

Summary of Interview with Dr Saeed Chaudhary on 18 January 2018

Start: 11:50 hrs

End: 12:36 hrs

Present:

Helen Wilkinson, Investigating Officer, Professional Standards Unit

Saeed Chaudhary, Doctor, Brook and Tinsley House IRCs

The background to the investigation was explained and Dr Chaudhary consented to the interview being digitally recorded. He was given time to view Mr [D668]'s medical notes before the interview began. He was shown the IS.96 photograph of Mr [D668] so he was aware who this patient was. He had reviewed the R35 report that he had completed and was advised that he could refer to these during the interview. He was advised that the interview was regarding what processes and HO advice he has had in completing R35 reports. The structure of the interview was explained.

Dr Chaudhary had been at Brook House since February 2017. This was the first time he had worked in an IRC. In January 2017, he had attended Home Office training on Rule 35 and discussed these. It was vague who should make the decision. Should it be the GP or the HO? He said the decision should be the HO so the R35 reports he does are factual and not subjective. A copy is sent to the solicitor.

He said Mr [D668] was a patient and he had a vague recollection of Mr [D668] but not any specifics.

On the 24 July 2017 for his R35 assessment, Dr Chaudhary said that they would complete two to three R35 reports five days a week. There were two GPs covering the two centres, Dr Chaudhary and his partner Dr Hussein Oozeerally, who had worked in immigration for four to five years. They covered weekdays and weekends and each would complete around three R35 reports a day. He said that there was a Dr Katrine who helped out two to three days a month covering a weekend.

He said they did not stand out because the claims were similar across countries. He always approached the R35 by documenting what the patient says to him, probing for more details if he thinks that is needed. Dr Chaudhary would then do an assessment of scars on the body and refer back through medical notes to check for any mental health issues and then they would say if someone was a victim of torture or not. They would not do the Rule 35 assessment if the doctor did not think that they were a victim of torture. He said the HO would contact him for clarification and he would call the patient back and add to the R35. Dr Chaudhary said if they felt that the R35 was too confusing but there was something there, they would suggest the detainee go and discuss with their solicitor to sort out dates etc. He said that a patient could apply for a R35 assessment as many times as they wish to. Dr Chaudhary said that 95% of the R35 assessments they do are found to be victims of torture by the HO. He said that his report is part of the HO assessment.

Dr Chaudhary said that the torture definition had changed at the time he had assessed Mr [D668] and was not just officials. Dr Chaudhary said that he typed the account into the medical record (13:48 hrs on 24 July 2017) as Mr [D668] was giving his account. This is then copied into the R35 assessment. He said that they allocate 45 minutes for a R35 assessment and that is sufficient. He said PT means patient.

Dr Chaudhary had not seen the copy of the HO report. He said of section 5 that he does not use a body map. He says that he can describe a scar better than show on a body map and he did do so in his assessment. He said that he was given this advice at the HO workshop in January 2017 when they had raised issue that they were time consuming. He was shown slides from a 2015 HO workshop as a guide but was unable to confirm if this had been the presentation from his workshop. The HO had not asked him to complete body maps throughout the time he had been completing R35 assessments. If he felt one was needed he would complete one. He said that the HO should not take a negative inference from the lack of a body map and the R35 report by the HO did not as it mentioned the scars.

In response to why Dr Chaudhary had not completed an assessment at section 6 of the 'impact detention is having on the detainee and why, including the likely impact of ongoing detention' Dr Chaudhary said "often it is a very tricky question to answer and often the way I do it is if there is something to offer I put it down. If they is nothing to say I don't put it down. You can never predict what ongoing detention is going to do to a detainee. The question itself has me questioning whether I should be putting something down. I don't know what the ongoing detention is going to be like. The detainee could suddenly become unwell because of the ongoing detention or they get failed R35 and become very unwell. It is difficult to predict. If I haven't written anything that means that there wasn't anything to write. Rather than put anything negative down, I would rather leave it blank. The HO has the opportunity to write back to me to clarify..."

He confirmed that if he felt the continued detention would have an effect on Mr [D668] then he would have written this in the assessment. He could not predict the effect of continued detention so left this blank. Detainees and solicitors could submit separate letters about depression and the HO send these to the doctors for comment. If he felt that a detainee was not coping in detention, he would not complete a R35, he would complete a Part C for the detainee's release. Dr Chaudhary said the fact he had not completed a Part C for Mr [D668] meant he had not had concerns about the continued detention. He said stress and anxiety in detention is natural.

In response to the interpretation of this in the HO R35 report, Dr Chaudhary said that the HO had interpreted his lack of response as he intended i.e. that he had no concern about Mr [D668]'s continued detention.

In response to Mr [D668] asking Dr Chaudhary on 28 July 2017 (next appointment) why he had not completed the body map or the impact of detention sections and for him to do so, Dr Chaudhary said "I don't know. If it is not documented I can't recall it from the conversation. The only thing I know what happened in that consultation is written down. Not everything we discuss goes into medical notes. We have a 10 minutes conversation but the notes are not 10 minutes long. It is only a summary. If he had said in passing about not doing the body map I might have said oh body maps are not required...he made a big point that I must do a body map because the solicitor said then I would put it in the notes and my explanation."

In response to what he would have said about why he had not commented on the continued detention, Dr Chaudhary said. "I don't think he asked that question...no detainee has asked me that question. I would remember if it had happened." Dr Chaudhary said that he would have checked Mr [D668]'s notes. He was a new arrival on 30 June 2017 and there were no medical problems recorded. Mr [D668] denied any regular medication or any allergies to medication. We would have had his notes from the Verne by then. There is no standing history of mental health illness to flag up mental health issues. Depression is a condition but has various categories and being on anti-depressants does not highlight which category. Someone suffering with mental health problems would be sent to the mental health team, medication would be arranged and he would see the psychiatrist. There was nothing before the R35 report. After the R35 and the health issues started, Dr Chaudhary started Mr [D668] on a low dose anti-depressant and the mental health team became involved.

Dr Chaudhary said that the HO should make the decision and not the doctor. He does not want to comment and this have a negative effect on the detainee.

In response to Mr [D668] saying that Dr Chaudhary had told him that the HO knew that he did not do body maps or comment on detention and had told him not to comment on the effects of detention, Dr Chaudhary said that he had not been told by the HO not to comment on the effects of detention. He would comment on this if he felt he needed to because there was an impact with continued detention and would do so on the R35 assessment and in Part Cs. He did not want to comment that there would not be an impact by continuing detention because that was a decision for the HO, taking into account all factors. The clarity of who made the decision was a "blurred line."

Dr Chaudhary asked for a copy of his written summary to be sent to [DPA]. He was happy with how the interview had been conducted.