Justice through the J88

The doctor's role in the criminal justice system

Kirsten Rowe & Hendrik Botha

Student Interns, Faculty of Medicine and Health Sciences

Stellenbosch University, Cape Town, South Africa

Introduction

South Africa has an unacceptably high rate of interpersonal violence.[1] Recent well-publicised incidents have prompted South Africans to re-examine the massive problem of violence against women in the country.[2] As health-care practitioners working at the coalface, many South African doctors are regularly exposed to the victims of violent crime and are responsible for their care. For those victims who wish to make a case, the J88 form serves as a crucial piece of medical evidence.[3] It is an official form issued by the Department of Justice which documents the medico-legal examination that the health-care practitioner performs on a victim and highlights findings that are potentially relevant for legal purposes. It is not clear how aware doctors are of the importance of the timely, thorough and accurate completion of the J88 form.[4]

Methods

Final year medical students at Stellenbosch University spend their Community Health and Family Medicine rotation in groups at primary care facilities. While a group of students were working at a community health centre (CHC) in Cape Town, the medical manager brought a perceived problem concerning the management of assault victims to their attention. The problem was related to the protocol for obtaining, completion and further management of the J88 form. There seems to be a lack of clarity concerning each party's role in the process, which sometimes results in the victim terminating the case before completion. The student group decided to tackle this issue by performing a quality improvement cycle at the CHC.

The following steps were performed:

1. Set **target standards** – involving the practice team
2. Observe **practice** – the current situation
3. Evaluate information – **performance versus targets**
4. Plan care and implement **change**

The following **target standards** set in collaboration with the facility's medical manager (the ones in bold were the targets specifically addressed in the final step):

1. **Structure**
   - Staff
     - **well-trained** health-care practitioners (**HCPs**) – know the correct protocol with the J88
     - Willing to spend time
     - Available – at the time, or as soon as possible afterwards; and if called to court
   - Equipment
     - J88 forms available in casualty
     - Improved J88 forms – more space to write and bigger diagrams
     - Pens (ideally different colours) for completing form & sketches
2. **Process**
   - Thorough history and examination
   - Proper **wound description**
   - Correct and adequate **completion of J88** form, ideally at the time
3. **Outcomes**
   - Patient / victim satisfaction
   - J88 as a useful piece of evidence → more convictions of criminals
   - **Doctor awareness** of role as integral role-player in criminal justice system
   - Closer relationship between the South African Police Service (SAPS) and HCPs – work together to protect people and build a safer community

Practice was observed and compared to the target standards using the following methods:

- **Literature** review
- Medical **student** survey (assessing knowledge regarding J88 and desire for extra training)
- **HCP** survey (assessing knowledge regarding J88, reasons for it not being filled in, and desire for extra training on the J88 form)
- **Patient** interviews (open-ended questioning regarding their experiences in making a case and dealing with the J88 form)
- **SAPS** detective interview (questioning regarding the doctor's role in terms of the J88 form)
- **Forensics** Medicine specialist interview (questions regarding medical student training in relation to the J88 form and the significance of the J88 form)
- **Hands-on experience** assisting assault victims to make cases while working shifts in casualty

All the participants gave verbal or implied consent for their responses to be used in this project. The medical student survey took the form of an email-based survey sent to a convenience sample of 33 final year medical students, 20 of whom responded, as well as a written survey amongst 8 of the full-time doctors and 3 of the full-time nursing sisters working at the casualty of the particular primary health care facility. The patient interviews were mainly telephonic. 24 patients who made cases were called, but only 7 patients answered and were interviewed. 1 patient was interviewed personally. The head of the detective unit at the local SAPS was interviewed personally and shared her advice for doctors regarding J88 form completion.

Results

Medical student survey: 55% of respondents had heard of the J88 form, and 45% felt that they knew it very well; however only 30% were sure that they knew how to fill it in. 85% were unaware of the correct protocol for obtaining the form and returning it to the police. 90% felt their training on the J88 form had been insufficient, and 80% felt they would like more training on the J88 form.

HCP survey: All of the HCPs felt that they knew the J88 form very well. 90% had used it more than 10 times. The majority of the HCPs felt that they had not had sufficient training and expressed the desire the to receive more training on the J88 form. Reasons given for not filling in the J88 form included: limited time in a busy casualty; no case number on J88 form; J88 form soiled with blood, faeces or sputum; colleague has seen patient but he or she is not available to complete the form; inadequate special investigations performed to complete form fully.

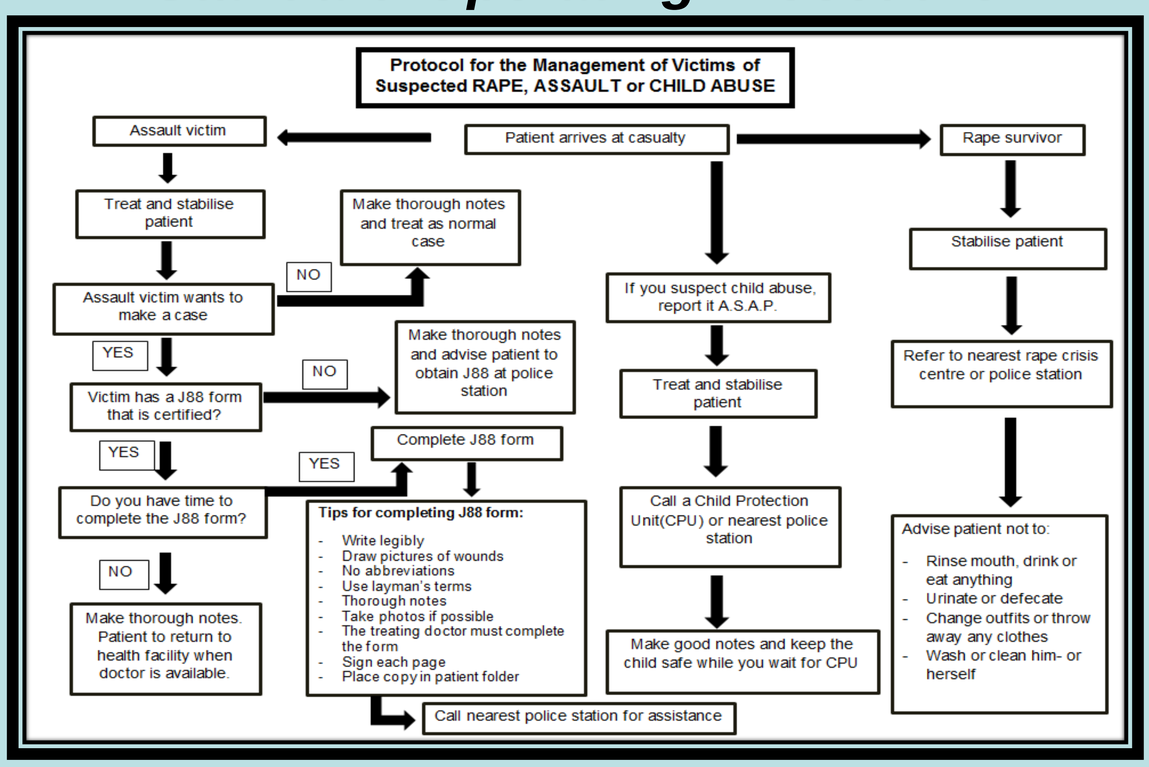
Patient interviews: The overwhelming response was that patients were disappointed with the system and felt that it was failing them.

Doctor's training session: In response to the request for more training, a 60-minute educational session was held for the full-time doctors at the health care facility regarding J88 form completion.

Forensic medicine feedback: The lecturer involved in undergraduate training acknowledged that the medical student training on the J88 form had been insufficient and asserted that she would include more training on the J88 form in future.

Standard Operating Procedure (SOP): The following SOP was developed based on the information obtained from the literature review, feedback from the facility's HCPs, and the interview with the SAPS detective.

Standard Operating Procedure



Conclusion

This small project revealed an important gap in medical education and practice which may be part of a more widespread problem. Health-care practitioners do not only have an obligation to individual patients, but also to society as a whole.[5] It is important for doctors to realise that we play a vital part in ensuring that justice is served in cases of assault and rape, and we should take our role in the process seriously. Let us join the fight against violence and work for 'justice through the J88'.

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Acknowledgements

The authors would like to thank the following people for their contribution to the project:

- Prof Jimmy Volmink, the Dean of the Faculty of Medicine and Health Sciences, Stellenbosch University – for sponsorship of our attendance at the conference
- Prof Keymanthri Moodley, Director of the Centre for Medical Ethics and Law, Faculty of Medicine and Health Sciences, Stellenbosch University – for sponsorship of this poster
- Drs Hassan Mahomed and Bart Willems, Division of Community Health, Department of Interdisciplinary Health Sciences, Faculty of Medicine and Health Sciences, Stellenbosch University – for assistance with the revision of the project prior to publication
- Dr Arina Schlemmer, Division of Family Medicine and Primary Health Care, Department of Interdisciplinary Health Sciences, Faculty of Medicine and Health Sciences, Stellenbosch University – for assistance with the conception of the project and revision prior to publication
- Jolene Beukes, Student Intern, Faculty of Medicine and Health Sciences, Stellenbosch University – for assistance with data collection

Contact Information

Corresponding author: Kirsten Rowe
Email: kirstenrowe@gmail.com
Linked In URL: http://za.linkedin.com/pub/kirsten-rowe/23/694/a74
Twitter handle: @KirstZoli