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The Newsletter of the International Academy of Legal Medicine

Dear Members,

In this second Newsletter of the IALM we would like to give you a short presentation of the situation of legal medicine in Europe, in particular within the European Union, as well as to introduce an organisation: the European Council of Legal Medicine (ECLM), which since 1992 has had an active role in the integration and harmonisation process of legal medicine in Europe. Part of this development has already been described in an editorial (Brinkmann et al. 1994). This Newsletter represents a recapitulation for the members of the International Academy, and also an update.

The EU's involvement in medical education stems from the Treaty of Rome, which set up the European Economic Community (EC). The Treaty aims progressively to weld a harmonious and prosperous community by establishing a single market in the territory of the member states of the European Union (EU), as it is now known, where persons, goods and services can move on the same conditions as in an internal market, allowing, for example, medical practitioners to practise their profession in any place of their choice in the EU. Access to medical practice is regulated in all member states. In 1975 directives were adopted that obliged any host state to accept qualifications awarded by other member states. The directives were to ensure that those qualifications carried with them a guarantee of a quality of training and education based on minimum standards found acceptable in the EU. From the very beginning it was obvious that legislation alone was not sufficient and that the scheme presupposed mutual confidence. The Advisory Committee on Medical Training (ACMT) and the Committee of Senior Officials on Public Health were set up to underpin the compulsory nature of the coordination of training and mutual recognition of medical qualifications. These committees provide the basis for reaching consensus. In addition to these official EU bodies there are two advisory organisations: the European Union of Medical Specialists (UEMS) and the Standing Committee of Doctors of the EU (CP), the former of which has had a very active role in harmonisation of the medical specialties. Owing to the diversity of medical specialties in the individual member states, the harmonisation process has been slow, and has dealt much more with the duration than with the content of the training of medical specialties common to all or most of the member states. It has been further hampered by the historical structure of the existing specialties in the founding member states, as well as by the desire to limit the total number of specialties. Even though legal medicine has been fully recognised as a medical specialty in the majority of European nations, the harmonisation process of specialist education within the EU has not yet recognised it as a specialty. Now that three more states (Austria, Finland and Sweden) with legal medicine as a recognised specialty have joined the EU, the situation may change soon.

Earlier attempts at gaining recognition of the specialty had already been made by the Seville Working Party on Legal Medicine in Europe (SWP), an ad hoc working party created in September 1986 in Spain on the initiative of Professor Frontela Carreras from the Faculty of Medicine in Seville. This working party presented its proposal in the "Seville Manifesto" dealing with the teaching of medical jurisprudence to students of medicine and related areas, the training and qualification of experts and medical specialists, and the organisation and working procedures of institutes of forensic medicine, among other matters. It also contributed in the case of postmortems to the "Morris Report" (Doc. 6332, 31 Oct. 1990, Parliamentary Assembly of the Council of Europe).

In spite of the good pioneer work done by the SWP, it seemed obvious that a new body at European level was needed to get the harmonisation process going also within legal medicine. On 1 June 1992, the President of the International Academy of Legal Medicine and Social Medicine, Professor Enrique Villanueva-Cañadas from the Faculty of Medicine at Granada, approached the national medicolegal societies or bodies of all EC member states and the countries with EC observer status and invited them to send official delegates to the meeting in Cologne to discuss: establishment of a consensus document regarding (1) undergraduate

teaching, (2) postgraduate specialisation and (3) founding of an official body to act in all medicolegal matters within the EC. As a result of this the European Council of Legal Medicine was founded in Cologne, Germany, on 9 July 1992, under the aegis of the International Academy of Legal Medicine and Social Medicine, at a meeting organised by Professors Bernd Brinkmann and Michael Staak of the German Association of Legal Medicine.

So far, the ECLM has produceded three agreed documents: (1) Teaching of Legal Medicine to Medical Undergraduate Students (the "Perugia Document" as modified in Cologne in July 1992), (2) Syllabus of Postgraduate Specialisation in Legal Medicine and (3) Harmonisation of the Performance of the Medicolegal Autopsy. The first of the above-mentioned documents is reproduced below, and the others will appear in forthcoming Newsletters.

Prof. P. Saukko,
Secretary of IALM, Editor of the IALM Newsletter

The 2nd General Assembly of the ECLM was held during the IALMSM Meeting in Strasbourg, France, 1 June 1994 and the following persons were elected to the ***Executive Committee***:
Chairman, Delegate of the UK, Prof. Anthony Busuttil, Edinburgh, UK
Vice-Chairman, Delegate of Germany, Prof. Bernd Brinkmann, Münster, Germany
Secretary, Delegate of Switzerland, Prof. Walter Bär, Zürich, Switzerland
Treasurer, Delegate of Finland, Prof. Pekka Saukko, Turku, Finland
Member, Delegate of France, Prof. Patrice Mangin, Strasbourg, France
Member, Delegate of The Netherlands, Dr. Barend Cohen, Utrecht, The Netherlands
Member, Delegate of Denmark, Prof. Jørn Simonsen, Copenhagen, Denmark

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Teaching of Legal Medicine to Medical Undergraduate Students 'Perugia Document' as modified in Cologne in July 1992

PREAMBLE

From the first few days after qualification, the practitioner of Medicine is of necessity exposed to tasks and problems during the course of the daily professional duties which require substantial medicolegal knowledge to be dealt with proficiency and satisfactorily. The scope of this document is to produce ***guidelines*** of a ***minimum standard*** as a basis for the undergraduate curriculum in Legal Medicine. Varying nuances of emphasis would be required in individual countries to take into account differences in local practice, custom and legislation.

MAJOR CURRICULAR TOPICS

The major topics in Legal Medicine to be highlighted in undergraduate teaching are subsumed under the following main headings:
1. Thanatology and Forensic Pathology
2. Clinical Forensic Medicine
3. Medical Law and Related Jurisprudence.

1. Thanatology and Forensic Pathology

All doctors are required to attend patients who have died and are confronted inescapably with the certification of the fact, the manner and the cause of death, with the certification of the time of death and with the external examination of cadavers to assist with such certification. Even in those countries where these obligations are only partly in existence for non-specialists, all doctors will be involved in the initial investigations of the deceased and in reaching prompt decisions as to whether suspicious circumstances are present and as to the necessity for further investigations by the authorities. Due to the medical practioner's participation in the earliest phases of this decision-making process, he plays an important part in the elucidation of homicides and in the initial aspects of the investigation of violent non-natural deaths, the most frequent cause of death in the younger age groups. The doctor has an obligation to ensure that death certification is accurate so that true statistics and mortality data can be maintained. All such duties are of paramount importance to both society in general and individuals in particular. The medical practitioner should be fully familiar with his duties relating to the reporting of deaths and to the issue of appropriate certification necessary for the legal disposal of the remains.

To enable the medical practitioner to cope with such tasks, basic theoretical as well as applied knowledge in these fields is required at the undergraduate period of instruction.

1.1 Thanatology

- Deaths, with definitions and criteria for different modes of death, agonal phenomena, types of death, cadaveric (post-mortem) changes, signs of death, tissue death, braindeath
- External examination of the deceased, procedure, determination of the fact of death, changes associated with unnatural death, certification of the mode and cause of death, implications for society and the individual
- Legal nature and possession of the corpse, legal prerequisites for autopsy and for collecting diagnostic, therapeutic and teaching material

1.2 Forensic Pathology / Forensic Traumatology

- Legal definitions and causalities, especially relative to homicides, suicides and accidents
- General forensic pathology, especially the principles of patho-mechanisms, intra-vital reactions, principles of special laboratory investigations
- Blunt force trauma, lesions to skin, bones, internal organs, soft tissues and their mode of occurrence
- Injuries by sharp objects: types of lesions especially regarding mechanism of injury
- Gun-shot wounds: physical parameters relevant to these types of injury and the medical sequelae
- The patho-physiology of mechanical asphyxia, suffocation, mechanisms of death, findings on external examination, strangulation and its subvarieties, other types of suffocation
- Drowning especially, causes of drowning, manner of death and differential diagnoses
- Road traffic accidents and other transportation incidents, mechanisms and patterns of injury, biomechanics and principles of accident reconstruction from the medical findings
- Other causes of injury: thermal, electrical, physical, irradiation
- Sudden unexpected deaths in adults and children, causes of death, medico-legal differential diagnoses

Familiarity with injury patterns as related to specific incidents should enable a distinction to be made between self-inflicted, accidental, second-party inflicted and natural disease both in the living person and in the deceased.

2. Clinical Forensic Medicine

Close inter-relationships are encountered in most clinical disciplines between certain medical disorders and complaints, and the medicolegal interest and aspects directly related to them. The medical practitioner plays a key role in assessing these crucial situations and in critically determining such matters of interest to the patient as healing, residual disability, protection and the implementation of the law. Injury patterns in the living differ only quantitatively from those observed in deceased patients, where the implications are also essentially similar.

Items involved are:

2.1 Injury due to physical, chemical, mechanical, thermal and other related causes. Most of the modern 'epidemics', which are occurring with increasing frequency, are due to such causation and they often involve multiple casualties. In addition to the medical diagnoses and treatment of such conditions, several forensically based questions need to be addressed, sometimes even prior to the institution of appropriate treatment:

- The nature of the injury: weapons and/or mechanisms involved
- The mode of occurrence: accidental, suicidal or due to assault
- The legal implications of diagnoses and potential sequelae, e.g. in the battered child syndrome, in attempted suicide

2.2 Other types of disorders involving acute and chronic injury to the person

- Battered child and spouse syndromes, abuse of the elderly
- Sexual offences
- Attempted suicide, substance maluse and addiction, accidents, attempted homicide
- Human rights infringements such as torture and maltreatment of individuals

All these topics involve important decisions directly connected with the primary diagnosis or the differential diagnosis. Although it would fall to the specialist to give expert and definitive opinions, decisions and actions will by necessity be taken in the earliest phases of such investigations by the first doctor to be consulted. This doctor in turn has to ensure that procedural matters such as documentation, evidence sampling and preservation, evaluation, etc. are appropriately carried out, and that a referral is channelled to the more appropriate experts. If no specialist is available, it is the sole evidence and opinion of this doctor that would be available for consideration by the appropriate legal authorities.

2.3 This section would also include:

a. Bodily harm, especially its forensic evaluation, documentation, degrees of severity, sampling of evidence
b. Sexual offences, including legal definitions, genital and extra-genital findings, their importance for reconstruction of the incident, sampling of evidence, documentation
c. Maltreatment of children, the battered baby syndrome and

other syndromes, definitions, medical criteria, child protection, legal and social welfare institutions to be involved

d. Abortion, including definition, conditions for legal abortion, methods of legal and illegal abortion, complications, peri-partum causes of death

e. Forensic toxicology: modes of drug administration and absorption, masked administration of poisons, acute poisoning of forensic interest (carbon monoxide, cyanides, alcohol, insecticides, herbicides, opiates, heavy metals), chronic intoxications, findings in the living and deceased, drugs and driving

f. Forensic alcohology: ethanol absorption, distribution, metabolism and excretion, medicolegal implications of intoxication (driving, criminal responsibility, addiction, interaction with other drugs)

g. Drug misuse: types of drugs, legal definitions and sanctions, environmental factors (e.g. crime), modes of administration, interactions, abuse of solvents

h. Medico-legal implications of mental disease, certification, decreased criminal responsibility due to disease (especially mental illness) and intoxication

i. Medically related aspects of forensic biology (e.g. DNA profiling, paternity testing, seminal analysis)

j. Medico-legal aspects of assisted and artificial reproductive methods

3. Medical Law and Related Jurisprudence

The emphasis of this part of the curriculum should be on a full consideration of the rights of the patient, the application of all legislation pertinent to the practice of medicine, and a full review of the professional duties and responsibilities of the medical practitioner.

A familiarity with applied medical jurisprudence and medical law is essential as well as a broad outline of the legal system and the constitution of the courts. This would include:

- Authorisation to practice medicine, legal framework of practice, fitness to practice, patient's rights
- Application of therapeutics, authorisation for prescribing, limitations and prohibitions, duties of treatment, euthanasia
- Consent to treatment, informed consent and its limitations to invasive diagnostic and therapeutic procedures relevant to the civil and penal systems, legal pre-requisites, limitations and exceptions
- Problems regarding minors, the unconscious patient and the mentally ill or retarded patient
- Disease notification
- Medical liability, especially relative to the civil and penal systems, guidance on evidence, medical negligence
- Medical duties in emergencies, legal demands, assessment of testamentary capability
- Professional confidentiality, data protection relative to the civil and penal codes; employers and social institutions; access to records, exceptions, confidentiality with relatives, the state, and the courts
- Provision of legally valid, competent and precise certification to state authorities, the courts, private bodies and institutions and to the patient as an individual
- Trials of treatment, responsibilities in human medical or therapeutic experimentation

As unanimously agreed at the ECLM meeting in Cologne in July 1992