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BEFORE THE TRIAL CHAMBER
EXTRAORDINARY CHAMBERS IN THE COURTS OF CAMBODIA

FILING DETAILS

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REPORT CONCERNING MRS. IENG THIRITH IN RESPONSE TO TRIAL CHAMBER REQUEST DATED 6 JANUARY 2012

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Introduction

1. We, Prof. A. John CAMPBELL, Professor of Geriatric Medicine, University of Otago, New Zealand, , Assistant Prof. Lina HUOT, Psychiatrist (Norway), Master of Psychological Medicine (MPM) (Australia), Head of Psychiatric Department, Khmer-Soviet Friendship Hospital, Phnom Penh and Assistant Professor of Psychiatry, International University, Phnom Penh, Cambodia, and Assistant Prof. Chhunly KOEUT, Psychiatrist (Norway), Psychiatric Department, Khmer-Soviet Friendship Hospital, Phnom Penh, and Assistant Professor of Psychiatry, University of Health Science, Phnom Penh, Cambodia swear to assist the Chambers honestly, confidentially and to the best of our ability.
2. We provide this report in accordance to the Trial Chamber's request to Trial Chamber Experts following Supreme Court Chamber Decision on appeal against Accused IENG Thirith's release.[1]
3. The purpose of the assessment was to re-evaluate IENG Thirith to determine if there is additional treatment for the accused that may improve her mental health to the extent that she could become fit to stand trial.
4. This report has been reviewed by Dr Seena FAZEL, forensic psychiatrist at the University of Oxford, and Dr Calvin FONES, consultant psychiatrist at the National University of Singapore, who agree with its findings.

Documents Reviewed

5. Discharge summary dated 15 November 2011 following Mme IENG Thirith's admission to Khmer-Soviet Friendship Hospital;[2] reports of the investigations carried out during this admission[3] and the regular review notes by the clinic treating doctors; checkup reports by Khmer-Soviet Friendship Hospital dated 28

[1] Document Number E138/1/7/1, dated 6 January 2012.
[2] Medical Report, Khmer-Soviet Friendship Hospital – attached (Original French, ERN 00755181-00755182).
[3] Bacteriologie – attached.

October 2011, 14 November 2011 and 9 December 2011;[4] report of inappropriate behaviour by MAO Sophearom, Director of Detention Facility.[5]

Evaluation

6. In our evaluation we:

(a) reviewed IENG Thirith's medical condition with the Khmer-Soviet Friendship Hospital doctors who have been responsible for her medical care since the 20th October 2011. These doctors were [redacted], and [redacted]. We also me[redacted], cardiologist, who was involved with IENG Thirith's medical care during her admission to the Khmer-Soviet Friendship Hospital.

(b) interviewed IENG Thirith, with[redacted] as interpreter, in the morning and again in the afternoon of the 3rd of February 2012.

(c) interviewed those Detention Centre staff supervising IENG Thirith on a daily basis to determine if there had been any change in her function, memory and behaviour

(d) met with Prof Chak Thida, Psychiatrist and Deputy Director of the Khmer-Soviet Friendship Hospital, to discuss availability of rehabilitation services and our recommendations for pharmacological treatment.

(e) inspected the facilities which would be used by IENG Thirith should she be admitted to Khmer-Soviet Friendship Hospital for rehabilitation

7. Following previous recommendations the psychotropic medications (bromazepam, clonazepam and quetiapine), IENG Thirith had been taking had been reduced and stopped. The clonazepam was stopped on the 23nd August 2011, and the quetiapine was discontinued from the 15th September 2011. No improvement in cognitive function was observed. The bromazepam was also stopped on the 8th November 2011 but restarted at the time of her hospital admission (12-15

[4] Checkup Reports, Khmer-Soviet Friendship Hospital – attached.
[5] Document Number E160, dated 16 January 2012.

November) at a dose of 3mg twice daily and subsequently changed to 6mg at night. This is the only psychotropic medication she is taking currently.

Donepezil was started on the 8th of November 2011 until 11th November due to vomiting, a recognised side effect of the drug. This led to her hospital admission from 12-15 November.

We discussed IENG Thirith's behaviour with Detention Centre staff involved with her care. Detention Centre staff have observed that IENG Thirith can usually manage her self care. She usually dresses herself independently and only needs assistance when in a hurry. She needs assistance to take her medications and also occasionally with meals. She occupies her time by constantly tidying and rearranging her room. She frequently talks to herself. She has also had illusions about objects in her room. She has mistaken the mosquito net as "the person who writes about me' and said the fan was "rude to her". She keeps asking for her mother and older sister. IENG Thirith says her mother and father love her and she wants them to be here. At times she does not believe her mother is dead but, at other times, understands that her mother is dead. Her mood fluctuates. At times she is very angry, wanting to be alone. At other times she is much calmer and relaxed. Staff have observed that there has been a deterioration in her use of English. Previously when they asked IENG Thirith for an English word or interpretation of a phrase she would respond quickly and accurately. Now she says she forgets or is much slower in response.

In our two interviews with IENG Thirith we introduced ourselves, explained the purpose of our visit, discussed her past, her family and her current situation and administered the Mini Mental State Examination (MMSE). We had also intended to administer the Frontal Assessment Battery but, because of IENG Thirith's inability to follow instructions, we were unable to use the test.

IENG Thirith had no recollection of any previous meetings with any of us. She did not know the purpose of the earlier assessments. Although she showed no reluctance to meet with us and did not appear anxious or distressed she had considerable difficulty concentrating and responding appropriately to our

questions. Her answers were often unrelated to the questions. Initially she focused on the pains in her knees and elbows and the writing book she wanted to have with her. She thought her "sister has taken it".

When asked how she was she said she had many illnesses – headache and neck pain, pains in her knees and ankles, and that she was sometimes forgetting things. She could not recall details of her family and was unclear about the relationship of family members who visited her. She was unable to tell us how many children she had. She also frequently referred to her students as if she was still teaching them. She was unable to recall details of her places of education. Initially she said she had not studied abroad and all her education was in Phnom Penh - " I've never been to a foreign country because my father was dead". She later accepted that she had studied in France but was unable to provide details of this. She was unable to provide any details of the work she had done, other than teaching her students, or positions she had held.

When asked in the afternoon what she had had for lunch she was unable to recall but said "they prepare it here – not my children. Two or three of my students here cook for me. I teach them French".

We had great difficulty getting IENG Thirith to concentrate and respond to the questions in the MMSE. When asked about time and place she replied on two or three occasions that most of the time she asked her mother – "I ask my mother who is with me". She scored 12 out of 30 on the MMSE which is lower than the scores of 15 and 18 she obtained on the last assessments. She was unable to recall any of the three objects. As in the earlier testing she could subtract seven from 100 and 79 but not from 93, 86 or 72. She was unable to spell "world" backwards which she had done previously. She was unable to complete the clock face but kept referring to her watch – "I look at my watch when I need to go to work to teach".

IENG Thirith has moderate to severe cognitive impairment secondary to a dementing illness, most probably Alzheimer's disease with the likelihood also of a vascular component. Her cognitive function was worse on testing on this

assessment than in her earlier assessments. The history given by those staff seeing her regularly is consistent with a progression of her dementia rather than that she was feigning a deterioration.

Examination of her knees, ankles and elbows showed no change from the previous assessment and no signs of inflammation.

Recommendations designed to address IENG Thirith's cognitive fitness

8. IENG Thirith has a progressive dementia and it is unlikely that the recommendations given below will lead to an improvement sufficient for her to participate in her own defence. Nevertheless, an assessment of her fitness to plead and stand trial should be undertaken after these measures are considered, and in particular, an alternative acetylcholinesterase inhibitor restarted. We recommend such an assessment after a period of 3-4 months on the new acetylcholinesterase inhibitor medication (see ii below).

i) The benzodiazepine (bromazepam) has not had a long term beneficial effect on sleep and this type of medication should only be used for short periods due to risks of tolerance, over-sedation, and confusion. We recommend reducing the bromazepam to 3mg at night immediately and, if the reduction is tolerated, stopping use after one month. We anticipate any benefits to be demonstrated within a week of stopping this medication.

ii) We recommend introducing a daily rivastigmine patch as an alternative acetylcholinesterase inhibitor medication to donepezil. Treatment should be started with the 4.6mg 24-hour patch for one month. If this is tolerated, without gastrointestinal or other side effects, the dose should be increased to the 9.5mg 24-hour patch. Instructions on the use of the patch and possible side effects have been given to the treating physicians. We anticipate any benefits to be demonstrated after three months.

iii) No rehabilitation or structured cognitive stimulation programme, as outlined in paragraph 38 of the Expertise Report prepared in response the Trial Chamber's

Expertise Order,[6] is currently available in Cambodia. The only practical way to institute a rehabilitation programme would be to arrange for a health professional, such as an occupational therapist from Singapore, with experience in the field to do an initial assessment and detail a programme to be carried out by a Cambodian health professional such as a psychiatric nurse. The local health professional would visit IENG Thirith on a brief visit to train one or two local staff and oversee the introduction of the programme, with follow-up by telephone on a fortnightly or monthly basis to review progress. However, as such an intervention may arrest the speed of IENG Thirith's deterioration rather than improve her cognitive function, it could be considered as an adjunct to the other two recommendations described above and of subsidiary importance. In addition, we believe that any such programme should be kept simple as more complex programmes involving more individuals may add to IENG Thirith's confusion. We would anticipate that any such benefits from this programme would be apparent in three months.

Recommendations designed to address IENG Thirith's overall wellbeing

9 i) Plans have been drawn up for a new facility in the grounds of the Detention Centre. Although living in such an environment may improve IENG Thirith's overall wellbeing, the move in itself will not improve cognitive function.

ii) Transferring IENG Thirith to Khmer-Soviet Friendship Hospital, on its own, is unlikely to lead to a material improvement to her cognitive functioning. It may also lead to a short term and possibly medium term deterioration as it constitutes a move to an unfamiliar environment, away from her husband, and the staff with whom she is familiar. Levels of supervision and access to medical treatment are adequate in our view at the current Detention Centre.

iii) We recommend use two 500 mg tablets of paracetamol for musculoskeletal pain when IENG Thirith is going to bed at night. The benefits of this will be immediate but not extend to improvements in cognitive function.

[6] Document Number E111/8, dated 9 October 2011.

iv) IENG Thirith will need to be kept under regular review by her treating doctors to monitor any change in her condition. As stated above, reassessment by the Chamber appointed medical experts, who have assessed her previously, to determine any response to treatment, should occur three to four months after treatment is started. Regular fortnightly review by the Chamber appointed medical experts would not provide useful additional information. If complications arise from treatment, or advice about therapy is needed, then a consultation between the treating physicians and one or more of the Chamber appointed medical experts should be arranged and the need for an earlier assessment determined.

Signed

Prof. A. John CAMPBELL — 29/2/12 — Date

Assistant Prof. Lina HUOT — 01/03/2012 — Date

Assistant Prof. Chhunly KOEUT — 04. 2. 2012 — Date

Dr. Seena FAZEL — 25/2/12 — Date

Dr. Calvin FONES — 27/2/12 — Date