

# FORENSICS

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*Lorna Martin was recently appointed to the above position on the retirement of Professor Deon Knobel in April 2004. She is the first female head of forensic pathology in South Africa. She completed her undergraduate studies at the University of the Witwatersrand and then worked as*

*a district surgeon in Johannesburg until 1995. It was during this time that she developed a specific interest in violence against women, which was carried through to her Master's dissertation on the subject of rape and rape homicide, at UCT in 1999.*

Medico-legal or forensic issues in medical practice are often avoided by doctors. An irrational fear of the court process seems to be one reason; a lack of skill and knowledge, perceived or real, of what constitutes a medico-legal interaction and its proper management is another; and the belief that the state still appoints doctors to specifically deal with medico-legal examinations is another.

Following the introduction of the primary health care platform with devolution of many services to a district level, the burden of medico-legal examinations in many instances often rests with the GP. There were at the time many good reasons for this devolution, access to services being the most notable. However, in the transformation of services none of the 'few good men', in terms of expertise, was retained. Neither were clinical medico-legal/forensic services properly defined, and still have not been fully defined. Doctors at a primary care level suddenly found themselves examining sexual-assault survivors, drunken drivers, patients who had been assaulted, prisoners awaiting trial, criminal suspects after arrest, psychiatrically ill patients presented for certification, and disability grant patients — to name but a few. It goes without saying that these services have suffered. In a not unfamiliar circle of learning many provinces, as well as National Health, have realised that many medico-legal services are of a specialist nature, and treatment cannot be expected at a district level by a primary health care practitioner without additional post-graduate training. This is now being addressed, and some provinces (e.g. the Western Cape) have already provided guidelines on certain medico-legal examinations, e.g. the examination of sexual-assault survivors, with the provision of designated centres and doctors. Medical schools have also recognised that even though the services are specialised, some presentations are so common that undergraduates need to be able to perform these examinations properly on graduation. Consequently more detailed training has been included in their new undergraduate medical curricula.

Notwithstanding the positive developments in clinical forensic medical practice, it will take some years for the efforts of the departments of health and the universities to show in practice. This is why an edition of *CME* devoted to clinical forensic issues is so valuable to the health care practitioners who continue to fill the gap in the provision of medico-legal services.

The article on domestic violence against women provides practical information on the aspect of violence against women that is most neglected by health practitioners because it is the most difficult to deal with. The authors provide practical guidelines on the dangers facing women in domestic abusive relationships, as well as the most common presenting symptoms and signs.

Wadee's article on detainees provides clear clinical and ethical guidelines for any doctor who has to examine and treat patients who are detained by the state.

Consent is an issue that might not be considered to be in the realm of 'clinical forensic practice', but it is probably the medico-legal aspect of health care that is practised without the explicit recognition of its exact nature. Although not specifically discussed in this issue, the recently enacted National Health Act (Act 61 of 2003) now prescribes, in law, issues relating to consent in medical practice. In this way it presents for the first time legal obligations around consent to health care practitioners, not only the previous and current ethical obligations. Specific chapters of the National Health Act deserve attention by all clinical practitioners. The issue of consent to treatment is discussed by Knobel in his article, with special reference to consent and HIV-positive patients. Using a number of case studies, Knobel conveys the most important aspects of consent to treatment encompassing the legal and ethical debates surrounding this complicated, difficult and often contentious issue in medical practice.

The importance of forensic evidence cannot be over-emphasised, which is highlighted by Vellema. What constitutes forensic evidence needs to be understood by all health care practitioners but especially by emergency care personnel. It is in the trauma room that forensic evidence is lost and saved; most forensic cases that result in criminal proceedings involve living patients who have been assaulted, and not dead patients that we, forensic pathologists, see in our mortuaries. A vast amount of forensic evidence is lost in the casualty situation. The article by Vellema may influence some practitioners to the value and importance of such evidence. If that is the case, we have succeeded in our attempts in this issue to highlight forensic medicine and its applicability to everyday practice and not just the realm of forensic pathological practice. National Health is currently addressing the issue of forensic clinical practice in emergencies, and courses may soon be introduced on the preservation of forensic evidence.

Three shorter articles succinctly address disability grants, child abuse and drunken driving. All of these medico-legal functions have been delegated to primary health care practitioners, while they actually require specialist input, defined as experience, as there are currently no qualifications for this type of practice. The significance of this is that those who have to perform any of these examinations need some experience and skill, which at present can only be obtained by in-service training. National Health has acknowledged this and is now defining these functions and making recommendations into the implementation of these services.