

PHR/IFHHRO's Response to the Letter from Mr. el-Jahmi's Physicians (March 23, 2005)

On March 22, PHR received a response from Mr. el-Jahmi's government-appointed physicians confirming the seriousness of his condition. The letter, signed by all three of his physicians, indicates that PHR/IFHHRO's medical recommendations were being taken into consideration. The letter concludes by saying that Mr. el-Jahmi "is receiving reasonable medical service and adequate supply of medication, his medical treatment and his medical problems are going to be revised and further assessment and evaluation of his condition, and further adjustment of his treatment will be carried out pending the result of the investigations and medical assessment." (See Appendix 1 for the complete response from Mr. el-Jahmi's physicians.)

PHR/IFHHRO is pleased to have received this response and to see that some of its recommendations are being reviewed. In its initial response to the letter, however, PHR/IFHHRO asserts that despite whatever changes these physicians are willing and able to make with respect to Mr. el-Jahmi's treatment regimen, neither the record of care to date nor the content of this response or promises of further evaluation provide assurance that the continuity or quality of his long-term care will be adequate. Moreover, the Libyan physicians do not address the conditions of his isolation and confinement without charge or trial, which by their own assessment, could be exacerbating his hypertension. In addition, PHR/IFHHRO is still awaiting an official response from the Libyan Government. The groups reiterate their call for Mr. el-Jahmi to be released on medical and humanitarian grounds and for him to be allowed to consult immediately with a physician of his own choosing in a location of his own choosing, where he can be assured that his treatment will be in accordance with international standards.

Overall, Dr. Den Otter had the following response to the comments received from Mr. el-Jahmi's physicians:

1. The doctors state that each prison has its own polyclinic with all specialties for out patient examinations, where all prisoners can be seen at their own request. Dr. Den Otter is not aware of whether Mr. el-Jahmi visited the Ain Zara prison clinic, but based on the interview, he knows that Mr. el-Jahmi was examined at Abu Salim prison. Despite receiving treatment at that clinic, Dr. Den Otter did not see any medical records in Mr. el-Jahmi's files documenting the treatment that he received. Dr. Den Otter did review records pertaining to a general medical examination; however, it was only from the beginning of 2005. According to the Libyan physicians, Mr. el-Jahmi is receiving "regular visit by doctors as well as regular checks in most Tripoli hospitals." Dr. Den Otter found it surprising that neither these recent treating physicians nor the specialists at the prison clinics who have seen Mr. el-Jahmi many times have produced anything in writing for the medical file. In addition, Dr. Den Otter finds the physicians statement to be incompatible with Mr. el-Jahmi's complaints of irregular treatment.
2. During the visit with Mr. el-Jahmi, Dr. Den Otter was told that that is hardly any continuity of care. In this case, the evidence speaks for itself, as only one of the doctors present during the visit had been treating Mr. el-Jahmi for approximately two months, and the remaining two were only more recently added to his case. In patients with one or more chronic diseases, and Mr. el-Jahmi has at least three such conditions, a doctor-patient partnership is of utmost importance. Such a partnership is impossible when the patient sees different physicians all of the time.
3. The fact that Mr. el-Jahmi suffers from at least three chronic conditions means that it is even a harder task to manage them. Considering the documents found in his medical file, it is clear

that case management is currently non-existent. Dr. Den Otter saw no evidence that any of the physicians assigned to Mr. el-Jahmi's case were skilled enough to manage such a complex situation, especially when considering the co-morbidity of diabetes and hypertension and their impact on ischemic heart disease.

4. Mr. el-Jahmi's physicians noted that he has been a diabetic for more than 10 years. Considering this condition, Dr. Den Otter found it striking that the ranges of blood sugar values in Mr. el-Jahmi's file were all far out of the normal range. Either Mr. el-Jahmi has difficulty to control diabetes, so-called "brittle" diabetes, which puts him at an even higher risk for severe complications, or the indicators of control (i.e. blood sugar values) were not used appropriately to change the diabetes management. In both cases, significant effort is necessary to find out the proper diagnosis and the proper treatment. Whether oral medication or insulin treatment should be preferred is difficult to diagnose without more comprehensive information, such as a C-peptide test. Furthermore, it is surprising that for someone with Mr. el-Jahmi's history, the HbA1c request was not reissued after the lab technician's mistake. While it is encouraging that Mr. el-Jahmi received a glucometer, such a measure is not an indicator that his diabetes will be better controlled, unless extensive patient education is provided as well.
5. Mr. el-Jahmi has indeed been suffering from high blood pressure for a long time. Upon examination, it was noted that the medication he is currently receiving has not proved to reduce his high blood pressure. At that time, there might have been a 'white coat phenomena.' However, the medical records did not include laboratory checks for further organ involvement (i.e. kidney or eyes).
6. As also stated in points 2 and 5, treating someone with a chronic condition requires special clinical skills. In several countries, para-medical professionals (special trained nurses, dieticians) assist the physician in educating the patient on how to deal with their disease in general as well as in relation to their diet, lifestyle, etc. It is reassuring to learn that Mr. el-Jahmi can order his own food, but he likely needs some additional guidance on appropriate dietary habits for diabetics.
7. Patients with a low-grade fever and recurrent urinary tract infections should be examined properly and thoroughly. Due to his diabetes and co-morbidity, Mr. el-Jahmi is at increased risk for a number of life-threatening illnesses, and he should receive regular physical examinations, especially if tuberculosis could potentially be included in the differential diagnosis.
8. Mr. el-Jahmi's cardiac enzymes might be within the normal range, but there were no test results in the file to confirm this assessment. During the history, he reported that he is not able to walk a few stairs without resting. Neither in the file nor in the interviews was there evidence that Mr. el-Jahmi had been offered and later refused a cardio-angiography.
9. While the additional examinations might help to solve the problem, more specialized knowledge is necessary, especially to ascertain potential side effects or interactions between medications.
10. Lastly, the letter in large part confirms Dr. Den Otter's findings, though it misses several points. First, the compounded co-morbidity places Mr. el-Jahmi in an extra hazardous position and at even greater risk of complication, which obviously has not to date motivated Libyan authorities to take appropriate measures, such as to ensure standard medical care. Second, the fact that Mr. el-Jahmi is suffering from several chronic diseases does not diminish the physicians'

responsibility to meet adequate standards of care. Third, the response does not address the need for Mr. el-Jahmi to have a satisfactory relationship with physicians of his own choosing, built upon the key component of doctor-patient relationship- trust. Fourth, based on the current record and performance of his recently appointed physicians, there is no basis to assume that Libyan authorities are prepared to meet the standard criteria for appropriate continuity of medical care. Finally, the Libyan physicians in no way address the probability that Mr. el-Jahmi's isolated confinement has contributed to his poor health status, primarily because his detention prevents him from seeking the care that he requires and from adopting an appropriate treatment regimen as determined by Mr. el-Jahmi and physicians of his own choosing.