: R.T. ID number 9163**

*Institution:* Penitentiary Sremska Mitrovica

*Disease:* Lungs tuberculosis

*When did the symptoms occur for the first time:* Before the beginning of sentence serving (before 2008)

*Response of medical service to the existing problem:* We obtain all the information from the testimony of prisoner, because, at the repeated requests of prisoner's representative, the patient was not provided with a requested copy of medical file. The prisoner got lungs tuberculosis before the sentence serving and was medically treated in Sremska Kamenica. He often has temperature, night sweat, coughs and coughs up dark red sputum. In last months he lost eight kilos in weight. He gets tired with a minimum physical effort. From the beginning of sentence serving he was not taken to pulmonologist, and he had X-rays shooting a year ago (January 2012). He does not receive any medication for tuberculosis.

*Shortcoming in the treatment:* Reaction of penitentiary medical service aimed at determining repeated tuberculosis at prisoners was completely missing.

*Further course of events:* The prisoner complained for several times for his problems and inadequate accommodation (wet room, inadequate conditions). He asked to be moved for several times but his requests were rejected. Instead of that, he was moved to old quarantine where the hygiene was even worse and where he was accommodated in the room with smokers.

*Comment:* Given the nature of tuberculosis (chronic, insidious stream), and the conditions that exist in prisons, Penitentiary medical service are expected to pay particular attention to the occurrence of this disease and identify prisoners who are at particular risk (medical history, HIV,

drug abuse...). We remind that in this case not only the prisoner was jeopardized, but also all those who come in contact with him: other prisoners, staff, family members.

*Recommendations by which observed shortcomings are being removed:* When a doctor faces a patient who was suffering from tuberculosis and clear signs that indicate a possible exacerbation of the disease, it is necessary to use all available options (referring to pulmonologist, lung X-ray, blood, sputum seeding) to confirm or disprove the suspicion of recurrence this chronic disease.

**19. Patient: S.C. ID number 12161**

*Institution:* Penitentiary Sremska Mitrovica

*Disease:* Dog tapeworm

*When did the symptoms occur for the first time:* 1996-1997 (before sentence serving)

*Response of medical service to the existing problem:* Patient was medically treated for dog tapeworms at the hospital, was operated in 1997 at the Military Medical Academy (liver). In recent months, he has lost almost 35 kg of his body weight, complained to doctors in the Penitentiary for problems, but was not taken to gastroenterologist and laboratory analyzes for the presence of tapeworms were not done. Abdominal ultrasound and chest X-ray were done in March 2010.

*Shortcoming in the treatment:* 1 – He was not referred to specialists' examination to another institution (gastroenterologist) and for necessary analysis for the diagnosis setting up. 2 – Dog tapeworm is a chronic disease in which re-occurrence is more a rule than an exemption, which should be born in mind by medical doctors.

*Further course of events:* At the moment he is not taking any medicines

*Comment:* Situation is additionally aggravated by the fact that he is a disabled person, his both legs were amputated, based on his own statement, the prosthesis is old, cracked and it is necessary to replace them.

*Recommendations by which observed shortcomings are being removed:* To strictly respect protocol in diagnostic and therapy procedure.

**III Overview of individual cases in which the prisoners complained to inappropriate medical care and steps that followed**

**1. G.J. Penitentiary Niš, ID number 8525**

*Health problem:* Heart attack/

Problems occurred during sentence serving, the patient went to the doctor in Penitentiary for several times in June 2010, due to disease over the sternum, a sense of suffocation and heart palpitations. He was examined then, they measured his blood pressure, but EKG was not done. Only in February 2011 was he referred to the internist in Clinical Center Nis where he was diagnosed myocardial infarction. Coronarography was done and stent placed in September 2011. From that moment the patient is, mostly, treated with appropriate medicines and in a way that provides good clinical practice at this time. Medical service completely misread his subjective symptoms and have not done what is considered to be standard.



*Date of addressing CHR-Niš:*  
04.06.2012

*Submitted:*

- Request to the Head of Medical Service in Penitentiary Niš for copies of medical documentation (13.06.2012)
- Complaint to the Head of Penitentiary Niš for not receiving medical documentation (03.07.2012)
- Complaint to the Head of Penitentiary Niš for not receiving complete medical documentation (24.09.2012) - complaint rejected on 09.10.2012
- Complaint to the Director of the Directorate for the Enforcement of Criminal Sanctions on the rejection of the complaint (20.10.2012) - positive reply, decision annulled by the decision from 13.12.2012
- Complaint to the Commissioner for information of public importance for not receiving complete documentation (11.12.2012)
- Complaint to the Head of Penitentiary Niš related to the doctor from Penitentiary Niš for not receiving full therapy (14.12.2012) - complaint rejected on 26.12.2012
- Initiative to the Head of Penitentiary for the transfer from Penitentiary Niš to District Prison Leskovac (23.01.2013)
- Request to the Head of Medical Service in Penitentiary Niš to enable medical treatment to the prisoner (17.04.2013)
- Letter to Ethical board of Medical Chamber (15.04.2013) – reply received on 15.05.2013
- Letter to the Minister of health (15.04.2013) – reply received 15.05.2013
- Letter to the Work group for patients' rights in the Ministry of Health (15.04.2013)
- Letter to the Commission for the control of the enforcement of criminal sanctions (15.04.2013)

*Right of the patient:*

- Articles 27, 28 and 36 of the Law on health care - a patient is entitled to insight in his medical documentation
- Constitution of the Republic of Serbia, Article 68 (denied constitutional right to the protection of health, because, during the medical examination by Penitentiary medical service, ECG records were not made which is considered to be a golden standard in such situations and that method is at any time available to the doctor in Penitentiary)

*Delay:*

There was an obstruction, and in the end, the documentation was however delivered (7-8 months after the request)

*Other: -*

**2. D.K. Penitentiary Niš, ID number 7146**

*Health problem:* Hyper-function of thyroid gland and goiter/

Problems with the thyroid gland have occurred upon arrival at the penitentiary, he was repeatedly examined by an endocrinologist in Clinical Center Niš and always diagnosed by ultrasound and hormonal - hyper-thyroid, hyperthyroidism E05. Therapy determined by endocrinologists, but what is interesting is that endocrinologist suspects that the therapy is applied. In doing so, he is guided by the patient's statement and poor response to treatment, and therefore requires reliable information about the treatment from the medical service. It is about poorly regulated hyperthyroidism (hormone analysis).

*Date of adressing CHR-Niš:*  
10.08.2012

*Submitted:*

- Request to the Head of Medical Service in Penitentiary Niš for copies of medical documentation (03.09.2012)
- Complaint to the Head of Penitentiary Niš for not receiving medical documentation (24.09.2012) - complaint adopted, medical service ordered to provide documentation (03.10.2012)
- Urging the Head of Penitentiary for immediate action for not submitting the decision on the complaint (01.11.2012) - 02.11.2012. reply that it was acted upon the complaint
- Complaint to the Director of the Directorate for the Enforcement of Criminal Sanctions to the acting of the Head of Penitentiary Niš on 18.11.2012 - reply from the Director of Directorate received on 24.01.2013
- Urging for immediate acting (14.01.2013) - On 05.02.2013 Penitentiary Niš sent the notification about the whole case
- Letter to Medical inspection (15.04.2013)
- Letter to ethical board of Medical Chamber (15.04.2013) – reply received on 15.05.2013
- Letter to the Minister of health (15.04.2013) – reply received 15.05.2013
- Letter to the Work group for patients' rights in the Ministry of Health (15.04.2013)
- Letter to the Commission for the control of the enforcement of criminal sanctions (15.04.2013)

*Right of the patient:*

- Articles 27, 28 and 36 of the Law on health care - a patient is entitled to insight in his medical documentation
- Constitution of the Republic of Serbia, Article 68 (not acting upon the report of specialist doctor is equal to violation of right to health)

*Delay:*

Impossibility to get a copy of medical file by prison medical service

*Other: -*

**3. M.J. Penitentiary Niš, ID number 8898**

*Health problem:* Lungs tuberculosis; Post traumatic stress disorder (PTSD)/

Based on the submitted documents and interviews with him, the prisoner was treated properly for several times, with contemporary medicines and in May 2012, remission of tuberculosis process was identified by pulmonologists and there was no need for further taking anti-tuberculosis drugs. Observed problem is that on our requests we receive only the documentation from other institutions (Clinical center Nis, Knez selo, Occupational health center, Spec. Prison Hospital Belgrade, but never documentation related to the work of health service in Penitentiary). This is marked because the doctors from Health Care of Penitentiary should be the first ones to suspect worsening or remission of tuberculosis, bear in mind that they are in everyday contact with the patient and are obliged to take care about this fact during the examination (it is to be expected that there is exacerbation of the disease in such conditions) (it also disables us to deal in other manner with the needed monitoring of the psychical condition deriving from PTSP; We cannot follow his condition or the reaction of medical service to his complaints)

*Date of adressing CHR-Niš:*  
10.08.2012

*Submitted:*

- Request to the Head of Medical Service in Penitentiary Niš for copies of medical documentation (03.09.2012)
- Complaint to the Head of Penitentiary Niš for not receiving medical documentation (23.09.2012) - on 18.11.2012 the prisoner gave to the attorney his medical file but it only contained reports from doctors specialists
- Urging the Head of Penitentiary Niš for immediate action for not submitting the decision on the complaint on (01.11.2012)
- Complaint to the Director of the Directorate for the Enforcement of Criminal Sanctions to the acting of the Head of Penitentiary Niš (18.11.2012) - reply from the Director of Directorate was received on 24.01.2013
- Urging the Head of Penitentiary Niš for immediate acting (14.01.2013) - on 05.02.2013 Penitentiary Niš sent information about the whole case
- Letter to Medical inspection (15.04.2013)
- Letter to Ethical board of Medical Chamber (15.04.2013) – reply received on 15.05.2013
- Letter to the Minister of health (15.04.2013) – reply received 15.05.2013
- Letter to the Work group for patients' rights in the Ministry of Health (15.04.2013)
- Letter to the Commission for the control of the enforcement of criminal sanctions (15.04.2013)

*Right of the patient:*

- Articles 27, 28 and 36 of the Law on health care - a patient is entitled to insight in his medical documentation
- Right to the inviolability of data (without his consent the data must not be used in any manner)
- Obligation of doctor to introduce the patient with his illness in a manner acceptable to him

*Delay:*

Impossibility to get a copy of medical file by prison medical service

*Other:* -

**4. I.S. Penitentiary Niš, ID number 8314**

*Health problem:* Frequent allergic reactions/

Given the nature of the disease (allergy) and its correlation with the seasons, we can assume that it, together with giving antihistamines by the medical service, led to the fact that health has improved to the point that there is no need for complaints.

*Date of adressing CHR-Niš:*  
16.10.2012

*Submitted:*

- Request to the Head of Medical service in Penitentiary Niš for the provision of copies of medical files (01.11.2012)
- Complaint to the Head of Penitentiary Niš for not receiving medical documentation (13.11.2012) - complaint adopted on 19.11.2012, medical file provided

- Urging the Head of Penitentiary Niš for immediate acting for not providing medical documentation on (11.12.2012) - 19.11.2012 copy of medical documentation received

*Right of the patient:* -

*Delay:*

Copy of medical file was received from Prison Medical service only after the deadline for its delivery expired

*Other:*

During the visit on 22.02.2013, the prisoner said that the relation of the doctor towards him was significantly improved after the submitted complaint and that after he had received the medicines he did not have any diseases he had been complaining to.

#### **5. R.G. Penitentiary Niš, ID number 9410**

*Health problem:* Hernia/

It is necessary to perform hernia surgery, which has been delayed and, for a year he was not scheduled a surgery.

*Date of adressing CHR-Niš:*

12.02.2013

*Submitted:*

- Request to the Head of Medical service in Penitentiary Niš for the provision of copies of medical files (07.03.2013)

*Right of the patient:* -

*Delay:* -

*Other:* -

#### **6. R.R. Penitentiary Niš, ID number 34/12**

*Health problem:* Multiple suicide attempts/

Suicide attempts, self-injury, orthopedic problems...

*Date of adressing CHR-Niš:*

21.01.2013

*Submitted:*

- Request to the Head of Medical service in Penitentiary Niš for the provision of copies of medical files 07.03.2013

*Right of the patient:* -

*Delay:* -

*Other:*

Verdict of Basic Court in Vranje from 13.12.2011, court expert D.S: "Based on of expertise of D.S, proposes a mandatory measure of medical treatment in a psychiatric institution - open type, dealing with the treatment of addiction diseases aimed at the treatment and prevention of similar crimes."

#### **7. M.I. Penitentiary Niš, Special prison hospital, internal medicine ward**

*Health problem:* Frequent allergic reactions. Lungs tuberculosis

*Date of adressing CHR-Niš:*  
13.04.2013

*Submitted:*

- Request to the Head of Medical service for the provision of copies of medical files (22.05.2013)

*Right of the patient:* -

*Delay:* -

*Other:* -

#### **8. I.L. Penitentiary Niš, ID number 6028**

*Health problem:* Varicose veins on legs/

After addressing the prisoners to CHR-Niš, he answered a set of questions asked by the team physicians, based on which it was concluded that the patient required an examination by a vascular surgeon, so as to prevent possible consequences of this disease on time.

*Date of adressing CHR-Niš:*  
12.11.2012

*Submitted:*

- Request to the Head of Medical service in Penitentiary Niš for the provision of copies of medical files, to enable him to have appropriate medical treatment and specialistic examination (29.03.2013)

*Right of the patient:* -

*Delay:* -

*Other:* -

#### **9. M.V. Penitentiary Niš, ID number 209/12**

*Health problem:* Skin tumor/

The prisoner had skin tumor on the back operated on January 2013.

*Date of adressing CHR-Niš:*  
27.11.2012

*Submitted:*

- Request to the Head of Medical service in Penitentiary Niš to enable him to have appropriate medical treatment (16.04.2013)

*Right of the patient:* -

*Delay:* -

*Other:* -

#### **10. M.S. Penitentiary Niš, ID number 7677**

*Health problem:* Problems with inadequate dentures/

1 - Problems with dentures that bothers him, and because of it he is suffering pain; 2 - Hearing problems (damage of the ear shell, hearing only 30% on one ear)

*Date of adressing CHR-Niš:*

13.08.2012

*Submitted:*

- Request to the Head of medical service in Penitentiary Niš (reply and copy of the medical file received on 03.09.2012). He reached an agreement with the medical service.

*Right of the patient:* -

*Delay:* -

*Other:*

The prisoner was provided with care only after the attorney sent the complaint and that was legal obligation even before that (the prisoner complained alone in the previous period for several times and did not manage to realize his right to medical treatment)

#### **11. D.B. Penitentiary Zabela, ID number 32571**

*Health problem:* Infected wound on the leg/

According to D.B, he was injured in 2007th when performing gardening works, his leg slipped off and cut himself on a spade. The wound was not deep, but there was infection, so that the wound spread, moisturized and smelled bad. A smear analysis was done on 04.05.2010. and results obtained: PSEUDOMONAS AERUGINOSA - huge number, ESCHERICHIA COLI – small number. Isolated bacteria sensitive to: Clarhytromycin. We believe that in the 21st century such a way to treat injuries is unacceptable, and that it is necessary to provide surgery to D.B. aimed at definitive wound care.

*Date of adressing CHR-Niš:*

24.10.2012

*Submitted:*

- Request to the Head of Medical service in Penitentiary Zabela for the provision of medical files (21.11.2012) - received reply that documentation is provided only upon the request of the prisoner (28.11.2012)

- Submission to the Head of Medical service in Penitentiary Zabela related to application of appropriate medical treatment (21.11.2012)
- Letter to the Head of Penitentiary Zabela (11.12.2012) for violation of prisoners rights, regarding received reply that documentation is provided only upon the request of the prisoner
- Letter to the Ministry of Health (13.12.2012) - received replies from: 1- Medical inspection (25.12.2012) on ordered inspection supervision; 2- Medical inspection on ordered consiliar examination (11.01.2013); 3- Medical report and opinion of the consilium (28.01.2013)
- Request for the submission of medical documentation via Commissioner (08.02.2013)
- Letter of the Chief of the department of Medical Inspection unit (20.02.2013)
- Letter to the Ministry of Health (20.02.2013)
- Request to the Head of Penitentiary Zabela to provide an elastic sock (21.02.2013)
- Letter to the Medical chamber of Serbia (01.03.2013)
- Complaint to the Commissioner for information of public importance and protection of personal data for not receiving the copy of medical file (11.04.2013)

*Right of the patient:* -

*Delay:* -

*Other:* -

## **12. I.N. Penitentiary Zabela, ID number 3824**

*Health problem:* Paralysis of the lower limbs as a result of injuries from firearms/

Prisoner was injured with firearms on 03.11.2008. Operated and medically treated at Emergency Center Belgrade from 03-28.11.2008. Underwent re-fracture of the right femur 24.04.2009, falling from a wheelchair. Surgery in Emergency Center on 12.05.2009. Prisoner was taken to rehabilitation clinics M. Zotović in Sokobanjska in Belgrade, where he was in June 2012. for 45 days. Then his health improved much. Control was scheduled for February 2013th when he should be in the clinic in Sokobanjska for rehabilitation again, when he was taken to a clinic in Sokobanjska to the doctor who runs his case. On this occasion it was proposed that before re-rehabilitation in Sokobanjska, extraction of fixation of the femur should be done, which prisoner accepted. In early March 2013, the prisoner was transferred to a semi-opened part, and given that the hopes for a prompt exit from prison, he suspended the proposed treatment measures.

*Date of adressing CHR-Niš:*  
16.11.2012

*Submitted:*

- Request to the Head of Medical service in Penitentiary Zabela for the provision of copies of medical files (21.11.2012)

*Right of the patient:* -

*Delay:* -

*Other:* -

## **13. N.M. Penitentiary Zabela, ID number 2448**

*Health problem:* Both sided hearing damage/

The prisoner turned in for a hearing problem. In January 2009 he underwent audiometry and hearing loss of 64% was stated. In the meantime, there has been a subjective deterioration in health status (pronounced loss of hearing) and it is needed to repeat audiometry. After a CHR-Nis urgency, prisoner was examined by ENT specialists on 08.01.2013, audiometry was done, and we do not have a medical report that is required to plan further action.

*Date of adressing CHR-Niš:*

26.10.2012

*Submitted:*

- Request to the Head of Medical service in Penitentiary Zabela for the provision of medical documentation (22.11.2012) - received reply that documentation is provided only upon the request of the prisoner (28.11.2012)
- Submission of the authorized attorney to the Head of Medical service in Penitentiary Zabela with a request for ENT examination (22.11.2012)
- Letter to the Head of Penitentiary Zabela for the breach of the right of the prisoner related to the reply of the medical service on the submission of the medical file exclusively based on the request of the prisoner (11.12.2012)
- Submission to the Head of Medical service in Penitentiary Zabela related to the problem with hearing with a request to provide him with appropriate medical care. 21.11.2012 (reply received on 05.12.2012 that the prisoner is provided full medical protection)
- Letter to the Ombudsman for the provision of information on what had been done in this case (11.12.2012)
- Request for the provision of medical documentation via Commissioner for information of public importance and protection of personal data (11.02.2013)
- Complaint to the Commissioner for information of public importance and protection of personal data for not receiving the copy of medical file (02.04.2013)

*Right of the patient:* -

*Delay:* -

*Other:* -

#### **14. G.U. Penitentiary Zabela, ID number 5082-BK**

*Health problem:* Shortening of the right leg, difficulty moving, constant pain as a result of fracture of the femur/

The prisoner injury in 1990. DG: Fracture intertrochantericam fem. dex. and operated on for three times (1990. 1992. 1998.). In addition, he injured 25.02.2012. when accidentally fell down the stairs during the sentence serving. At that point he did not have a raise and was not able to use crutches, which was essential in this accident. As a consequence of this prisoner has a shorter right leg and decreased range of motion in the right hip. Examined at the Institute for Orthopedic Surgery "Banjica" twice: the first time in late February 2012. Then they stated consequences of previous injuries and proposed a raise under the right foot, as well as supply of crutches. Health Service of Penitentiary failed to comply with an order orthopedist from Banjica. At the second examination (17.07.2012.) stated worsening, stronger pain, clinical progression, reduced range of motion compared to the first examination. Again, the recommended use of raise for the right leg



and use of crutches when walking. Health Service of Penitentiary again ignored the request and the opinion of a specialist.

*Date of adressing CHR-Niš:*

24.10.2012

*Submitted:*

- Request to the Head of Medical service in Penitentiary Zabela for the provision of medical file and appropriate medical treatment (21.11.2012)
- Request to the Director of Directorate for the Enforcement of Criminal Sanctions for the cease of the enforcement of prison sentence (21.01.2013) - the request was rejected on 25.03.2013
- Letter to Ethical board of Medical Chamber (15.04.2013) – reply received on 15.05.2013
- Letter to the Minister of health (15.04.2013) – reply received 15.05.2013
- Letter to the Work group for patients rights in the Ministry of Health (15.04.2013)
- Letter to the Commission for the control of the enforcement of criminal sanctions (15.04.2013)

*Right of the patient:*

- Violation of the Law on ban of discrimination of disabled persons

*Delay: -*

*Other:*

Only when the CHR-Nis Lawyer intervened, the patient was provided with a raise (prosthesis) under right leg and the provision of crutches was enabled

#### **15. N.N. Penitentiary Zabela, ID number 4724**

*Health problem:* Insulin dependant diabetes. Increased number of platelets/

The prisoner is a longtime patient of insulin-dependent diabetes. The general impression: bad-regulated diabetes mellitus; regarding the health service, no serious objections, the patient was repeatedly taken to a specialist in endocrinology, made the daily profile of blood glucose levels for several times before and after each meal. Almost all the measurements, values were unsatisfactory (above 10mmol). Endocrinologists who examined him changed the therapy, the types and combinations of insulin and other drugs, and the Medical Service in Penitentiary respected specialists' opinion and implemented in practice. Unfortunately all this did not lead to good glycemic control. In addition to this problem, there has been a problem of the increased number of platelets (thrombocytosis), which further endangered his health by increasing the possibility of thrombosis. After examination by an internist, hematologist, the patient was proposed to be hospitalized in the Special prison hospital for examination and treatment of thrombocytosis on 20.01.2012, but he refused and confirmed this by his signature. All the other symptoms that the patient describes are complication of diabetes and can be reduced or avoided by good glycemic control.

*Date of adressing CHR-Niš:*

26.11.2012

*Submitted:*

- Request for the provision of medical documentation via Commissioner for information of public importance and protection of personal data (31.01.2013) - prisoner submitted documentation on 08.02.2013.
- Request to the Head of Medical Service in Penitentiary Zabela to be provided with appropriate medical treatment (24.05.2013) – the request was rejected as unfounded on 06.06.2013.

*Right of the patient:* -

*Delay:* -

*Other:* -

#### **16. M.T. Penitentiary Sremska Mitrovica, ID number 11946**

*Health problem:* Angina pectoris/

During sentence serving the prisoner was diagnosed with angina pectoris, he was medically treated in a Special prison hospital - internal ward from 12 till 17.10.2011. On this occasion, he was diagnosed with angina pectoris denovo. He had coronography done and two coronary stents were placed on 16.08.2011. In addition, he was diagnosed with hypertensia arterialis, steatosis hepatitis, gastritis ctr. Control check-up was scheduled at the cardiologist's in charge after six months and prescribed appropriate contemporary therapy. According to the inmates, medication prescribed to him was being abridged by health care and thus health and life are directly affected.

*Date of adressing CHR-Niš:*  
01.04.2013

*Submitted:* -

*Right of the patient:* -

*Delay:* -

*Other:* -

#### **17. R.T. Penitentiary Sremska Mitrovica, ID number 9163**

*Health problem:* Lungs tuberculosis/

We obtain all the information from the testimony of the prisoner because we did not get any medical documentation. Based on his testimony, the prisoner had pulmonary tuberculosis and was treated in S.Kamenica. Complaining of inadequate accommodation (wet room, inadequate conditions). He repeatedly asked the Head of Penitentiary to be transferred due to moisture in the premises, but his requests were denied. Instead, he was transferred to the old quarantine where hygiene was even worse and where he was in the room together with smokers. According to him, since he started serving a sentence he was not taken to pulmonologist, and he had X-ray of his lungs a year before. (01.2012). The prisoner often has increased temperature, night sweats, cough and dark red sputum coughed up. He lost weight 8 kgs in past months. Does not take any drugs for TB. He noticed changes in the skin in the form of mild redness. Gets tired at minimal exercise. Has diarrhea that occurs occasionally. Short breath. He has never been tested for HIV.

*Date of adressing CHR-Niš:*

25.11.2012

*Submitted:*

- Request to the Head of Medical Service in Penitentiary Sremska Mitrovica for the provision of copies of medical files (February/March 2013)
- Complaint to the Commissioner for information of public importance for not receiving complete documentation (22.03.2013)
- Request to the Head of Medical Service in Penitentiary Sremska Mitrovica to enable medical treatment (02.04.2013)
- Complaint to the Head of Penitentiary Sremska Mitrovica for non-replying by the Head of medical service to the request (03.06.2013)
- Letter to the Head of Medical service in Penitentiary Sremska Mitrovica - a reminder that they have a prisoner who had already suffered from TB (15.04.2013)
- Letter to the Health inspection (15.04.2013)
- Letter to Ethical board of Medical Chamber (15.04.2013) – reply received on 15.05.2013
- Letter to the Minister of health (15.04.2013) – reply received on 15.05.2013
- Letter to the Work group for patients rights in the Ministry of Health (15.04.2013)
- Letter to the Commission for the control of the enforcement of criminal sanctions (15.04.2013)

*Right of the patient:*

- Articles 27, 28 and 36 of the Law on health care - a patient is entitled to insight in his medical documentation

*Delay:*

Impossibility to get a copy of medical file by prison medical service

*Other:*

Bearing in mind received data: nature of disease, accommodation conditions, inadequate food, overpopulation conditions, inappropriate physical activity, old facilities that are not adapted, we remind Health care service to real danger of spread of this infectious disease.

**18. S.C. Penitentiary Sremska Mitrovica, ID number 12161**

*Health problem: Dog tapeworm/*

all the conclusions we draw from the statements of prisoner. The prisoner has been suffering from echinococcus from 1996 / '97 year. He was treated at the hospital because of it, was operated on in 1997 at the Military Medical Academy, echinococcus was located in the liver. Recently he has lost weight up to 35 kg. Abdominal ultrasound and X-ray of the lungs were done in March 2010. He complained to the doctors in the prison of his discomforts but he was not taken to gastroenterologist nor laboratory analyzes were done for the presence of Echinococcus. In relation with this disease he has no medical records with him. He has occasional attacks of irritating cough. The situation is further aggravated by the fact that he is a person with disability, he had both legs amputated (caused by the fall under the wheels of a train). He claims that the prostheses were old, cracked and that they should be replaced. Currently he does not drink any medication.

*Date of adressing CHR-Niš:*

04.02.2013

*Submitted:*

- Request to the Head of Medical service related to the provision of medical examination and application of appropriate medical treatment (03.06.2013)

*Right of the patient:* -

*Delay:* -

*Other:*

We remind that the prisoner operated from echinococcus on liver. At the moment he has symptoms that direct to exacerbation of the disease and his medical condition should be checked.