

**Development Proposal for the Medico-Legal Service**  
**in**  
**Sri Lanka**

*Medico-legal service in any country serves as an important tool in the criminal justice system of that society. The medico-legal system in Sri Lanka was established during the latter part of the British colonial period in the late nineteenth century and had been continued since then without a major review into its operational aspects. Therefore many obvious deficiencies and demands related to medico-legal work in the country have gone unnoticed and unheard for decades giving rise to unpalatable outcome. This proposal was developed following a critical discussion on the medico-legal system in Sri Lanka with the participation of a group of full time Consultant Judicial Medical Officers (JMCO) mediated by Janasansadaya and Asian Human Rights Commission in November 2011. It identifies three broad areas of issues related to medico-legal work in Sri Lanka and submits comprehensive suggestions to adopt and improve the current system.*

## **Abbreviations**

BHT:	Bed Head Ticket
CME:	Continuing Medical Education
COD:	Cause of Death
DMO:	District Medical Officer
DNA:	Deoxyribo Nucleic Acid
ILMT:	Institute of Legal Medicine and Toxicology (Colombo)
ISD:	Inquirer into Sudden Deaths
JMO:	Judicial Medical Officer
ML:	Medico-Legal
MLEF:	Medico-Legal Examination Form
MLR:	Medico-Legal Report
MO:	Medical Officer
MOML:	Medical Officer Medico-Legal
MRI:	Magnetic Resonance Imaging
MS:	Medical Superintendent
PM:	Post Mortem (= after death)
PME:	Post Mortem Examination
SLR:	Sri Lankan Rupees

## **Background**

Medico-legal service in Sri Lanka is maintained as a state run process through the combined effort of ministries of Justice, Defence, Health and Higher Education. The medical side of this medico-legal service is jointly covered by the medical officers of different grades employed by the Ministries of Health and Higher Education. The medical officers attached to the Ministry of Health comprised of Consultant Judicial Medical Officers (JMCO) working in teaching, general and base hospitals, Medical Officer Medico-legal (MOML) working in some major hospitals and District Medical Officers (DMCO) working in the peripheral government hospitals. Professors, Senior Lecturers and lecturers attached to the Departments of Forensic Medicine in faculties of Medicine in all major state universities represent the medical staff attached to the Ministry of Higher Education. The university forensic medical staff and health ministry JMCO jointly perform medico-legal work in all teaching hospitals except in Jaffna.

The post of Medical Officer (Medico-legal) was created in mid nineties and the doctors appointed to this position are given a short course of training on practical aspects of Forensic Medicine in a reputed medico-legal unit of a teaching hospital. They are expected to handle routine medico-legal work in peripheral hospitals and they refer difficult medico-legal cases to consultant JMCOs in the nearest medico-legal unit. In addition, District Medical Officers, who are functioning as administrative officers of Base hospitals and other peripheral hospitals, perform medico legal work within their capacity and they also refer complex medico legal cases to major centres.

There was a severe dearth of fulltime forensic medical officers (JMCO) in Sri Lanka until the dawn of 21<sup>st</sup> century. In late 1980's there were only 4 consultant JMCO serving the country and by the end of year 2011 there were 26 consultant JMCO working in 18 out of 25 districts of Sri Lanka. However, this number is far below the cadre position for the Consultant JMCO proposed by the Ministry of Health. Medico-legal work in some districts where there are no consultant JMCO is covered by non-specialist doctors (Medical Officer-Medico legal, DMCO and MO).

The abbreviated term JMO should be used only to designate a consultant judicial medical officer involved in full time forensic work. However this term is casually used by many writers to identify any medical officer who perform medico-legal work in Sri Lanka.

In Sri Lanka, a Consultant Judicial Medical Officer has a range of responsibilities such as performing clinical forensic medical examinations, post-mortem examinations, examination of skeletal remains (forensic anthropology), administration and teaching. The fulltime postgraduate trainees in forensic medicine working in the major medico-legal units are also designated as Assistant JMOs(AJMOO).

Medico-legal system in Sri Lanka was operating with severe shortage of skilled manpower and other resources for several decades. Therefore multiple issues have been surfaced over the years which were not addressed to its full extent and were conveniently forgotten by the state authorities. These issues could be classified into three broad categories as stated below.

- 1. Deficiencies observed in the infrastructure of the medico-legal service**
- 2. Matters in relation to routine work in medico-legal units**
- 3. Matters arising from the work in other disciplines associated with the medico-legal field**

**01. Deficiencies observed in the infrastructure of the medico-legal service and the suggestions to overcome these matters**

1.1 There are no separate office complex and mortuary complex in the medico-legal units of certain hospitals. This is particularly evident where a consultant judicial medical officer is appointed to a district general hospital for the first time without setting up an office complex. The mortuary set up in such a hospital is also substandard. i.e.: no body coolers or frequently broken body coolers; no water, electricity and adequate ventilation facilities; no changing rooms and shower rooms are available for doctors and mortuary staff to clean themselves after finishing the postmortem examinations; no clothes and aprons to wear at the time of conducting the post-mortem examination etc. It has been noted that these basic requirements are

extremely difficult to be fulfilled in hospitals that are under the administration of provincial councils.

#### 1.2 Lack of standard equipment to perform clinical and post-mortem examinations appropriately

It has been noted that standard medico-legal equipment are not available in many medico-legal units leading to substandard examinations and inadequate medico-legal reports. The list of essentially required equipment is described below.

### CLINICAL FORENSIC EXAMINATION – ESSENTIAL EQUIPMENT REQUIRED<sup>1</sup>

- Sphygmomanometers (Blood pressure apparatus)
- Stethoscopes
- Hand lenses
- Weighing scale
- Measuring tapes
- Bedside screens
- Bedside lamps
- Examination bed (With facilities for gynaecological examination )
- Infra red lamps
- Ultra violet lamp
- Vaginal speculums (Eg: Cusco's bivalve type) in different sizes
- Otoscopes
- Ophthalmoscopes

#### FOR INVESTIGATIONS

- Light microscopes (suggested brand: OLYMPUS)
- Sterile swabs with close containers
- Sterile containers (Screw capped or rubber topped bottles and vials)
- Standard labels – adhesive type
- Standard tags
- Sample sealing tapes

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<sup>1</sup> The total cost of one set of equipment for a single medico-legal (ML) unit is approximately SLR 3.5 million. Thus for 26 ML units the cost would be around SLR 91 million. Out of this total cost, the cost for a portable x-ray machine and body coolers per medico-legal unit is 2.5 million. Thus the total cost for these two items alone for 26 ML units is SLR 65 million.

## RECORDING AND STORAGE

- Computers (Desk top and laptop)
- Computer printers (Laser type – Monochrome preferable)
- Scanners
- Photocopy machines
- Digital cameras (With high mega pixels)
- Digital voice recorders
- Ordinary steel cupboards and file cupboards
- Racks

## COMMUNICATION

- Telephone
- Fax machine
- Internet facility

## AUTOPSY (POST-MORTEM) EXAMINATION – ESSENTIAL EQUIPMENT

- Storage facilities for deceased - cool rooms or refrigerators
- Autopsy tables(fixed) or movable trolleys
- Portable X-ray unit
- Autopsy instruments
  - Skull saw (Electric)
  - Scissors
  - Forceps (Tooth and non tooth)
  - Hammers
  - Chisels
  - Scalpel handles and blades
  - Brain knives
  - Rib cutter
  - Hand lenses
  - Lamp with movable arm

It must be stressed that many peripheral hospitals including some major hospitals do not have adequate storage facilities for deceased. None of the morgues including the ones in the major medico-legal units in teaching and general hospitals do not have sufficient storage facilities to deal with major emergency or disaster situations despite the fact that the country has gone through many disasters and lengthy civil war situation spreading for three decades. Almost all

morgues are still adopting refrigeration as the main storage method and the concept of cool rooms has not been incorporated even when new morgues were planned/constructed.

## Illustrations of Equipment required for a Medico-Legal Unit

### Office equipment required



### Equipment required for effective Clinical Forensic Medical Examinations



## Equipment required for effective forensic pathological examinations



1.3 Insufficient human resources – Many medico-legal units are under staffed with Consultant Judicial Medical Officers, Medical Officers, trained Mortuary attendants and Labourers, Data entry operators, Photographers and Laboratory technicians

It is understandable that all the above mentioned equipment cannot be provided to all medico-legal units in the country at the same time. However it is important that authorities take steps to provide essential equipment and other facilities at least to one major centre in each

province as an initial step. The continuous ignorance of requests to upgrade medico-legal units in the country would eventually leads to serious decline of the medico-legal services.

## **02. Matters in relation to routine work in medico-legal units**

2.1 Lack of uniformity in medico-legal documents that are used in medico-legal work.

- There is no uniformity in reporting of COD after the post-mortem examination.
- The present postmortem report should be upgraded
- Investigation request forms (govt. analyst, MRI, histopathology lab., ILMT etc.) has to be made uniform and upgraded
- Uniform and more descriptive diagram forms( body, genital, bones, etc)
- Upgrading existing MLEF, referral forms, MLR

2.2 Lack of in-service training for most of the non specialized doctors who are involved in medico-legal work (e.g.: DMOs in district hospitals, etc.) ; CME for specialists

- Regular islandwide in-service training programs for non-specialized doctors who are engaged in medico-legal work.
- Comprehensive and mandatory training for newly assigned MOML, preferably at provincial levels
- Hands on training programs for mortuary attendants
- Conducting research and attending CME programs by full time specialists

2.3 Lack of communication and consultation regarding medico-legal work that is performed by non specialized doctors and other relevant authorities.

- The consultant should be freely communicable by the non-specialized doctors when and where necessary
- To have a monthly mortality meeting at the hospital with the participation of the hospital Director / MS / DMO, JMO, Coroner, relevant specialists etc.

#### 2.4 Lack of auditing of medico-legal work and documents

- Medico-legal documents prepared by specialists and non-specialists has to be audited anonymously and/ or peer reviewed mutually

#### 2.5 Matters arising when dispatching of specimens to forensic laboratories

- Dispatching samples should be done under the supervision of the JMO preferably via a hospital minor staff member

#### 2.6 Matters related to Maintaining registers

- MLEF registers, PME registers, Summons. Laboratory Reports to courts; BHT receipt and dispatch registers etc

### **03. Matters arising from the work in other disciplines associated with the medico-legal field**

#### **3.1 Police**

- a) giving less priority to forensic work
- b) lack of training and skills in forensic work – eg. Crime Scene Examination
- c) poor/false communication
- d) non compliance with official requests
- e) delayed presentation of accused/summons/receipts/reports etc
- f) politicized structure and undue influence on junior medical officers

### **3.2 Inquirer into Deaths**

- a) Lack of training and skills on the INQUEST process
- b) No sufficient office space and supportive staff
- c) Political appointees and hence less insight about the gravity of responsibility
- d) Unnecessary dependence on JMOO
- e) Executing minimal follow up action on preventable deaths

#### **Suggestions**

- a) To have mandatory periodic training programs for ISDs (Inquirer into Deaths) on the Inquest Process and investigation into circumstances of death
- b) The Ministry of Justice should have firm criteria in appointing ISDs
- c) ISD should have a proper working environment/place

### **3.3 Forensic Science Services. (Government Analyst's Department etc.)**

- a) It takes a long time to get the report of results once the specimens are sent to the govt. analyst dept. Therefore the final PME report has to be delayed
- b) Limited number of toxicological tests are being performed by the laboratories
- c) Non availability of quantitative analyses other than for alcohol.
- d) Non availability of other forensic science investigations such as DNA, etc.
- e) Non availability of reception of specimens throughout the day/ 24 Hrs
- f) Poor communication with the JMO
- g) Absence of comments regarding the positive findings in investigation results

### **3.4 Judiciary**

- a) Adoption of a national format to summon an expert witness by including relevant information of the case and the patient or the deceased examined.
- b) Summons should be served with adequate time to respond/ to send the report to court (a minimum of two weeks)
- c) Summon the JMO only when medical evidence will be taken in High Court.

- d) Undue delay in hearing of court cases causes enormous inconvenience to JMOO. Effective measures should be adopted to minimize undue delays which could ensure more efficient service from JMOs
- e) To assist locating Medical Officer/s who has/have performed medico-legal work in a particular hospital in a given period: A list of medical officers who perform/have performed medico-legal work can be included in the web site of the Ministry of Health with their present stations
- f) Higher Courts should make available the facilities to display case related photographs using multimedia equipment/projectors
- g) Police messages are routinely sent for all the calling dates and therefore should be abandoned
- h) The present arrangement to attend district court for medical officers (specialists and non specialists) is unsatisfactory and unacceptable. Therefore it is essential to develop a practice which is reasonable and just regarding such payments. The initiative in this regard should be taken by the JMOO themselves in consultation with the Attorney General's Dept.

### **3.5 Difficulties encountered in govt. hospitals and in referring patients to other medical specialists**

- a) To obtain a blood sample from patients at the time of admission to whom a MLEF will be issued and where their lives are endangered or when blood investigations will be necessary for further medico-legal investigations and to preserve it in a refrigerator
- b) A non specialist medical officer (Medical Officer Medico-Legal/DMO/MO) should be able to refer a person directly to a specialist medical officer and specialized units to get his/her opinion in relation to medico legal work, preferably by a referral form.

### **3.6 Medico-legal work in Private Hospitals**

- a) To formulate guidelines regarding attending to medico-legal work (mainly completion of MLEF) at private hospitals

### **3.7 Ministry of Health**

- a) To have a separate financial allocation for medico-legal services in the annual health budget.
- b) At present there is no uniformity in issuing reports for insurance purposes and therefore a reasonable practice should be adopted in this regard initiated by JMOO in collaboration /consultation with Ministry of Health

It is no secret that medico-legal service in Sri Lanka has been receiving step motherly treatment for decades. Hence deficiencies are observable in all aspects of it requiring speedy attention of the authorities concerned. Malfunctioning medico-legal service in the long run would eventually contribute to criminalization of the society and serving gross injustice to majority of the public who believe in rule of law.

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