

Deaths in custody in Romania. *A synthetic study*

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Abstract: Death in custody is defined as a death taking place in the custody of the police, prison service, involuntary patients in psychiatric institutions or in the custody of other authorities; independent of the cause or manner of death. . In this article we wanted to analyze the main features of the death in custody in Romania. The study was conducted using data obtained from the Romanian National Penitentiary Administration from 2003 to 2008; data was included in, and analyzed using the Microsoft Excel 2007 software. The main results we have obtained are (1) the medium number of prisoners, mortality and morbidity have declined from 2003 to 2008, whilst the mortality and morbidity rates remained almost constant. By analyzing the causes of death we identified a significant decrease in the number of non-violent deaths, whilst the number of violent deaths remained almost constant. The most frequent non-lethal pathologies were respiratory, gastrointestinal and dermatological whilst the most frequently lethal pathologies were cardiovascular and neoplastic. A violent manner of death was identified in a minority of cases, and was usually represented by suicides (by hanging).

In conclusion, the matter of death in penitentiaries in Romania is mostly non-violent, with cardiovascular and neoplastic disorders being the most frequent lethal pathologies. The relative number of violent deaths has increased in the last years, suggesting the need for more strict rules and regulations.

Key Words: penitentiary, death in custody, causes of death in penitentiaries

Death in custody is defined as a death taking place in the custody of the police, prison service, involuntary patients in psychiatric institutions or in the custody of other authorities; independent of the cause or manner of death.

According to the Home Office Police Custody study [1] there are three main causative groups – self-harm, illness (non-violent), and deaths where the action of others might have a role. Any death in custody is able to lead to considerable controversies, especially when its media coverage is extensive; this in turn can lead to severe professional and personal pressure to all

the people involved in the case from penitentiary workers to the medical-legal physician doing the autopsy or the prosecutors/judicial system[2].

Like any other citizen, a prisoner has a fundamental right to health. However this it is unclear whether this right is positive or negative[3-9]. In the Universal Declaration of Human Rights art 5 states that “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”[10].

In the Standard Minimum Rules for the Treatment of Prisoners are detailed, in art 22-26, a basic set of medical pre-conditions, which should

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be enforced by any penitentiary. For example art 22 states that at every institution there must be at least one medical officer with some knowledge in psychiatry; art 22[3] states that a qualified dental officer must be available to every prisoner; art 23 states the right for pre-natal and postnatal care and treatment. Art 25 states that the medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.

A comprehensive study regarding death in custody in Romania has not yet been published in the English speaking scientific literature (a search on Web of Science using keywords like “death”+”custody”+”Romania” or “death”+”penitentiary”+”Romania” did not yield any results), although there are various case reports/small scale studies and official documents dealing with this issue[11]. Therefore in this article we wanted to analyze the main features of the death in custody in Romania.

Materials and methods

The study was conducted using data obtained from the Romanian National Penitentiary Administration from 2003 to 2008. The following elements were analyzed: morbidity and mortality rates, diseases, auto- and hetero- violent acts, simulation/dissimulation, etc. Data was included in an Excel database (.xlsx), and statistical analyzes were conducted using the Excel 2007 software. Mortality rate was computed using the following formula: $Mr = D \text{ (deceased persons)} \times 100 / P \text{ (population sample)}$. Lethality (L) was computed using the following formula: number of deaths due to a specific pathology multiplied with 100 and divided with the total number of deaths in that specific amount of time.

Results

As detailed in Table 1 the medium number of prisoners, mortality and morbidity have declined

Table 1. General morbidity and mortality rates

Year	No. prisoners	Illness (No)	Morbidity rate (%)	Mortality	Mortality rate
2003	46224	283217	627.61	125	0.270
2004	39031	270494	676.18	108	0.277
2005	38069	278248	748.44	110	0.289
2006	35657	207644	594.44	84	0.235
2007	32000	162699	522.22	99	0.309
2008	27777	129213	477.59	75	0.270

from 2003 to 2008, whilst the mortality and morbidity rates remained almost constant (Pearson correlation coefficient between the number of prisoner and

illness of 0.91, and between the number of prisoners and mortality of 0.89, non-significant).

In table 2 are presented the main pathologies found in prisoners between 2003 and 2008. The most frequent pathologies were respiratory (common cold, flu, pneumonia, pleurisy, etc.), followed by gastrointestinal (gastritis, peptic ulcer,

Table 2. Morbidity in prisoners, 2003-2008

Diseases	No. Cases	Diseases	No.Cases
Respiratory	493.052	Neurological	26392
Gastrointestinal	205.242	Genito Urinary	23432
Dermatological	125.011	Tuberculosis	2.493
Bone&Muscle	81.188	Diabetes mellitus	1.523
Psychiatric disorders	40.951	Neoplastic	319
Trauma	32.809	HIV/AIDS	104
Cardiovascular	28.149	Other	9.058

chronic hepatitis, cirrhosis, pancreatitis), and dermatological.

A total number of 601 deaths in custody were found, of which 502 (83.52%) were non-violent and 99 (16.48%) were violent. By analyzing the causes of death (Table 3) we can identify a significant decrease in the number of non-violent deaths, from 109 in 2003 to 56 in 2008 whilst the number of violent deaths remained almost constant (16 in 2003 and 2004, 13 in 2005, 15 in 2006, 20 in 2007 and 19 in 2008). Overall the most frequent causes of death were cardiovascular, followed by neoplastic disorders.

Suicides were the most frequent violent cause of death, with a relative frequency ranging from 50% to 75% in the studied period, usually by hanging, followed by intoxications.

Discussions

A recent retrospective study dealing with deaths in custody from 1939 to 2004 in the United States revealed a significant shift in the manner of death: if up until the 1970s the most often found manner of death was non-violent (natural causes), afterwards violent or undetermined causes of death were dominant[2] (with hanging taking the first place in the 1980s followed by undetermined causes in the 1990s and 2000-2004).

Table 3. Causes of death in prisoners, 2003 – 2008 (S = suicide)

Cause	2003			2004			2005			2006			2007			2008		
	No	Mr	L	No	Mr	L	No	Mr	L	No	Mr	L	No	Mr	L	No	Mr	L
<u>Medical</u>	109	235.80	87.20	92	235.71	85.18	97	254.8	88.18	69	193.12	82.14	79	246.87	79.79	56	201.6	74.66
Cardiovascular	60	129.80	48	46	117.85	42.59	64	168.1	58.18	43	120.35	51.19	36	112.5	36.36	27	97.20	36
Respiratory	3	6.49	2.4	7	17.93	6.48	1	2.63	0.90	2	5.6	2.38	7	21.87	7.07	1	3.60	1.33
Gastrointestinal	12	25.96	9.6	2	5.12	1.85	5	13.13	4.54	7	19.59	8.33	5	15.62	5.05	4	14.40	5.33
Neoplasia	17	36.77	7.2	25	64.05	3.70	19	49.9	2.72	8	22.39	9.52	24	75	24.24	17	61.20	22.66
Tuberculosis	9	19.47	13.6	4	10.25	23.14	3	7.88	17.27	4	11.19	4.76	2	6.25	2.02	1	3.60	1.33
AIDS	1	2.16	0.8	2	5.12	1.85	1	2.63	0.90	2	5.6	2.38	3	9.37	3.03	3	10.80	4
Other	7	15.14	5.6	6	15.37	5.55	4	10.5	3.63	3	8.4	3.57	2	6.25	2.02	3	10.80	4
<u>Violent</u>	16	34.61	12.80	16	40.99	14.81	13	34.15	11.81	15	41.99	17.86	20	62.5	20.20	19	68.40	25.33
Accidents	7	15.14	5.6	5	12.81	4.62	3	7.88	2.72	1	2.8	1.19	1	3.12	1.01	0	-	-
Homicide	1	2.16	5.6	2	5.12	6.48	2	5.25	1.81	0	-	-	4	12.5	4.04	4	14.40	5.33
S:Hanging	7	15.14	0.8	7	17.93	0.92	6	15.8	5.45	11	30.79	12.35	12	37.5	12.12	9	32.40	12
S:Intoxication	1	2.16	0.8	1	2.56	1.6	0	-	0	2	5.6	2.38	1	0.03	1.01	2	7.20	2.66
S:Sharp-force	0	0	0	1	2.56	0.92	2	5.25	1.81	0	-	-	2	6.25	2.02	1	3.60	1.33
S:Other	0	0	0	0	0	0	0	-	0	1	2.8	1.19	0	-	-	3	10.80	4
<u>Total</u>	125			108			110			84			99			75		

Overall a total number of 202 cases were analyzed and the most frequent causes of death were asphyxia (21.8%), cardiovascular diseases (ASCVD with 10.4%, cardiac arrhythmias with 5%, coronary occlusion, cardiac failure, thrombosis, cardiac dilatation, myocarditis, CHF, all with 1% or less), drug intoxication (16.8%, most often with cocaine, opiates, multiple drugs or benzodiazepines), respiratory with 11.4% (pneumonia, tuberculosis, asthma, bronchitis, emphysema, lung cancer), CNS with 9.4%, injuries with only 7.4%, and others with values below 5%.

In our study group the most frequent cause of death was cardiovascular, with relative frequencies ranging from 36 to 58.18%. These values are, as a mean, more than double if compared with the above-mentioned study suggesting the need for better cardiovascular prophylaxis and treatment in penitentiaries in Romania. The second most frequent cause was neoplastic disorders. From our experience often the neoplastic diseases are identified in penitentiaries in very advanced stages, minimizing the chances for a curative intervention.

Currently, in most countries the most common cause of death in prisons are self-inflicted

injuries, but there are a few notable exceptions. For example in Japan 95% of the deaths in custody are non-violent, in South Africa 78% are non-violent, etc[12]. Our study has also identified the most frequent manner of death as being non-violent, with values ranging from 74.66% in 2008 to 88.18% in 2005. The cause may be either a decreased number of lethal violent acts or, most likely insufficient preventive and curative alternatives for the prisoners.

Between violent deaths, the most frequent manner of death were the suicides, usually by hanging (71 cases, 71.71%) followed by accidental deaths with 17 cases and homicides with only 11 cases (11.11%). Deaths caused by accidents had a progressive decrease in absolute numbers (from seven cases in 2003 to one in 2006 and 2007 and none in 2008). Homicide numbers remained constant (2 deaths/year except for 2006 when the value was zero and 2007 with four cases).

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References

1. Leigh A, Johnson G, Ingram A. Deaths in Police Custody - Learning the Lesons (Paper 26, Policy Research Series). London: Home Office Police Research Group; 1998.
2. Grant JR, Southall PE, Fowler DR, Mealey J, Thomas EJ, Kinlock TW. Death in Custody: A Historical Analysis*. Journal of forensic sciences. 2007;52(5):1177-81. doi: 10.1111/j.1556-4029.2007.00500.x.

3. Kingston LN, Cohen EF, Morley CP. Debate: Limitations on universality: the "right to health" and the necessity of legal nationality. *BMC Int Health Hum Rights*. 2010;10:11. doi: 1472-698X-10-11 [pii] 10.1186/1472-698X-10-11.
4. Gilmer MJ, Meyer A, Davidson J, Koziol-McLain J. Staff beliefs about sexuality in aged residential care. *Nurs Prax N Z*. 2010;26(3):17-24.
5. Casas-Martinez Mde L. [Bioethical analysis in pregnancy's Jehova Witnessess and transfusion refusal]. *Cuad Bioet*. 2010;21(73):327-39.
6. Bradley A. Positive rights, negative rights and health care. *J Med Ethics*. 2010;36(12):838-41. doi: jme.2010.036210 [pii] 10.1136/jme.2010.036210.
7. Delbanco T, Walker J, Darer JD, Elmore JG, Feldman HJ, Leveille SG, et al. Open notes: doctors and patients signing on. *Ann Intern Med*. 2010;153(2):121-5. doi: 153/2/121 [pii] 10.1059/0003-4819-153-2-201007200-00008.
8. Cleary M, Hunt GE, Walter G. Delivering difficult news. Views of mental health staff in inpatient settings. *J Psychosoc Nurs Ment Health Serv*. 2010;48(6):32-9. doi: 10.3928/02793695-20100504-02.
9. Hostiuc S, Curca CG. Informed consent in posthumous sperm procurement. *Archives of gynecology and obstetrics*. 2010;282(4):433-8.
10. ***. Universal Declaration of Huam Rights. UN; 1948; Available from: <http://www.un.org/en/documents/udhr/>.
11. ***. Death in Romania: Cemeteries in Romania, Deaths by firearm in Romania, Deaths in police custody in Romania, Massacres in Romania2011.
12. Rowan JR, Hayes LM. Training Curriculum on Suicide Detection and Prevention in Gaols and Lockups, National Center on Institutions and Alternatives,. Virginia1988.