

Study of  
INJURY REPORTS  
ON PEOPLE  
DEPRIVED OF  
THEIR LIBERTY



SPANISH OMBUDSMAN





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Injury Reports on People  
Deprived of their Liberty

Madrid, 2014

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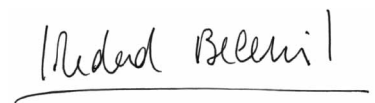
## PRESENTATION

The manual known as the “1991 Istanbul Protocol” provides guidelines for medical and legal experts on how to determine if a person has been a victim of torture or ill-treatment.

The Rule of Law is not divisible. There either is the Rule of Law or there is not. Is it complied with in all places and circumstances, or just when it is convenient or inevitable? Places where people are deprived of their liberty also come within the scope of the Rule of Law. This is the great strength of democracy and also what binds it.

Spain has taken very important steps to observe full compliance with the above-mentioned protocol. Prisons and other detention centres increasingly demand more compliance with the necessary rules, and this is a source of satisfaction.

Spain must be able to demonstrate to international bodies how the law is complied with and enforced. There must be no bad practices or abuse of any kind. Spain must be an example to follow, very far from and different to the image that some still have of us. We are no longer different, or an anomaly. We set an example. And the Ombudsman contributes to this.



Soledad Becerril  
DEFENSORA DEL PUEBLO  
(SPANISH OMBUDSMAN)



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### ACRONYMS USED IN THE STUDY

APT	Association for the Prevention of Torture
CAT	United Nations Committee against Torture
CPT	Committee for the Prevention of Torture (CPT) of the Council of Europe
ICF	Internment Centres for Foreigners
CP	Prison (Centro Penitenciario)
IRTC	International Rehabilitation Council for Torture Victims
LECrIm	Law on Criminal Procedure
LOPD	Organic Law on the Protection of Personal Data
NPM	National Mechanism for the Prevention of Torture
OPCAT	Optional Protocol to the United Nations Convention against Torture
SPT	Subcommittee for the Prevention of Torture
WMA	World Medical Association



## 1. INTRODUCTION

The optional protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted in New York on 18 December 2002 (OPCAT), aims to prevent torture through the establishment of a system of regular visits to places of where people are deprived of their liberty, to be undertaken by an international body called the Subcommittee for the Prevention of Torture (SPT), with headquarters in Geneva, and by national preventive mechanisms for the prevention of torture (NPM).

The Optional Protocol lists the tasks that the national preventive mechanisms must carry out, which include the following:

- Carry out regular unannounced inspections in places of detention (articles 1 and 19.a) OPCAT).
- Make recommendations to the responsible authorities, taking into consideration especially the relevant United Nations rules, in order to improve the treatment and conditions of detained persons and to prevent torture and other cruel, inhuman or degrading treatment or punishment (article 19.b) OPCAT).
- Make proposals and comments on the legislation in force and on any draft laws on the matter (article 19.c) OPCAT).
- Promote, through publications and other means of dissemination, awareness of issues related to the activities of the NPM

By applying the doctrine of the SPT - paragraphs 105 and 107 (c) of its fourth annual report (2011) - to the case of Spain, the NPM has sought to establish a method of work aimed at detecting problems, whether structural or procedural, that could facilitate impunity for the practice of torture or ill-treatment, whether by bypassing the systems of control or because they impede the full investigation and punishment of these behaviours.

Over the course of the Ombudsman's first four years of activity as the NPM, it conducted more than 400 visits, in the 17 autonomous communities and the autonomous cities of Ceuta and Melilla, to places where people are deprived of their liberty. These visits took place as follows: 231 in 2010, 77 in 2011, 52 in 2012, and 60 in 2013.

During the visits, in addition to ensuring their fundamental rights, the general conditions under which persons were detained were examined. To this end, several matters are reviewed, including the medical care received when an injury occurred, in order to rule out or confirm that the prisoner or detainee had been subjected to ill-treatment or torture.

In addition, since 2011, the NPM has been assisted by external technical experts specialising in legal and forensic medicine, psychiatry and psychology. Their work has enriched the reports of the NPM by providing an analysis, based on their knowledge and professional experience, of the conditions of detention and of any possible bad practices or risk of ill-treatment that may arise. This collaboration has allowed an exhaustive review of the medical records of those deprived of their liberty, as well as any injury reports that the medical records may contain.

The medical examination of persons deprived of their liberty who have injuries is a crucial preventive tool. In order for the injury report that is issued after a medical examination to be effective, it must be prepared specifically for that preventive purpose and conform to quality standards developed by the international preventive bodies.

The observations made and the opinion of the Ombudsman with respect to injury reports made in the various levels of detention, whether short-term - a few days, medium-term - up to 60 days - or long-term - more than 60 days - are published in the annual reports of the NPM<sup>1</sup> These reports state that, in analysing the injury reports, it was observed that the following were not adequately described: the type of injury, its shape, its dimensions, its exact location and other features that would make it possible to establish how it occurred at some later point.

In the cases in which coercive measures were applied, for example, it was considered appropriate that injury reports should describe, with the greatest possible accuracy, the circumstances of the incidents and the cause as stated by the inmate (blow, a struggle, defensive actions,, use of handcuffs, etc), even when there are no obvious injuries. In these cases of injury diagnosis, the most detailed description possible of the injury's specific characteristics is required (location, size, shape, colouring, etc), so that the degree of consistency between the observations made in the physical examination and the events as related by the inmate can be evaluated. In this regard, it has been observed in many cases that injury reports do not include the injured person's account of how the injuries occurred. It is then impossible to evaluate whether the inmate's account is consistent with the doctor's observations.

With regard to prisons: in spite of the recommendation made by the Ombudsman on 16 November 2010 to the General Secretary for Prisons, which was that the necessary instructions be issued to ensure that pictures be taken of any injuries to prisoners as a result of coercive measures or for any other reason, we still find that any injuries are documented exclusively by a doctor's report, which does not include photographs<sup>2</sup>.

Additionally, it has been necessary to remind the competent authorities that when the medical services deal with an inmate with injuries that may have been criminal in origin, they must systematically complete the corresponding injury report and send it to the competent judicial authority, in accordance with article 262 of the Law on Criminal Procedure (LECrím). They were also reminded that the speed with which the corresponding injury report is sent to the Duty Court is of fundamental importance, since although the Law on Criminal Procedure does not specify a minimum time, it does state that this must be done "immediately"<sup>3</sup>.

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<sup>1</sup> <<http://www.defensordelpueblo.es/es/Mnp/Defensor/anales.html>>.

<sup>2</sup> Recommendation 93/2010, of 16 November, that the necessary instructions be issued to ensure that photographs of the injuries to inmates are taken. <<http://www.defensordelpueblo.es/es/Documentacion/Publicaciones/Recomendaciones/Documentos/Recomendaciones2010.pdf>>.

<sup>3</sup> Paragraphs 58 and 114 of the NPM Annual Report for 2012.

Given the importance of this matter, the Ombudsman decided that a study should be made. To this end, firstly, information was collected on national laws and rules - any regional ones where applicable - that govern the issuing of this type of report, and on any forms used for injury reports in each area. A meeting was then called with the aim of analysing the results of the work done in the previous phase. This was attended by experts in various fields (judges, forensic psychiatrists, psychologists, doctors and lawyers). A list of attendees is included as Appendix II of this study.

The technical co-ordinators of this meeting raised a number of issues, such as the current regulations on injury reports, the international recommendations and the safeguards and ethical and procedural safeguards for the documentation process and for completing actual injury reports. All these matters were discussed by the participants.

These discussions have been taken into account in when compiling this study, which has, however, been written with the independence of judgement typical of the Ombudsman.

The present document, which is the result of the above methodology, attempts to analyse the state of injury reports in the Spanish health and legal systems, and makes recommendations that this should be uniform. It also specifies the minimum set of data that these reports must contain in the case of persons deprived of liberty, in order to comply with the international obligations that Spain has signed up to in this respect, and also to facilitate judicial investigation.

While there are problems and deficiencies which have been detected both at the level of basic care and in the emergency services, as well as in the investigative work that should be carried out by a forensic examiner at the request of the judicial authority, this study focuses on the primary care, which is given to a person deprived of liberty who has suffered, or reports having suffered, ill treatment or torture.



## 2. DELIMITING THE PROBLEM

### 2.1. Conceptual Clarifications

Two medical fields of action must be distinguished on the basis of the kind of doctor involved.

#### Medical documents in the health care field

**Doctor's injury report.** This is a written document through which a doctor informs the judicial authority of the existence of injuries which said doctor knows about due to having provided medical care to the injured person<sup>4</sup>. There are no unified regulations with respect to the type of information that must be submitted to the court.

**Medical discharge report.** The Basic Law 41/2002, of 14 November specifies the patient's autonomy and the rights and obligations in the field of clinical documentation and information, as defined in article 3: "A document issued by the responsible physician in a health centre at the end of each patient's healthcare process, which includes the patient's data, a summary of his medical history, the care provided, the diagnosis and treatment recommendations". It is given to the patient at the end of the healthcare process.

The characteristics, requirements and conditions of this report are determined by the statutory regional health authorities. In this context, Royal Decree 1093/2010 of 3 September on the Ministry of Health and Social Policy establishes the minimum data set which this report must contain when issued by any of the care services and health centres making up the National Health System<sup>5</sup>.

#### Medical documents in the forensic (judicial) medical field

**Forensic-medical Report.** This is a specialised, expert report prepared at the request of the judicial authority (either on its own initiative, or at the request of another of the parties) or the Department of Public Prosecutions, to clarify legal and medical aspects of an injury, providing proof of the condition of a person deprived of liberty who claims to have been subjected to ill-treatment or torture, or who is in solitary confinement.

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<sup>4</sup> In this document, injury is understood to mean any change to health or bodily integrity, whether somatic or mental, caused by mechanical, physical, chemical, or biological agents, arising from an act or omission that may be intentional or otherwise.

<sup>5</sup> Within their fields of competence, the autonomous communities may establish their own forms for clinical documents, incorporating such other information as they deem appropriate. These forms must include, in all cases, all the information that makes up the minimum set of data, as set out in the appendices to Royal Decree 1093/2010.

## 2.2. Medical documents in the field of preventing the ill-treatment and torture of people deprived of their liberty

A full injury report, which includes the data that is considered to be minimum and essential, as outlined in the present study, is an essential element in detecting ill-treatment, since it is the medical document that is closest in time to the alleged event, and, as a consequence, the information it provides is of unique value. All this is without prejudice to subsequent expert reports which go more deeply into important aspects which it is not possible to analyse in that first examination by a health professional.

If a report referring to unintended events which require an express complaint to be lodged reaches the court, the proceedings are postponed. In all other cases, the proceedings remain open, and the injured party is summoned to an examination by a forensic physician. This evaluation does not usually take place immediately, since this is only undertaken quickly in those cases in which urgent proceedings are brought or there is an immediate trial for a minor offence.

In the field of care provision for persons deprived of liberty who have been injured, if the injuries are adequately described - in terms of the specific type of injury, its exact location, shape, dimensions and the evolution over time - this provides very valuable information for when, later, the judicial authority, after the report by the forensic physician, has to determine the cause of the injuries and their compatibility with the mechanisms that are claimed to have caused them. Therefore, it is essential that the injury report contains the following:

- Sufficient information to enable the duty court to assess the severity of the events and act accordingly (from among the vast amount of information it receives).
- Inclusion of the minimum necessary information for it to later be of value as evidence.
- In the case of persons deprived of liberty, it must be in accordance with paragraph 82 of the Istanbul Protocol, in order to facilitate further investigation by the court.

There are very few studies of the quality of injury reports by the emergency and primary care services, but those that do exist indicate that data has been poorly entered in between 40% and 60% of cases, especially with respect to the description of the events, the alleged perpetrator of the event (according to the victim's account), the description of the causal mechanism, and the appropriate medical and psychological assessment<sup>6</sup>. This data is consistent with the results of international studies<sup>7</sup>. In general, it can be concluded that the current injury reports are of little legal value and provide no basis on which decisions may be taken.

<sup>6</sup> BEDATE, A., "La violencia en el ámbito familiar. Aspectos sociológicos y jurídicos" ["Violence in the family. Sociological and legal aspects"], *Cuadernos y Estudios de Derecho Judicial*, Nº 5 (2001), pp. 13–37; GARCÍA MINGUITO, L., J. de D. CASAS SÁNCHEZ, y , M. S. RODRÍGUEZ ALBARÁN, "Propuesta de baremo (de escala) para analizar la calidad de los partes de lesiones en casos de violencia de género" ["Proposal of the scale for analysing injury reports in cases of gender-based violence"], *Gaceta Sanitaria*, Nº 26 (3), 2012, pp. 256-260; y , M. T. ARRIÓN FERRE et al., "Estudio descriptivo y valoración de la cumplimentación de los partes de lesiones generados en un servicio hospitalario de urgencias" ["Descriptive study and assessment of the data entry in injury reports made in a hospital emergency department"], *Emergencias*, nº 7, 1995, pp. 245-251.

<sup>7</sup> For example, HOURY, D., K. M. FELDHAUS, S. R. NYQUIST, J. ABBOTT, y P. T. PONS, "Emergency Department Documentation in Cases of Intentional Assault", *Annals of Emergency Medicine*, Nº 34(6), 1999, pp. 715–719, en: <<http://www.sciencedirect.com/science/article/pii/S019606449970096X>>.

### 3. INTERNATIONAL STANDARDS AND OBLIGATIONS IN THE FIELD OF PREVENTING ILL-TREATMENT AND TORTURE

As has been stated above, one of the NPM's objectives is to make recommendations to the responsible authorities, taking into consideration especially the relevant United Nations rules, in order to improve the treatment and conditions of detained persons and to prevent torture and other cruel, inhuman or degrading treatment or punishment.

Both the United Nations Committee against Torture (CAT) and the Committee for the Prevention of Torture (CPT) of the Council of Europe have, on several occasions, made recommendations to the Spanish Government with regard to the need for improvement to the medical documentation of allegations of ill-treatment which have been made by persons deprived of their liberty.

The Istanbul Protocol sets, since its ratification by the United Nations Assembly in 1989, the standards for the proper investigation and documentation of ill-treatment and torture (Office of the United Nations High Commissioner for Human Rights, 2001). It establishes that all medical examinations and investigations of allegations of ill-treatment must use this document as a frame of reference.

#### 3.1. Ethical obligations of doctors in the field of preventing and eradicating ill-treatment and torture

Numerous statements have been made by medical bodies to remind doctors of their obligation to take action to prevent ill-treatment. Since 1975, the World Medical Association (WMA) has issued several statements in regard to collaboration, whether by deliberate action or omission, by health personnel with activities related to the ill-treatment or torture of persons in custody or detained. In 2009, and again in 2013, the WMA stated: "A failure to document and report this type of action [derogatory treatment, ill-treatment or torture] can be considered to be a form of tolerance of these actions and an act of non-assistance to the victims", and it was obligatory to adequately document any situation in accordance with the guidelines of the Istanbul Protocol<sup>8</sup>.

The WMA reminds doctors that the interest of the patient must always be their priority, and that that is who they owe their professional duty to. The Declaration of Tokyo by the WMA (1975), in the case of doctors, and the International Council of Nurses' Code of Ethics for Nurses (1953), establishes that the health professional must demand to work completely freely and shall not accept instructions from employers, the prison authorities or the security forces.

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<sup>8</sup> WORLD MEDICAL ASSOCIATION, Doctors Urged to Document Cases of Torture, 2013, in < <http://www.wma.net/en/20activities/20humanrights/40torture/>>.

For a doctor, their loyalty to the patient is the priority. It will be considered a serious ethical violation to take actions or omit actions in such a way as to leave the patient physically or psychologically vulnerable. This includes both providing insufficient or inadequate treatment, insufficiently documenting attacks or damage, and breaking the principle of confidentiality and delivering information obtained in the medical consultation to custodial bodies - whether verbally or by providing the care report or a copy of the same, or allowing access to the patient's medical history.

### 3.2. The Istanbul Protocol as an international instrument for the documentation of allegations of ill-treatment or torture

The Istanbul Protocol<sup>9</sup> lays down guidelines for expert witnesses and/or investigators documenting, through their reports, an event that allegedly implies that a person deprived of liberty has been subjected to torture or ill-treatment, and thereby facilitating the judicial investigation.

The fact that the provisions of the protocol deal with the investigative phase, once the events are already known to the judicial authority, does not mean that its guidelines cannot be applied to the injury reports which the medical professionals that initially attend a person deprived of liberty that has suffered injury must issue. Quite the contrary, if the basic requirements that an injury report must meet conform to the provisions of the Protocol, even with the logical limitations imposed by providing primary medical care, this will help and facilitate the subsequent investigation.

The Protocol sets out:

83. Medical experts involved in the investigation of torture or ill-treatment should behave at all times in conformity with the highest ethical standards and, in particular, must obtain informed consent before any examination is undertaken. The examination must conform to established standards of medical practice. In particular, examinations must be conducted in private under the control of the medical expert and never in the presence of security agents or other government officials. The medical expert should promptly prepare an accurate written report. This report should include at least the following:

- a) The circumstances of the interview. The name of the subject and name and affiliation of those present at the examination; the exact time and date, location, nature and address of the institution (including, where appropriate, the room) where the examination is being conducted (e.g. detention centre, clinic, house, etc.); any appropriate circumstances at the time of the examination (e.g. nature of any restraints on arrival or during the examination, presence of security forces during the examination, demeanour of those accompanying the prisoner, threatening statements to the examiner, etc.); and any other relevant factor;
- b) The background. A detailed record of the subject's story as given during the interview, including alleged methods of torture or ill-treatment, the time when the torture or ill-treatment was alleged to have occurred and all complaints of physical and psychological symptoms;
- c) A physical and psychological examination. A record of all physical and psychological findings upon clinical examination including appropriate diagnostic tests and, where possible, colour photographs of all injuries;

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<sup>9</sup> Office of the United Nations High Commissioner for Human Rights, *Istanbul Protocol. Manual on the Effective Investigation and Documentation of Torture and other Cruel, Inhuman or Degrading Treatment*, 19 August 1999.



d) An opinion. An interpretation as to the probable relationship of physical and psychological findings to possible torture or ill-treatment. Recommendation for any necessary medical and psychological treatment or further examination should also be given;

e) A record of authorship. The report should clearly identify those carrying out the examination and should be signed.

84. The report should be confidential and communicated to the subject or his or her nominated representative. The views of the subject and his or her representative about the examination process should be solicited and recorded in the report. The report should be provided in writing, where appropriate, to the authority responsible for investigating the allegation of torture or ill-treatment. It is the responsibility of the State to ensure that the report is delivered securely to these persons. The report should not be made available to any other person, except with the consent of the subject or when authorized by a court empowered to enforce the transfer.

Consequently, according to the guidelines contained in the above paragraphs of the Istanbul Protocol, the report on the injuries suffered by a person deprived of liberty must include at least the following:

- Place, date and time of the examination (and the circumstances of it if relevant).
- Description of the events in the words of the person himself, as faithfully as possible to how he related the alleged events.
- Physical and psychological examination (including photographs or other relevant materials).
- Opinion on the relationship between the description of the events and the examination (in terms of the consistency or plausibility of the allegations).
- Recommended treatment and the need for subsequent follow-up.
- Signature and means of identification, if not included in the health centre's form.

Both the Association for the Prevention of Torture (APT) and the International Rehabilitation Council for Torture Victims (IRCT) has made recommendations along the same lines, based on the Istanbul Protocol<sup>10</sup>.

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<sup>10</sup> ASSOCIATION FOR THE PREVENTION OF TORTURE, *Monitoring places of detention: What is the role of medical professionals?*, Geneva, 2008; INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS, *Psychological Evaluation of Torture Allegations. A practical guide to the Istanbul Protocol – for psychologists*, 2009; and *Medical Physical Examination of Alleged Torture Victims. A practical guide to the Istanbul Protocol – for doctors*, 2009.



## 4. THE CURRENT SITUATION IN SPAIN

### 4.1. The current legal framework

The legal basis of issuing injury reports is laid down in the Law on Criminal Procedure, and in particular articles 262 and 355:

*Article 262.* Those who by reason of their responsibilities, profession or occupation, are aware of any public offence are obliged to report it immediately to the Public Prosecutor, the competent court, the instructing judge of instruction and, in his absence, the municipal officer or the police officer closest to the site in the case of a flagrant offence.

Those who do not comply with this obligation shall be liable to the fine specified in article 259, which will be imposed through disciplinary sanctions.

If failure to report was on the part of a professor of medicine, surgery, or pharmacy and was connected to the exercise of his/her professional activities, the fine shall not be less than 125 pesetas, and not more than 250.

If the person who failed to report is a public employee, his or her immediate superior will be informed and will impose any appropriate administrative discipline.

The provisions of this article are understood to apply when the failure to report incurs no legal liability in Law.

*Article 355.* If the criminal act which leads to a court case resulted in injury, the doctors who attended the injured person are obliged to provide a report on his/her state and further reports at the times indicated to them. They should do this immediately if anything occurs that should be brought to the attention of the investigating judge.

The implementation of regulations at the regional level is very uneven, and it is quite common to find that there is a total absence of such regulation.

Only the Autonomous Community of Andalusia has a complete set of legal regulations on this matter, embodied in Decree 3/2011 of 11 January 11, which creates and governs the form of the report to be made to the duty court on health care provided as a result of injuries. This decree defines the injury report: "Document which must be completed after the initial health care, which informs the duty court of injuries to a person, the action which caused these injuries, the prognosis, and, if applicable, other data related to the events that led to the health care".

It also defines an injury as any damage to, or deterioration of, the physical or mental integrity of a person caused by any means or process that is "likely to result in a possible court case", either because the injured person states that this is the case or because there are clear signs

or symptoms for suspecting it. The appendices to this decree include an injury report form and a document for informed consent to having photographs taken.

The Autonomous Community of the Canary Islands, on the other hand, has Instruction 3/2003 by the Director of the Canary Islands Health System, which lays down the models of official documents and formalities to be completed by the medical personnel in those cases when health care is provided as a result of injuries which might constitute proof of criminal acts.

The Community of Madrid, in response to the request for information that was made to the autonomous communities by the Ombudsman, sent a document called a Injury Report and Care of Detained Persons, which has no regulatory status, and seems to be an action protocol which describes the care that must be given to the detained person, the necessity of issuing the injury report and the procedure to be followed after it has been issued.

The other autonomous communities have no legislation that governs injury reports, nor is there uniformity in forms - in fact there are a variety.

This results in a situation in which, when action protocols have been prepared for specific cases, such as gender-based violence, domestic violence, violence to minors, etc. each of these has been accompanied by its injury report form which has been adapted to the characteristics of the event.

#### 4.2. Possibilities for reform

As has been pointed out, the legal regime at the national level is certainly limited, since it does not define what an injury report is or what its minimum content must be in order to enable it to satisfactorily fulfil its desired function, which is to facilitate the assigning of criminal liability should this be necessary. Indeed, article 262 of the LECrim simply refers to the obligation to report public offences on those who have, by reason of their responsibilities, profession or occupation, become aware of an offence - which includes, of course, doctors - and article 355 adds that, in the case of injury, the obligation to report on the state and progress of the injured party is incumbent on the doctor who attended to him or her.

Nowhere is it mentioned that this is an injury report, and nor does article 252.3 of the preliminary draft of the Code of Criminal Procedure prepared by the Ministry of Justice in February 2013, which simply states: "Physicians and other health professionals are obliged to report any criminal acts that they become aware of during the exercise of their functions".

This regulatory vacuum has been partly offset by the existence of several regional rules formulated within the context of powers over health matters established in article 148.1.21 of the Spanish Constitution. However, these regulations are scanty and have a lack of uniformity in terms of the range of the provisions. Special note should be taken of Decree 3/2011, of 11 January, by the Andalusian Regional Government, to which reference has been made above, which takes into account that article 55 of the Statute of Autonomy for Andalusia, which, in establishing shared powers over health, addresses the matter that is the subject of this study.

It is striking that the exposition of reasons in this decree refers to the fact that "the documents and reports that describe the health care that has been provided to each person are of value and utility in the legal as well as the medical field." In the context of the exclusive powers the State has over the Administration of Justice as set forth in article 149.1.5 of the Spanish Constitution, it is the State that should legislate on such health documentation as is of legal value and utility.

Given that some health documentation substantially includes the concept of “injury report” - a concept that is indeed a form of complaint - in establishing the legal regime applicable to complaints, the Code should address, at least, those aspects of the injury report that aim to clarify possible criminal liability.

The complaint by a medical professional - governed by the provisions of the First Heading of Book II of the LECrime - is a form of complaint which is made more valuable by the complainant’s scientific knowledge. Since it is a notification of the *notitia criminis* (report of a crime) made by a person whose opinion may be a determining factor in the future of the proceedings, it is necessary to provide more detailed regulations concerning this type of complaint, since otherwise the opportunity will be lost to precisely delimit a concept which is of vital importance in initiating criminal proceedings.

It should be stated whether or not the injury report and the complaint are the same or different legal concepts. Based on the Spanish language dictionary (*Diccionario de la lengua española (DRAE)*), the second meaning listed of the word ‘denuncia’ (complaint) is ‘document that informs the competent authority of the commission of a crime or a minor offence,’ and the twentieth meaning listed of ‘parte’ (report) is ‘written document, usually short, that is sent by mail or any other means to someone, in order to give an urgent warning or urgent information.’

It can be concluded that the document referred to as the “injury report” is a complaint which will lead to criminal proceedings that is made more valid by the complainant’s scientific knowledge, which the complainant has the duty to make, and is not exempted from the same in the cases set forth in the LECrim. Indeed, the exceptions to this requirement are set out in article 261 - family relationship - and in article 263 - for lawyers and court officials regarding any instructions or explanations they may have received from their clients, and for members of any religious denomination on matters revealed to them in the exercise of their ministry - as well as in those cases in which the trafficking or dealing in substances is allowed and monitored - which are referred to in article 263 bis.

It can be seen, as has been pointed out by scholars in the field, that the term complaint is not specifically procedural, but is legal, since it is always identified with an act that communicates certain events to an agency, institution or authority “to obtain, precisely, consequences of legal importance”<sup>11</sup>. It is appropriate to establish what can be called a complaint which will lead to criminal proceedings (criminal procedural complaint), defined as a declaration of knowledge through it is possible or obligatory to inform the judicial authorities, the Public Prosecutor or police that actions have been committed that might constitute a crime or minor offence. This is “a civic duty, and failure to fulfil this duty may be punished if the events to be reported might constitute a crime or minor offence”<sup>12</sup>.

It seems necessary to reinforce the obligation to fulfil this duty - given the shortcomings identified - by establishing a more complete regulation in the LECrim or in the future Code of Criminal Procedure.

In principle, few formal requirements are placed on complaints that are filed. Indeed, “the complaint, since it is merely a notification of facts or events, does not require complex formalities for it to be filed, and almost the only requirement is that the complainant be identified”<sup>13</sup>.

<sup>11</sup> MONTERO AROCA, J., J. L. GÓMEZ COLOMER, A. MONTÓN REDONDO Y S. BARONA VILAR, *Derecho Jurisdiccional II. Proceso Penal [Jurisdictional Law II. Criminal Proceedings]*, Valencia, Tirant lo Blanch, 2011, p. 141.

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*, p. 147.

These general characteristics of a complaint require some clarification when it is a matter of an injury report. In the first place, the doctor must make a complaint whenever he or she has knowledge of any crime as a result of the exercise of their profession. This implies that, in addition to a medical evaluation, there must be a legal assessment that, in principle, a doctor should not have to make. There is thus a paradox: the doctor is required to inform the authorities of a state of health that indicates that 'some public offence' has been committed, but, on the other hand, it is not reasonable to demand a legal assessment from a person who does not have the professional competence to make it.

The obligation in article 262 of the LECrim only has a reasonable explanation if it is understood that the doctor has to formulate - implicitly or explicitly - a view of the compatibility between the injury that he or she observes and the events as described by the patient, or else the doctor understands that the injury observed may be compatible with an event that is considered an offence. Otherwise, it is not possible to understand why the result of the medical examination (which has thus become an 'injury report') should be passed on to the judicial authority, the prosecutor or the police.

It therefore seems to be necessary to make this implied situation legally explicit by laying down, in the LECrim or in the future Code of Criminal Procedure, a rule that establishes the doctor's obligation to include an opinion as to the compatibility - which does not a priori exclude other possible causes of the injuries observed - between the patient's statements (and/or the doctor's observations) and one or more of the events described in the Penal Code as constituting an offence.

It can also be stated that the complaint "must relate the facts and events indicating - if possible - the alleged perpetrator and his personal circumstances and the identity of the complainant", so that "a brief indication the possible legal nature of the events may be made, even though this is not a condition for the complaint to be valid"<sup>14</sup>.

In the injury report, an indication as to the alleged perpetrator of the crime, and the account of what happened, can only come from the patient's testimony. It therefore seems that the report should include, if possible within quotation marks, what the patient said to the doctor in this regard, and this obligation to include the statements made by the patient must be explicitly laid down in the code of criminal procedure. Also, the opinion as to compatibility can reasonably be based on a brief legal classification established by legal doctrine.

### 4.3. Professional fields in which doctors make injury reports

The professional medical fields in which doctors attend to and care for people deprived of their liberty and in which, as a consequence, it may be necessary to issue injury reports, are the following:

- **Doctors working in the emergency services**, whether in a hospital or not. These doctors are most likely to provide care to those detained people who are held in police custody, although in more serious situations they may attend to people held in internment centres for foreigners (ICF), in juvenile offenders' institutions or in prisons. The injury report forms used by doctors are the ones made available to them by the hospital or health centre in question. These vary, not only depending on the autonomous community, but also within each region, according to the specific hospital or health centre.
- **Prison doctors**. These doctors provide care to people held in prisons. The form they use is the one provided by the General Secretariat of Correctional Institutions.

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<sup>14</sup> Ibidem

- **Doctors working in internment centres for foreigners (ICF).** These doctors provide care to foreigners held in these centres, and the form they use for the injury report is the one provided by the company responsible for managing medical services in the ICF.
- **Doctors working in juvenile offenders' institutions.** These doctors provide care to children who are held because they are serving a sentence or on remand. The injury reports that are issued differ depending on the type of management of the institution and the autonomous region in which it is located.
- **Airport medical services.** One of the functions of these medical services is to provide care to the foreign persons who are held in the airport due to any circumstance (being deported, awaiting repatriation or in facilities for asylum seekers. These doctors use the injury report forms provided by the Spanish Airports and Air Navigation Authority (AENA).

#### 4.4. Deficiencies in injury reports

In practice, a study of injury reports originating from various professional fields has allowed us to conclude that the quality of these reports leaves room for improvement, in terms of their descriptions of both the injuries suffered and the treatments to be applied. Deficiencies of many types have been found in the reports studied, but the following are the most common:

- Incomplete reports.
- No description of the injuries, just of how they were caused.
- Inadequate description of the injuries:
  - Use of vague terms.
  - Use of inappropriate terms.
  - Use of incorrect terms.
- Incomplete description of the injuries:
- Errors in the description of the health care received.

The causes of these deficiencies are very varied. On the one hand, a lack of awareness of the importance of completing the injury report carefully, especially when it comes to people who are deprived of their liberty who claim to have been victims of ill-treatment during detention or while at the site where they were examined. There have been recent campaigns aimed at ensuring that doctors realise the importance of injury reports in cases of gender-based violence and similar, but very little emphasis has been placed on cases in which the person in question is deprived of their liberty. It is necessary to emphasise that, in the vast majority of cases, the injuries in question heal quickly or are substantially changed by the treatment applied - a wound would be an example of this. The description made in the first instance is therefore of fundamental importance, and if it is not recorded, valuable information could be lost.

These doctors require more training in forensic medicine is required, especially when it comes to the technical description of the injury.

In addition, although this is not a question of medical technology, procedural errors have been detected:

- There is sometimes a significant delay in these reports reaching the appropriate court from the centre where the care is provided. This means that the forensic doctor, who will prepare the report that should help the judge to determine the origin and consequences of the injury, is not involved until very late, when injuries have already disappeared or have substantially changed.
- It has also been found that in some cases - for example, in prisons or in an ICF - the injury reports are not submitted directly to the duty judge, but rather to the director of the centre or to the monitoring judge (prison oversight, jurisdictional control of the ICF or juvenile offenders' institutions, etc). This is therefore a reminder that the report must be submitted to the duty judge, regardless of the fact that, in some cases, it is also sent to other courts.



## 5. CONCLUSIONS

### 5.1. Current legal framework and options for reform

The legal regime at the national level does not define what an injury report is or what its minimum content must be in order to enable it to satisfactorily fulfil its desired function, which is to facilitate the assigning of criminal liability should this be necessary. It seems necessary to reinforce the obligation to fulfil this duty by establishing a more complete regulation in the LECrim or in the future Code of Criminal Procedure.

### 5.2. Procedural safeguards

Chapter IV of the Istanbul Protocol establishes certain procedural safeguards with respect to people who are detained which must be applied to the matters covered by this study. The matters described below should be especially noted.

#### ***Privacy***

Medical appointments and examinations must always be carried out in private, without custodial staff present in the medical area or in the areas from which the interaction between the doctor and the person who is in custody or otherwise detained can be heard or seen. Thus, for example, it is not considered acceptable for the door to the surgery to remain open during the consultation, if there are custody officers near it.

The patient should also be free from physical constraints (shackles or other types of constraint).

The only exception to this rule is when there is a justified suspicion of risk, in which case the doctor may agree with the detained person to carry out the examination, mentioning in the report the circumstances in which it occurred (police presence, other persons present, physical constraints, etc.).

#### ***Informed Consent***

As is usual for any medical involvement, the doctor must suitably introduce him- or herself (name, institution, reason for examination if not requested by the person in question) and generate a relationship of empathy and trust.

It is essential to have the informed consent of the patient to carry out the medical intervention, as stated in article 8 of the Law on the Autonomy of the patient. If consent is given to carry out the medical examination and/or treatment, the findings must be included in the injury report, regardless of the wishes of the person deprived of liberty.

### ***Delivery of the injury report***

The injury report form must be available in all health centres. It will be filed in the patient's medical history, in the health centre where he or she was treated. A copy is provided to:

- The person in question.
- The duty judge, sent by mail. In those cases in which notification is urgently required, fax will be used.

The report must not be handed over to the people holding the person detained and, if this is done, it will, in any case, be handed over in a sealed envelope, properly addressed to the judicial authority.

In the case of doctors working in prisons or other institutions where people are deprived of their liberty, in which the information is in the institution's medical record, by strict respect for confidentiality must be ensured, preventing the other staff (including the director) accessing the medical history. In the case of evidence of ill-treatment, health personnel must report directly to the duty judge, through the injury report, as well as, if applicable, the court responsible for oversight of that institution and situation of being deprived of liberty.

### **5.3. Opinion as to consistency - opinion as to plausibility**

According to the Istanbul Protocol, and as stated in section 4.2 , the medical documentation must always include an element of opinion that compares the description of the facts alleged with the doctor's observations and the medical and psychological findings. The significance of this opinion must necessarily vary depending on the conditions under which the report is prepared.

As a result, injury reports must include an opinion as to plausibility, in which the doctor will indicate whether the alleged events may be the cause of the medical or psychological effects that he or she has observed. This does not rule out the possibility that there may have been other possible causes or forces the doctor to make a definite judgement. For that, more time may well be required for examination and certain secondary tests, which are unlikely to be available in a primary care situation.

The opinion will thus give details as to whether the medical and psychiatric examination as a whole is: compatible or incompatible with the alleged events.

A space should also be included where the doctor could give arguments for their opinion, if he or she considers it necessary.

### **5.4. Structure and minimum content of an injury report:**

Based on the information that must be included in the injury report, the Istanbul Protocol considers that the report should have the structure and minimum data set out below:

#### ***Data of the doctor responsible for the examination and treatment***

- Hospital/Health Centre/Clinic.
- Data of the doctor who issues it: name and surname, personal numerical code.
- Date, time and place of examination.

***Personal data of the person treated***

- First name and surname(s).
- DNI or NIE (foreigner identification number).
- Sex and date of birth.
- Address and contact telephone number.

***Person(s) who caused of the injuries (according to an account given by the person treated)******Description of the events that led to the treatment***

- Full, word-for-word (if possible) account, in the words of the person who alleges assault, using inverted commas.
- state the date, time and place where the ill-treatment is said to have taken place according to the detailed statement by the person treated, as well as the type of physical, psychological or other abuse that has been inferred and/or described.

***Personal background (relevant to the injury)******Physical examination***

- Detailed description of the injuries: shape, size, or dimensions, location, description in terms of colour, approximate date on which they may have occurred and the origin, as stated by the patient, for each of the documented injuries.
- Inclusion as an appendix of photographs taken with a scale of any visible skin injuries, printed out and included and signed by the doctor who authenticates them. For photographs to be taken, the consent of the injured person will be required.
- All complementary examinations must be made that may be necessary to properly evaluate the condition of the injured person, and those that are medically appropriate according to the criteria of accepted best practice, specifically a gynaecological examination (if applicable), trauma examination, and/or dermatological, neurological or psychological examinations.

***Psychological state***

- Emotional reactions during the narration of the events consistent with the nature of the events.
- Emotional reaction during the events as described by the injured person.
- Psychopathological examination which, if positive, must be completed by a psychologist specializing in the field.

***Medical diagnosis******Clinical prognosis******Recommended treatment***

***Action and observation plan***

State whether the patient is referred to social services, primary care or other. If applicable, include details of the patient's medical discharge, or referral to other specialist consultants and/or resources, details of hospital admission if this was necessary, and the follow-up required.

***Opinion on Compatibility***

- An assessment of the consistency between the data in the medical and psychological examination and the allegations of ill-treatment/torture made by the person being examined.
- The examination is:
  - Compatible with the alleged events.
  - Comments and clarifications.
  - Compatible with the alleged events.
  - Comments and clarifications.

## 6. RECOMMENDATIONS

### 1. To the Ministry of Justice

Drive through the appropriate reforms to ensure comprehensive and homogeneous regulations throughout the country, covering the minimum contents that an injury report must contain. These are listed in section 5.4 of this study.

### 2. To the Secretary of State for Security (with regard to internment centres for foreigners and prisons) and to the autonomous communities and cities (to inform the relevant offices/departments<sup>15</sup> based on their powers).

1. Establish, within the scope of their powers, an injury report form that contains the minimum data listed in section 5.4 of this study, in order for the appropriate court to carry out an effective investigation.
2. Give appropriate instructions to all the public medical services to ensure that:
  - Civil servants working in them fill out the said report, which must be available in all health care units (including those located in prisons, internment centres for foreigners and juvenile offenders' institutions).
  - Copies of this injury report are delivered directly and without intermediaries to the person concerned, to the duty court and, if applicable, to the court responsible for oversight of that institution and situation of being deprived of liberty. And it must be ensured that these copies are sent without delay, in order that the involvement of the medical examiner, who will prepare the report that should help the judge to determine the origin and consequences of the injury is does not take place until very late, when the injuries have already disappeared or have substantially changed.

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<sup>15</sup> Consejería de Presidencia de la Junta de Andalucía; Departamento de Presidencia y Justicia de la Diputación General de Aragón; Consejería de Presidencia del Principado de Asturias; Departamento de Presidencia de la Generalitat de Cataluña; Consejería de Presidencia, Justicia e Igualdad de la Comunidad Autónoma de Canarias; Consejería de Presidencia y Justicia del Gobierno de Cantabria; Consejería de Presidencia y Administraciones Públicas de la Junta de Comunidades de Castilla-La Mancha; Consejería de Presidencia de la Junta de Castilla y León; Vicepresidencia y Portavocía de la Junta de Extremadura; Vicepresidencia y Consejería de Presidencia y Administraciones Públicas de la Junta de Galicia; Vicepresidencia y Consejería de Presidencia de la Comunidad Autónoma de las Illes Balears; Consejería de Presidencia de la Comunidad de Madrid; Consejería de Presidencia y Empleo de la Región de Murcia; Departamento de Presidencia, Justicia e Interior del Gobierno de Navarra; Departamento de Administración Pública y Justicia del Gobierno Vasco; Consejería de Presidencia y Justicia de la Comunidad Autónoma de La Rioja; Conselleria de Presidencia, Agricultura, Pesca, Alimentación y Agua de la Generalitat Valenciana; Consejería de Presidencia, Gobernación y Empleo de la Ciudad Autónoma de Ceuta; Consejería de Presidencia y Participación Ciudadana de la Ciudad Autónoma de Melilla.


- The injury report must not be handed over to the people holding the person detained and, if this is done, it will, in any case, be handed over in a sealed envelope, properly addressed to the judicial authority, except in the circumstances that are described in paragraph 22 of the 2012 Annual by the National Mechanism for the Prevention of Torture (for which it must have been duly accredited that the acquisition of the data is necessary to prevent a real and serious danger to public safety or for the prosecution of criminal offences and that, since this is sensitive data, it is absolutely necessary for the purposes of a specific investigation; that there has been a definite and specific request, since mass applications for data are not compatible with the above exception; that the due reasons are given for the request, providing evidence of its relationship to the situations that have been explained); and that, in compliance with article 22.4 of Organic Law 15/1999, of December 13, on the protection of personal data (LOPD), the data is deleted “when not needed for the investigation that led to it being stored”.
- Medical appointments and examinations of people who have been deprived of their liberty must always be carried out in private, without custodial staff present in the medical area or in the areas from which the interaction between the doctor and the person who is in custody or otherwise detained can be heard or seen and with the patient free from physical constraints (shackles or other types of constraint), except when there is a justified suspicion of risk, in which case the doctor may agree with the detained person to carry out the examination, mentioning in the report the circumstances in which it occurred (police presence, other persons present, physical constraints, etc.).

## APPENDICES

### Appendix I. Photographs

### Incomplete Injury Reports

12507

 **MINISTERIO DE SANIDAD**  
INSTITUTO NACIONAL DE ESTADÍSTICA Y CENSO

Nombre: [redacted]  
Apellido: [redacted] Fecha de nacimiento: 2 Jul/71  
Educativa: [redacted] Profesión: [redacted]  
Municipio: [redacted] Sexo: [redacted]

**PARTE AL JUZGADO DE GUARDIA**

Estado de salud por el que se solicita ingreso: [redacted] y el diagnóstico: [redacted] Fecha: 14/07/14  
Asunto en esta instancia de: 21/01/01 y de: [redacted] fecha del accidente: [redacted]

Alta por:  FARMACIA  FARMACIA  FARMACIA  AUTOMOVIL  INFORMACION  AUTOLIBRE  LIBRE

Lugar del suceso: [redacted] Fecha y hora de suceso: [redacted]

Juzgado de guardia en el momento de su ingreso en este hospital

PREVISION (para completarse): LAJE  GARA  MUTUA

**ASISTENCIA PRESTADA**

El paciente ha sido: ALTA A DOMICILIO  ALTA A DOMICILIO CON CONTROL ANULATARIO   
 REPOSICION EN EL CENTRO  VIGILANCIA HOSPITAL

El paciente se encuentra en posesión de sus facultades de personalidad en el momento de su ingreso en este hospital

Clasificación: [redacted] [redacted]

Fecha de ingreso: [redacted]

ETMO EN JUZGADO DE GUARDIA

80

MINISTERIO DEL INTERIOR  
COMISARIA GENERAL DE INSTITUCIONES PENITENCIARIAS  
SUBDIRECCION GENERAL DE SANIDAD

Código Penitenciario: PUERTO (1)

**PARTE DE ASISTENCIA POR LESIONES**

Parte facultativa emitida por el Dr.º \_\_\_\_\_

Fecha (día/mes/año): \_\_\_\_\_ Hora: \_\_\_\_\_ Lugar: \_\_\_\_\_

D./Oña \_\_\_\_\_

Color NIS n.º \_\_\_\_\_ en el momento de ser atendido refiere:

Presenta las siguientes lesiones:

CONTUSION COSTA SUPERIOR.

Las lesiones presentan el siguiente pronóstico: BONE

Después de la primera cura:


- No precisa otra asistencia
- Precisa observación posterior
- Precisa consulta diferida de especialista
- Precisa traslado urgente al Hospital

Firma \_\_\_\_\_

MAGISTRADO-JUEZ



**Reports that do not describe the injuries**

4 / 10162093 / 52 

**PARTE AL JUZGADO DE GUARDIA**

---

Dr. \_\_\_\_\_ CNP \_\_\_\_\_

hospital el día 12/ a las 10:00 horas por accidente estimado

trabajo   
  tráfico   
  agresión   
  intoxicación   
  autolesión   
  aborto

\_\_\_\_\_ fecha suceso \_\_\_\_\_ hora suceso 6:30

lesiones en el momento de ser atendido en este hospital

Refiere haber sufrido agresión por parte de sus porteros de \_\_\_\_\_

---

(o complicaciones)     leve     grave     muy grave

**ESTADO**

anamnesis, exploración y analgesia.

E		67		n° historia clínica	
a		edad			
11		n° seguro social/tarjeta sanitaria		domicilio	
				municipio	
				teléfono	
<b>PARTE AL JUZGADO DE GUARDIA</b>					
Atendido por Dr.				CNP	
en este hospital el día		25-3-05		a las 15:45 horas por accidente estimado	
b		<input type="checkbox"/> trabajo		<input type="checkbox"/> tráfico	
		<input checked="" type="checkbox"/> agresión		<input type="checkbox"/> intoxicación	
		<input type="checkbox"/> autolesión		<input type="checkbox"/> aborto	
suceso		Tumbillos (Carretera Ejecial)		fecha suceso 25-3-05 hora suceso 07:30	
de las lesiones en el momento de ser atendido en este hospital					
<p>Paciente que según historia ha sido agredida.                  presenta informes de diversos falsos diagnósticos.                  - osteoporosis, artropatía degenerativa generalizada, contracturas bilaterales, limitación de miembro superior (secuela de fractura)                  - Fractura de clavícula derecha (16-2-05) x                  episodio de mioclonía gástrica con grado de disipidad global 32</p>					
IIICO (salvo complicaciones) <input type="checkbox"/> leve <input type="checkbox"/> grave <input type="checkbox"/> muy grave					
CITA PRESTADA					
DON No una vez asistido, pase a <input type="checkbox"/> alta a domicilio <input checked="" type="checkbox"/> alta a domicilio con control facultativo <input type="checkbox"/> ingreso en este centro, en el servicio <input type="checkbox"/> traslado al hospital					
Si la posible comisión de esta institución da perjudicada en el semestre, se comunica a efectos judiciales. Córdoba 25 de mayo de 2005					
ILTMO./A SR./A JUEZ DE GUARDIA					

de las lesiones en el momento de ser atendido en este hospital

Paciente que según historia ha sido agredida.  
 presenta informes de diversos falsos diagnósticos.  
 - osteoporosis, artropatía degenerativa generalizada, contracturas bilaterales, limitación de miembro superior (secuela de fractura)  
 - Fractura de clavícula derecha (16-2-05) x  
 episodio de mioclonía gástrica con grado de disipidad global 32

IIICO (salvo complicaciones)  leve  grave  muy grave

Municipio LEYDIA Teléfono \_\_\_\_\_

### PARTE AL JUZGADO DE GUARDIA

MITIDO POR DELIA \_\_\_\_\_ N.º Colegiado \_\_\_\_\_ Servicio URG

en este Hospital el día 15 Septiembre a las 3:53 horas por accidente estroductor

TRABAJO  TRÁFICO  AGRESIÓN  INTOXICACIÓN  AUTOLESIÓN  ASCENTO

Nombre \_\_\_\_\_ Fecha y Hora del Suceso \_\_\_\_\_

Se da fe de las lesiones en el momento de ser atendido en este Hospital.

*Lauterica*

ÓSTICO (salvo complicaciones): LEVE  GRAVE  MUY GRAVE

ASISTENCIA PRESTADA

119-933

### PARTE AL JUZGADO DE GUARDIA

DE LA INSTITUCION \_\_\_\_\_

HOSPITAL DEPUERTA - 254-07A	
Deposito	
AVDA. DE ACCIONA S/3	CATED
Medio de Servicio	Nº

REFERENTE AL LESIONADO

Nombre		D.N.I.	
Domicilio			
Edad	Sexo	Profesión	Lugar de nacimiento
			CATED

> Inicial de día: 06-11-04 a las: 17:57 horas por accidente estimado

Formado  Traído  Sufrido  Agresión  Inocuidad  Alarma Inesperada

Relato de los hechos en el momento del suceso

TC

PROHIBICIÓN de ser complicado por

*Love*

Lo que, ante la imposibilidad de esta institución, se comunicó al Jefe de la Unidad Judicial de Instrucción nº 1 de CATED.

<b>HOSPITAL UNIVERSITARIO REINA SOFÍA</b>   Servicio de <b>URGENCIAS H. GENERAL</b>		Avda. Menéndez Pidal, s/n. 14004 Córdoba. Tel. 957 010 000 www.hospitalreinasofia.org		<b>1.3</b>
n.º historia clínica		n.º historia clínica		
FACULTATIVO apellidos, nombre		[Redacted]		
municipio      teléfono		servicio <b>178-02</b>	fecha      hora <b>01/20</b>	
de consulta		hora de asistencia		consulta n.º
1. <input type="checkbox"/> bloq.    orina <input type="checkbox"/> gases <input type="checkbox"/> Rx <input type="checkbox"/> ECG <input type="checkbox"/> coag. <input type="checkbox"/> TAC <input type="checkbox"/> eco <input type="checkbox"/>				
T°    pulso    frecuencia respiratoria    glucemia (tira reactiva)    orina (tira reactiva)				
<b>ANAMNESIS, EXPLORACIÓN FÍSICA, PRUEBAS COMPLEMENTARIAS</b>				
<p>Paciente que consulta por                  lesiones múltiples tras diversas                  agresiones.                  - hematomas.</p>				
				<b>INFORMES</b>

Inadequate description of the injuries: inappropriate terms

**PARTE AL JUZGADO DE GUARDIA**

dia 14-4-07 a las 21:50L colegiado n° [redacted]

trabajo  tráfico  [redacted]  intoxicación  autolesión  aborto

fecha suceso 14-4-07 hora suceso 20:00L

seguimiento de ser atendido en este hospital

Rojecus en autolesiones

motivo de consulta Depresión. hora de asistencia \_\_\_\_\_ consulta n° \_\_\_\_\_

hem.  bloq.  orina  gases  Rx  ECG  coag.  TAC  eco  \_\_\_\_\_

TA \_\_\_\_\_ T° \_\_\_\_\_ pulso \_\_\_\_\_ frecuencia respiratoria \_\_\_\_\_ glucemia (tira reactiva) \_\_\_\_\_ orina (tira reactiva) \_\_\_\_\_


**ANAMNESIS, EXPLORACIÓN FÍSICA, PRUEBAS COMPLEMENTARIAS**

(A.P.) No AMC, No ef. de memoria

(H.C.) Dolor e hinchazo 175 tra con trusas

(EXPL) BFG, C.C.C, dolor a la movilización  
hinchazo 175

Rx → No se observa de fractura.

  
Juzgado de Instrucción n.º 7  
Palacio de Justicia  
CÁRDABA

**IMPRESIÓN CLÍNICA DE URGENCIA**  
- del gesto e hinchazo 175.

**TRATAMIENTO**  
- BFG e hinchazo 175  
- Naproxeno 1/12h.  
- Metolol 1/8h. si dolor.  
- Ceftol → M.A.P.

ESTIHO DEL PACIENTE \_\_\_\_\_ FIRMA DEL FACILITIVO \_\_\_\_\_



**JUNTA DE ANDALUCIA**  
Consejería de Salud

HOSPITAL "REINA SOFIA"  
Avda. Menéndez Pidal, s/n.  
14004 CORDOBA

Servicio Andaluz de Salud

Número de Orden de entrada	
H.* Clínica	

**PARTE AL JUZGADO DE GUARDIA**

DE LA INSTITUCION	
S.A.S	
Centro	Servicio de Urgencias STª VICTORIA
Médico de Servicio	

REFERENTE AL LESIONADO			
Nombre			D.N.I. 30.7.25.87
Domicilio		Localidad	
Toledo 130 10 - 1ª 508		Córdoba	
Edad	Estado	Profesión	Teléfono contacto
35			

Asistido el día 15-4-97 a las 23:55 horas por accidente estimado:

Fortuito  Trabajo  Tráfico  Agresión  Intoxicación  Aborto intencionado

Naturaleza de las lesiones en el momento del ingreso.
chicotón punto-Temporal 10 puntos y hematomas
PRONOSTICO (salvo complicaciones)
bueno

El lesionado, una vez asistido:  Pasó a su domicilio.  Queda ingresado en este Centro.

Appendix II. Participants in the meeting “Protocol for preparing injury reports for people deprived of their liberty”, held on 12 November 2013

ATTENDEES	POST
Inmaculada Albi Gascó	Psychiatrist, President of the Human Rights Section of the Spanish Association of Neuropsychiatry
Elena Arce Jiménez	Head of the Department of Migration and Equality
Manuel Barros Llorente	Manager of the National Mechanism for the Prevention of Torture
Soledad Becerril	Spanish Ombudsman
Vicenta Esteve Biot	Psychologist, Vice-president of the Official College of Psychologists of the Valencian Community, member of the Advisory Board of the NPM as a representative of the General Council of Spain's Official College of Psychologists
Fernando Herrero Camps	Expert in the Department of Security and Justice
Andrés Jiménez Rodríguez	Head of the Department of Security and Justice
Fernando Lambea Huici	Expert in the Department of Security and Justice
Joaquín Magariños Munar	Expert in the National Mechanism for the Prevention of Torture
M.ª Carmen Marín Rodríguez	Expert in the Department of Security and Justice
Rocío Monterroso Barrero	Expert in the National Mechanism for the Prevention of Torture
Benito Morentin Campillo	Forensic Physician, Basque Institute of Legal Medicine
Santiago Olmo Hervás	Expert in the National Mechanism for the Prevention of Torture
Ángel Luis Ortiz González	Magistrate and Assigned Judge for the Madrid Prison Oversight Court No. 1
Pau Pérez Sales (technical co-ordinator of the study)	Psychiatrist, Psychiatry Service of the University Hospital of La Paz (Madrid)
Esther Pino Gamero	Expert in the National Mechanism for the Prevention of Torture
José Sáez Rodríguez (technical co-ordinator of the study)	Forensic Physician, Director of the Cordoba Institute of Legal Medicine
Ramón Sáez Valcárcel	Judge of the Criminal Division, Spanish High Court
Berta M.ª Uriel Latorre	Doctor, Vice-president of the Ourense College of Doctors, member of the Advisory Board of the NPM as a representative of the General Council of Spain's Official Colleges of Doctors











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