

الملكة



JUA - Health
BHR 3/2012 - TORTURE

الجمهورية العربية السورية

للمنظمة الدولية لحقوق الإنسان

جنيف، فيينا

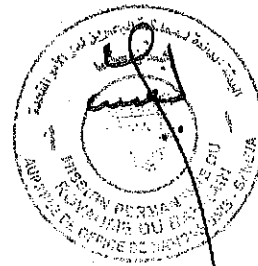
Geneva, 27th April 2012
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The Permanent Mission of the Kingdom of Bahrain to United Nations Office and other International Organizations in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights (OHCHR), and following the meeting that took place on Wednesday, 7 March 2012, between H.E. Dr. Yusuf Abdulkarim Bucheeri, Ambassador, Permanent Representative of the Kingdom of Bahrain and Mr. Juan E. Méndez, Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, to discuss the postponement of his visit to the Kingdom of Bahrain, and the health condition of Mr. Abdul-Hadi Khawaja respectively, among several issues that were addressed during the meeting.

In this regard, the Mission has the honour to enclose herewith the medical report made by international medical experts, in Arabic Language, regarding the evaluation of the health condition of Mr. Al Khawaja.

The Permanent Mission of the Kingdom of Bahrain in Geneva avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.

Mr. Juan E. Méndez,
Special Rapporteur on torture and
other cruel, inhuman or degrading
treatment or punishment
Office of the High Commissioner for Human Rights
Palais Wilson
Rue des Pâquis 52
1201 Genève



OHCHR REGISTRY

27 APR 2012

Recipients: S.P.D. (Encls) (Paloma)

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MEDICAL REPORT

MR. ABDUL-HADI AL-KHAWAJ

6 MARCH 2012

Introduction

This report was prepared by DR. Fatima Adel Abu Hassan, family physician consultant and deputy chief of medical staff in PHC. MOH. I was requested by Dr. Mariam Al-Jalahema to assess the medical condition of Mr. Abdul-Hadi Al-Khawaja with CPR (61014201604) on 6th of March 2012 AT 4.00 PM. I was informed that Mr. Al Khawaja was on food hunger strike and for that I was requested to assess his state of health

I was escorted to the room where Mr. Al Khawaja was placed. I introduced myself to Mr. Al Khawaja as a physician assigned by MOH to assess his state of health. I requested his permission to start the consultation. Mr. Al-Khawaja has accepted my request. I and Mr. Al Khawaja were guided to a private room along with two nurses from Jaw detention center and with us a police officer was also present

History

Mr. Khawaja stated that he was on total hunger strike (not eating food and not drinking water) for 3 to 4 days from 8th of February 2012. Then he started to get nausea, drowsiness and cramps in both legs. But now he stated that he is on solid hunger strike; No solid food only. He mentioned that he follows a guided strike with the aim of keeping himself away from "dangerous zone" as per his words. He stated that he only drinks juices, ORS (oral rehydration solution) and glucose to maintain his blood pressure at more than 100/70, his random blood sugar more than 3 mmol/L and his urine free from ketones. When he asked he stated that he had a glass of ORS mixed with glucose 2 and half hours ago.

Mr. Al Khawaja stated that he walks in the yard for half an hour and performs Swedish exercise daily. When he was asked if has ever felt un-well during these activities he stated that whenever he felt unwell he used to get help from his brother only.

- He passes urine 3-4 times daily and motion every 5 days.
- He said that he does not have any medical problems except hyperlipedemia.
- He was not on any medications now.
- He had left facial surgeries.

Patient's file showed that he received IV fluids occasionally and that sometimes he refuses to get his vital signs checked by nurse during day times and requests to be checked at night, the following were recorded from file:

- RBS ranges from 3.1 to 8.8 mmol/L
- last time ketone was positive in urine was on 3rd of March.
- BP was stable on average 110/80

General Examination

Mr. Khawaja was fully conscious, not drowsy, oriented in time, place and person. His speech was coherent and not slurred. He was comfortable in sitting, cooperative. He walks normally and not limping

Vital signs:

- Blood pressure 126/80,
- RBS 3.9 mmol/L and ketone was nil in urine.
- Weight was 55kg (before strike was 62Kg.)

ENT exam:

- not icteric, not dehydrated,
- mouth full of saliva and skin is not dry.
- He has dental caries and tongue is coated with white layer
- Chest and CVS were normal.

Conclusion

- Mr. Khawaja was fully aware what he is doing as he is not trying to harm himself. He is well informed and guided on the thresholds to keep him away from dangerous zone as he repeatedly stated.
- Mr. Khawaja is in comfortably and stable condition.
- No immediate threat on his health
- He is well aware of the consequences of all his acts as stated by him.
- Mr. Khawaja would not be considered to be on (fasting) hunger strike (starvation state) as this state means: "NO solid food"; "Only drink water or juice in sufficient quantity to satisfy thirst and body requirements" .

** Fasting hunger strike is classified into 4 types:*

- 1. Fed state: hunger up to 3 hours (partial fast)*
- 2. Early fasting state: about 12-18 hours of hunger (one day fast)*
- 3. Fasting state: hunger about 2 days (water or juice fast)*
- 4. Starvation state: beyond 2 days (long term fasting)*

- Mr. Khawaja stated that he has been on fasting hunger strike since 8th February 2012 (26 days). According to the above given types, a person who is on a long term fasting state (starvation state) should generally suffer severe from dehydration, dizziness, low energy, constipation and mental tiredness.
- According to history and to physical examination, none of above symptoms except constipation were evident on Mr. Al-Khawaja

⑦ * Every 8 hours
Et al

VITAL SIGN

DATE TIME	BP	Pulse	Blood Sugar	URINE	Rem
10.2.2012 13:30	110/70	66	4.2	Urinary keton +	Not eating food
10-2-2012 16:50 AM	106/70 ✓	64/✓ (Informed on. drug?)	3.9 ml.	urine KETONES +	REFUSED FOR IV GLUCOSE HAS TAKEN ORAL GLUCOSE
5:30 pm	—	—	4.0	—	—
19:20 HRS	110/70	64/—	9.7	—	IV DMS I DK at 19:20 HRS
11/2/12 06:50 AM	110/73	62 ✓	3.8	—	Oral Glucose Refused He hasn't needed drink.
09:45 HRS	pt is sleeping	—	—	—	—
12:30 HRS	105/68 mmHg	70	3.5	Ketones + + + + Blood. TRACED	Oral Glucose Refused CONVULS
19:10	100/68 mmHg	68/✓	3.2	66	cause Dr Aziz IV DMS (K agree to oral glu
20:45 HRS	—	—	4.3 mmol	—	—
12/2/12 06:45 AM	120/78	53/✓	3.9 mmol	—	Take D
13:30 HRS	104/70	68/m	REFUSED	—	IV DS = IV 50%:
15:10 HRS	—	—	21.5	Ketones ++	—
20:15 HRS	105/67	70/✓	Refused	Refused	cause S/B Dr Aziz
13/2/12 09:30	Not	came	for checking BP & sugar	—	—

VITAL SIGNS CHAR

DATE TIME	B.P	PULSE	RBS	LC9	REMI
14-2-12 00:07	110/70 mmHg	64/min	RBS: 8.8 mmol	Ketone 2+	
14.2.12 09:30	VISITED CELL But patient not come (Slept 4).				
12:05	108/68 mmHg	68/min	3.6	Ketone ++	S/R DR IV DMS I
12:30 12:10	Agreed to take the P/V fluid				INT. DA
at 14.00 HAY	110/72	72/-	9.8 BDEFH RBS 16.6	-	Disch sent to cell
at 19.00 HAY	111/68	62/-	2.9	Ketone +++	
15/02/12	11.55 HAY 80-96/70	74/min	4.5		
19:30 HRS	105/68	70/min	3.8		Orientation poor, on glucose
16/2/12 0800	129/71	61/min	3.9	Ketone +	To see Wt
11.00			4.1 mmol	-	
19:30 HRS 17.02.2012	102/64 09:00	64	3.8		Took
		NOT come for cheery BP + RBS			
17/2/12 13.00 HAY	110/25	59/min	4.4 mmol		Had Coke
	106/78	61/min	3.9	LC9 nil	+ O2

Vital Signs chart

ABDUL HADI ABDULLA

DATE TIME	BP	Pulse	Blood Sugar	urine Lcg	Remark
19/2/12 0820 AM	100/70 mmHg	68/min	4.1 - od	ketone + Blood +	WL 58K 1/1V D/S 0.9%
13.15 Hrs	100/65	58/min	6.8 ml.	Lcg nil	WL 58.5% Relaxing 5 Cor
1945 Hrs 20/2/2012 1130	-	-	-	-	-
0815 PM	102/75 mmHg	56/min	4.0	Lcg - nil	pt had vom
0815 PM	124/91	58/min	4.3	Lcg Blood +	
21-2-12 1030	110/70	72	3.9 mmol	not pass urine	had ORS glucose - Infor MICROBATHUR co - in male
1330	pt. is sleeping as claimed by requested not to disturb, requested to c 1/2 @ noon time.				
21/2/12 2000 Hrs	105/76	57	5.6		Had oral
22/2/12 0930		PA is sleeping			7AM wa Specimen Not passed Adv: Oral
1308 AM	106/70	54/min	3.9		oral glucose
1630 AM	101/78	62	3.8	Lcg - nil	oral glucose
22-2-12 2045	110/70	57	4.2	Lcg - nil	oral glucose taken
23/2/12		pt is sleeping			

Vital Signs chart

Abdul Hade Abdulla

DATE TIME	BP	Pulse	Blood Sugar	urine kg	Remarks
24/2/2012 11:00 AM					patient not came to check vital signs, says, he will continue check in the evening
24/2/12 20:25 PM	122/75	59	3.9	ketone +	took water
25/2/12 11:00 AM					patient not came to check vital signs (conting)
19:50 PM	109/70	59	3.9	ketone +	took water Informed Dr. E.H.
26.02.12 09:30					visit cell, patient not came to check his vital signs. <i>Dr</i>
26.02.12 13:50 4.1	92/65	61	4.1	ketones NIL	scan by Dr Ke
B.P 92/65 21:00 PM	100/70	78	6.8		
27.02.2012 09:30 11:00 12:45					patient is sleeping Family visit Refused to attend Dr.
27.2.12 2045	110/70	58	3.3	urine not passed	Advised to I.V drips &

Vital Sign chart

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Abdul Hadeed Abdulla

DATE TIME	BP	Pulse	Blood Sugar	urine. leg	Remarks
28/2/12 08.30	visited	cell.	patient		Was sleeping.
12.30 AM	visited	cell.	patient		Not come to check vitals.
21.00 AM	97/65	68/m.	3.4 mmol		Had oral
23.00 AM	Pt. not willing to check vital signs & RBS Says he is fine, had oral glucose, juice & coffee.				
29 FEB 2012	Resting in the room				
08.00 to 13.30 AM	Pt found sleeping, prayer at 10.00 AM				
13.30 AM	Pt wish to check his vitals in the EVENING				
21.00 AM	110/75	60/m.	3.4 mmol		Looks STABLE Had oral
23.00 AM	Pt. not willing to check his vitals & RBS Says, he is fine.				
01/3/12 08.30	Pt. was sleeping				
12.30	Pt. Not come to check vitals				
21.00 AM	97/66	62/m.	3.7 mmol		Had milk Oral Gluc
2/3/12 21.00 AM	115/80	62/m.	3.5 mmol		Had oral Glucose &
3/3/12	Pt. went for family visit.				

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Handwritten notes above the table header, possibly indicating the patient's name or room number.

DATE TIME	BP	Pulse	Blood Sugar status Log	Room
04/03/12 2:15 AM	115/75	72		111111 111111 111111 111111

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