



Original communication

## Provision of clinical forensic medical services in Australia: A qualitative survey 2011/12



Margaret M. Stark, LL.M, MSc(Med Ed), FFFLM, FACLM, FRCP, DGM, DMJ(Clin), DAB Adjunct Professor<sup>a,\*</sup>, J. Jason Payne-James, LL.M, MSc, FRCS, FFFLM, FACLM Accredited Mediator, Honorary Senior Lecturer<sup>b</sup>

<sup>a</sup>Sydney Medical School, The University of Sydney, Australia

<sup>b</sup>Barts & The London School of Medicine & Dentistry, Charterhouse Square, London EC1, UK

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### ABSTRACT

The provision of clinical forensic medicine services is dependent on jurisdiction and relevant legal instruments. A needs analysis was performed to understand the current service provision within NSW and compare and contrast the service with other jurisdictions in Australia. The aim of this study was therefore to identify the roles, functions and clinical forensic medical services currently provided in the different Australian jurisdictions.

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## 1. Introduction

The provision of clinical forensic medicine services (CFMS) is dependent on jurisdiction and relevant legal instruments. The provision of contemporary clinical forensic medicine globally has been investigated in the past 15 years.<sup>1</sup> There are differences between countries, but also within countries.<sup>2</sup> In Australia there are six States and two Territories all of which have different legislative requirements with varying CFMS (See Fig. 1). Population data referred to below is obtained from the Australian Bureau of Statistics (<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>).

The clinical forensic medicine unit (CFMU) of New South Wales Police Force (NSWPF) established in 1982<sup>3</sup> provides medical and scientific services to the NSWPF and other agencies including the State Coroner and the Office of Director of Public Prosecutions. In 2011 the principal role of CFMU was providing expert certificates (reports) on a variety of medico-legal matters (see Table 1). There

was little clinical involvement of medical staff in general forensic medical services with a total of 45 call-outs over the year 01/07/2011–30/06/2012.

General forensic medical services are defined in NSW as the assessment of detainees in custody to include the forensic assessment as appropriate. Sexual offence medical services are provided by NSW Health. The role of the forensic physicians and other healthcare professionals in these fields has previously been defined.<sup>4,5</sup>

A needs analysis was performed (by the corresponding author) to understand the current service provision within NSW and compare and contrast the service with other jurisdictions in Australia. The aim of this study was therefore to identify the roles, functions and clinical forensic medical services currently provided in the different Australian jurisdictions.

## 2. Methodology

A 12 question survey adapted from that used by Payne-James in previous studies<sup>6</sup> was sent to senior forensic physicians (identified from the Forensic and Medical Sexual Assault Clinicians of Australia conference held in Darwin in August 2011) located within each jurisdiction in Australia. Follow-up

\* Corresponding author.

E-mail addresses: [margaretmarystark@gmail.com](mailto:margaretmarystark@gmail.com), [star1mar@police.nsw.gov.au](mailto:star1mar@police.nsw.gov.au) (M.M. Stark).



Fig. 1. Map of Australia showing the six States and two Territories.

telephone interviews were performed where required, and where possible, to clarify responses. Questions addressed the following topics:

- The care of suspects and complainants including:
  - The assessment of individuals detained in police custody;
  - The assessment of complainants of adult sexual assault;
  - The assessment of children as victims of sexual assault and/or non-accidental injury;
- The investigation of complaints against the police including allegations of assault by police;
- The methods of investigation of deaths in police custody;
- The available training opportunities and qualifications in the area of clinical forensic medicine.

### 3. Results

Results of responses to the survey questions are reported in below with respect to the individual states and territories, under broad general topic headings. The responses differ in nature and type because of the variability in responses from the individual physicians. In some cases there is a complete absence of data as nobody could be identified to provide the information requested. The authors were highly dependent on the co-operation of individual practitioners.

**Table 1**

Categories of expert certificates provided by the NSW Clinical Forensic Medicine Unit between 01/11/2011 and 30/06/2012 (8 months).

Category	Sub-category	Number
Driving under the influence of drugs and alcohol (DUI)	Alcohol/drugs/drugs & alcohol	811
Traffic – alcohol	All prescribed concentration of alcohol (PCA)	98
Expert medical opinion	Novice, low- mid- or high range	47
Criminal	Including failure to supply breath samples	51
Coroner	Homicide/traffic/assault/sexual assault/drug facilitated sexual assault/other	34
Drug possession/supply		11
Practitioner malpractice		2
Interpretation of medical notes		2
Forensic Medical Officer call-out reports		11
Miscellaneous	e.g. poisoning, critical incidents (police)	4

### 3.1. Care of suspect and complainants

#### 3.1.1. Australian Capital Territory (ACT)

The ACT has a population of 366 900. All services outlined below are part of ACT Health. Clinical Forensics ACT (CFACT) has a contract to provide medical services to local police 24 h a day, 7 days a week. Medical practitioners (doctors – Forensic Medical Officers (FMO)) and nurses are used depending on the time of day. Nurses are located in the police custody centre on Thursday to Sunday night and at other times calls are taken directly by the FMO on duty. A screening assessment used by custody staff has been developed in conjunction with the clinical service and for any positive response (medical condition or if anyone is on medication) the doctor or nurse are called for advice. Detainees suspected of being under the influence of alcohol or other drugs will have a breathalyser test performed by the 'watch-house keeper' for welfare purposes who will contact the nurse/doctor on duty if he/she has concerns. The CFACT is responsible for the forensic assessment of suspects but under ACT legislation all suspects must be examined by a clinician of the same gender under a 2008 amendment to the Forensic Procedure Act 2000. This creates staffing issues for the service which has one male doctor and all nurses are female.

There are four sites where complainants of adult sexual assault are assessed and examined. These are maintained by the Forensic and Medical Sexual Assault Care (FAMSAC). There is a separate service, the Child at Risk Assessment Unit (CARHU) which performs the assessment of paediatric complainants of sexual/physical assault.

Australian Federal Police (AFP) Professional Standards (PRS) is responsible for resolving complaints about the actions of AFP appointees in accordance with Part V of the Australian Federal Police Act 1979. CFACT doctor will examine complainants of alleged assault by police.

The Commonwealth Ombudsman (<http://www.ombudsman.gov.au/pages/about-us/> accessed 15 June 2013) is independent of the police and can investigate complaints about the actions of AFP members and about the policies, practices and procedures of the AFP as an agency. The Ombudsman reports to the Parliament, at least annually, on the comprehensiveness and adequacy of the AFP's complaint handling. If an individual remains dissatisfied after making a complaint to the AFP, a further complaint to the Commonwealth Ombudsman under the Ombudsman Act 1976 may be made.

#### 3.1.2. New South Wales

New South Wales has a catchment population of 7.3 million of whom 4.25 million are in Sydney. In NSW the Law Enforcement (Powers and Responsibilities) Act 2002 (LEPRA) ([http://www.austlii.edu.au/au/legis/nsw/consol\\_act/lepra2002451/](http://www.austlii.edu.au/au/legis/nsw/consol_act/lepra2002451/) accessed 15 June 2013) and the NSW Police Force Code of Practice for CRIME (Custody, Rights, Investigation, Management and Evidence) cover the management of detainees in police custody. The custody

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