

## REPORT ON THE VISIT OF THE HELSINKI COMMITTEE FOR HUMAN RIGHTS OF THE REPUBLIC OF MACEDONIA TO THE SPECIAL INSTITUTION - DEMIR KAPIJA

### 1. Introduction

In accordance with the strategic and long established practice of visits the closed type institutions in the country, Helsinki Committee for Human Rights in Macedonia visited the Special Institution – Demir Kapija. The visit took place on February 5<sup>th</sup>, 2016, upon previously acquired permission from the Ministry of Labour and Social Policy no. 10-241/2 on 15.01.2016. The purpose was to determine the actual situation of the conditions and the realization of fundamental human rights of persons with intellectual disabilities who are placed in this institution, and because of their vulnerability represent a sensitive category of citizens and are entitled to special rights based on their special needs. This report focuses on the situation regarding the capacity, the personnel organization of the institution, the living conditions, the hygiene, the accommodation of patients, the treatment and care of the patients, the health care, the program contents and activities, and the patient' contacts with the outside world.

Starting from the National Deinstitutionalization Strategy 2008-2018<sup>1</sup> aimed at raising the quality of care for certain categories of citizens exposed to social risks that have been identified as target groups, through realization of the process of deinstitutionalization, the special institution in Demir Kapija is one of the institutions for accommodation of two of the four target groups<sup>2</sup> of beneficiaries referred to in the strategy, which according to the Strategy have been identified as most vulnerable and most numerous beneficiaries of institutional forms of protection. This concerns children with intellectual and physical development up to 26 years of age and persons with intellectual or physical development over 26 years of age. Among other things, the Strategy also targets the most pressing problems in the process of protection for these categories of beneficiaries by the Special Institution in Demir Kapija and gives recommendations and proposed actions for providing better care to the abovementioned beneficiaries. One of the aims of the visit to Demir Kapija and of this report is to review which of the

<sup>&</sup>lt;sup>1</sup> <u>http://mtsp.gov.mk/WBStorage/Files/Nacionalna%20Strategija%20za%20deinstitucionalizacija%20\_2008-2018\_%20\_2\_.pdf</u>

<sup>&</sup>lt;sup>2</sup> Children without parental care; Children with educational, social and behavioral problems; Children with intellectual or physical development disabilities up to 26 years of age; People with intellectual or physical disabilities older than 26 years of age

#### HELSINKI COMMITTEE FOR HUMAN RIGHTS MAKEDONYA COMITET DI 🌐 HELSINŠKO 🌐 KOMITEIII MAN ∰ HELSINKIT ∰ CUMHURİYETI'NİN ПСИНШКИ 🌐 HELSINKI E MANUŠENGERE NEJAMITA PËR TË DREJTAT E HJERIUT I REPUBLIKËS SË MAKEDONISEË HELSINKI TI- NDREPTULI-A E MANUŚENGERE OMLUIDIREPUBLICA NEJAMIJA KI NSANHAKLARIKOMITESI MACHEDONIA КОМИТЕТ ЗА ЧОВЕКОВИ ПРАВА РЕПУБЛИКЕ МАКЕЛОНИЈЕ ПРАВА НА РЕПУБЛИКА Наум Наумовски Борче 83; 1000 Скопје, Р. Македонија; тел/факс: + 389 2 311 9073; +389 2 329 0469 МАКЕДОНИЈА Naum Naumovski Borche 83; 1000 Skopje; R. Macedonia; tel/fax: + 389 2 311 9073; +389 2 329 0469

measures and activities proposed in the Strategy have been taken and implemented by the Special Institution in Demir Kapija, and as a result, have helped in overcoming the aforementioned problems.

This is the second visit of the Helsinki Committee for Human Rights of the Republic of Macedonia to the Special Institution in Demir Kapija. The first visit took place on 28.02.2012 within the framework of the project titled "Monitoring the Implementation of the National Preventive Mechanism for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment", for which a report was drafted that includes certain problems and recommendations for overcoming the problems.<sup>3</sup>

### 2. Primary Obligations of the Special Institution in Demir Hisar

- accommodation of persons with severe and profound mental retardation
- providing care for the beneficiaries with profound mental retardation especially for those who are immobile and are unable to perform their basic daily hygiene habits
- providing constant health care
- rehabilitation-correctional treatment, psycho-motoric re-education and educationaloccupational process
- organizing sporting-recreational and cultural-entertaining activities
- constant engagement of beneficiaries in various activities based on their remaining psychophysical abilities in order to ensure a higher level of occupational training

### 3. Capacity, Staff and Personnel Structure

At the time of our visit to the institution accommodated 227 beneficiaries, among which, according to information obtained by talking to the director, there were no minors. At the time of our visit, the number of employees in the Special Institution was 153 and it includes: 4 special education teachers, 1 social worker, 18 medical nurses, 70 caregivers, and the rest were employed as administration or technical staff. It is interesting that the special institution has not yet permanently employed a primary care physician, an issue which was also stated in the visit report of the Helsinki Committee for Human Rights in the Republic Macedonia of special institutions and psychiatric hospitals in the Republic Macedonia for the period of 2011-2012.<sup>4</sup> In a conversation with the Director of the Special Institution, we were informed that in the institution occasionally comes a physician, who is still a resident of family

<sup>&</sup>lt;sup>3</sup> http://www.mhc.org.mk/publications/104

<sup>&</sup>lt;sup>4</sup> <u>http://www.mhc.org.mk/publications/104</u>

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medicine. This creates a problem for assisting beneficiaries in other health care facilities in obtaining adequate health care because special institutions are not authorized to issue referrals. It is also worth mentioning that despite having no permanent primary care physician, the Special Institution still hasn't employed a dentist—yet another issue noted in the aforementioned report of the Committee for the period of 2011-2012.

### 4. Living Conditions, Hygiene, Accommodation

Upon visiting the wards, we realized that the mixed Department C3 was closed. It should be noted that all departments are in poor condition and do not meet minimum living conditions. The outside of the buildings is in poor condition, the walls are damaged, and the facade is falling in several places. The patients' rooms are damp and full of mold. They almost have no wardrobe closets, and the blankets are old and worn out, most of the beds have no pillows, and in some of the rooms, we could see street cats lying on the beds of the patients. The toilets do not meet the standards as well since they were old, damaged and lacked essential cleaning products and tools. It was evident that the tiles in all the toilets had not been cleaned in a while, there were mold and dirt in sinks and bathtubs, and most of the WC shells had feces. It is worth mentioning that the staff at the Special Institution refused to turn on the lighting in some of the toilets because they were in an extremely poor condition. A strong smell of urine could be sensed throughout all departments. The institution's poor hygiene, among other things, is a result of the lack of personnel. In several departments, we could see how the patients maintain the hygiene themselves, that in turn reflects on their personal hygiene which is also very poor. In terms of nutrition, it was observed that there was no separate eating room, but the patients ate their meals in an improvised eating room. The chef did not give us sufficient information about the quality of food and the method of its preparation. In the kitchen, as in other areas, there was a strong smell of mold and dampness was visible on the walls.

# 5. Treatment and Care of Patients, Health Care, Program Content and Activities, Contact with the Outside World and Inspection

Regarding the health care, we were informed that the patients had been vaccinated for the seasonal flu, the vaccination was carried out with a delay of two months. So, instead of being carried out in October, the patients were vaccinated in December 2015. We did not obtain any information on where the vaccine supply came from. The Special Institution still has no gynecologist or gynecological chair accessible for people with physical disabilities. We have received information that the patients are not

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provided with contraceptives, but their monthly menstrual cycles were being noted, and in the case of a change, they were taken to a gynecologist. The staff was well aware that there are patients who engage in sexual activities, but they did not use any prevention or acquire any sexual education. In this regard, there is no progress whatsoever from what was stated in the report on the visit of the Helsinki Committee for Human Rights in the Republic Macedonia of special institutions and psychiatric hospitals in the Republic Macedonia for the period of 2011-2012.

Especially worrying is the finding in the Record of Deaths. According to the Record, 375 persons died in the Special Institution from 1993 to February 5<sup>th</sup>, 2016.

YEAR	DEATHS	YEAR	DEATHS	YEAR	DEATHS	TOTAL
1993	46	2001	17	2009	8	
1994	25	2002	13	2010	13	
1995	18	2003	10	2011	7	
1996	31	2004	12	2012	9	375
1997	31	2005	11	2013	9	
1998	22	2006	11	2014	9	
1999	21	2007	9	2015	12	
2000	19	2008	9	2016	3	

Most of the deaths were caused by lung disease in the patients. The majority of the patients who died from lung diseases were immobile patients with profound intellectual disabilities who were placed in Block B2. Block B2 does not have a door, and patients residing in that Block are constantly exposed to draught, so the fact that most of those patients suffer from lung diseases is not surprising.

Especially alarming is the death of a patient who was under the custody of the Center for Social Work. The patient complained of a stomach ache which was followed by fecal vomiting. The staff decided to send the patient to General Hospital Veles for a scan, but since the hospital failed to discover what caused his condition, he was sent back to Demir Kapija. Due to a continuous fecal vomiting, the patient

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was sent for treatment to Skopje, but he passed away during transportation. The autopsy showed that the patient had a pacifier obstructing his colon, which points to negligence on part of the employees in the Special Institution, but also to the unprofessional treatment in the hospital in Veles. We were informed that the autopsy report was submitted to the Director of the Special Institution in Demir Kapija and the Center for Social Work - the patient's custodian.

The primary care physician, who is an outside collaborator employed by the Ministry of Labor and Social Policy, informed us that he was not authorized to act as a family doctor and he could not issue referrals for treatments and medications. The reason for this is because the Special Institution Demir Kapija does not work within the jurisdiction of the regular health care system i.e. is not under the administration of the Ministry of Health. As a result, many residents cannot benefit from health insurance, i.e. they are sent to general hospitals only in urgent, life-threatening situations. From the example described above, it can be concluded that this situation calls into question the patient's right to life.

In terms of programs for organizing the free time, 4 employed special education teachers work with the patients, but the number of educators does not correspond with the number of patients.

Once again, we would like to remind that the report of the visit of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in 2014 devoted a specific section to the Special Institute in Demir Kapija in which the Committee gives the country a number of recommendations to improve living conditions, accommodation, treatment and care by the staff, and health care of the patients at the Institute<sup>5</sup>, which largely coincides with the findings of the reported problems and recommendations in the reports of the Helsinki Committee's visit to the Institution. In their report, the CPT stated that the conditions in which the patients are accommodated in the institution are inadequate and can lead to inhuman and degrading treatment. CPT was also concerned about the conditions in the institution's kitchen where the food is prepared for the patients and stated that urgent measures should be taken for improving the hygiene. Additionally, CPT gave recommendations for the employment of a primary care physician, a dentist, and a physiatrist.

Similar findings are ascertained in the report of the Ombudsman during a regular, unannounced visit to the Special Institution in Demir Kapija on 20.12.2012 year. In the report, the Ombudsman expressed

<sup>&</sup>lt;sup>5</sup> http://www.cpt.coe.int/documents/mkd/2016-08-inf-eng.pdf

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his concern about certain actions that pose a risk and can lead to degrading and/or inhuman treatment and required the institution's management take specific measures. The report also stated that the material conditions and situations do not meet the desired standards in terms of toilets and bathrooms, which are partially ruined and unadjusted for the elderly, while a great number of the beds and mattresses are old and worn out. The Ombudsman expressed concern that the elevator in the socalled "new facility" was not functioning properly, making access to occupational therapy, physical therapy and outer walking space for the majority of beneficiaries (semi-mobile or immobile) on the second floor of the building significantly more difficult, thus limiting the freedom and movement space of beneficiaries.

The report concluded that there is insufficient staffing at the Institution for the following positions: primary care physician, psychiatrist, speech therapist, social worker and other profiles, while the presence and visits by external collaborators (such as a gynecologist, internist and physiatrist) do not meet the requirements. During the visit, the Ombudsman stated there was a lack of food and food products because meals were not always prepared in accordance with the established list of meals. Another worrying issue is the practice of giving contraceptives without the consent of the guardian or the beneficiary (unless his/her decision-making capacity was suspended), but also beneficiaries were not always properly informed and familiarized with the purpose of the given contraception.

Considering all of the above, we'd like to ask the Ministry of Labor and Social Policy the following questions:

- Is the Ministry familiar with the situations of the institution's capacity, staff and personnel organization, the living conditions, the hygiene, the accommodation of patients, the treatment and care of patients, the health care, the program content, and activities and contacts with the outside world of the patients?
- 2. What measures has the Ministry taken for overcoming the aforementioned problems?
- 3. What measures is the Ministry planning to take for overcoming the aforementioned problems in the future?

With the aim of an immediate overcoming of the problems established during the visit of the Special Institution Demir Kapija, the Helsinki Committee recommends the following:

 A full implementation of the National Strategy for Deinstitutionalization 2008-2018 at the Special Institution in Demir Kapija;

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- Increasing the number of medical specialists as well as employing permanent doctors of internal medicine (general physician, gynecologist, and dentist) who would follow the patients' health condition on a daily basis so that the patients could exercise all health insurance rights.
- Increasing the number of medical nurses and caregivers who would take care of fewer patients;
- 4. Increasing the number of cleaning staff, especially in the wards where the patients are incapable of maintaining hygiene.
- 5. Improvement of the infrastructure of the Special Institution, especially of the interior with the installation of new doors and windows, replacing the beds and bedding, and setting up wardrobe closets in the patients' rooms.
- 6. Conducting a full investigation into the death of the patient whose autopsy revealed a pacifier in the colon and initiating a criminal proceeding against possible perpetrators.
- 7. Taking active measures for decreasing the high mortality rate of patients in the Special Institution Demir Kapija.

Skopje

10.06.2016

Helsinki Committee for Human Rights of the Republic of Macedonia Executive Director: Uranija Pirovska

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Attachment – photos taken during the visit



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