

E62/3/4

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06/10/2011

Report Prepared in Response to the Trial Chamber's
Order Assigning Expert - E62/3
002/19-19-2007-ECCC/TC

Geriatric Expert Report – Mr. NUON Chea
Dated: 13 June 2011

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Geriatric Expert Report – Mr. NUON Chea

Introduction

1. I, Archibald John Campbell, Geriatrician, Professor of Geriatric Medicine, University of Otago, New Zealand, swear to provide my full support and assistance to the Trial Chamber of the Extraordinary Chambers in the Courts of Cambodia, faithfully, confidentially and to the best of my knowledge.
2. I confirm that I personally conducted the examination of the Accused, and herewith, submit my report titled “Geriatric Expert Report – Mr. NUON Chea”. This report is pursuant to the mission I was entrusted with, as defined in the Expertise Order E62/3 (Case File Number 002/19-09-2007-ECCC-TC) dated 4 April 2011, issued by the Trial Chamber of the Extraordinary Chambers in the Courts of Cambodia.

Expertise Order

3. In accordance to Expertise Order E62/3, I was required to examine each Accused and provide a report to enable the Trial Chamber to determine whether or not each named Accused is fit to stand trial.
4. I was requested to include in the report, comments on the suitability of the physical conditions provided for the Accused, including the provision of audio-visual facilities or limits on sitting hours that might appropriately be put in place.
5. I was also requested to provide clarification, observation and/or advice, as it related to the questions prepared by the Defense team.

Information Received

6. I base this report on the following information:



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- a. Expertise Order E62/3 (Case File Number 002/19-09-2007-ECCC-TC) dated 4 April 2011, issued by the Trial Chamber of the Extraordinary Chambers in the Courts of Cambodia.
- b. Regular written medical reports of the staff of Calmette Hospital from 8 July 2008 until the present
- c. Medical reports from Calmette Hospital on hospital admissions, appointments and investigations including reports on chest and lumbar spine x-rays, CT head scans (21 September 2007, 8 June 2010 and 22 February 2011), Echocardiograms, ECGs and blood tests
- d. My discussion with the Calmette Hospital doctors who have been responsible for the medical care of NUON Chea since his admission to the Detention Centre.
- e. My examination of NUON Chea's ECGs, x-rays and CT scans.
- f. Medical Expertise reports completed by:
Prof. Antoine Lafont and Dr. Sok Chour (June 2009, December 2009, July 2010)
Dr. Nopparat Panthongwiriyaikul and Dr. Liv Chhinh (October 2007)
Dr. Philip Brinded and Prof. Sunbaunat Ka (December 2009)
- g. My clinical assessment of NUON Chea carried out on the morning and afternoon of 9 May 2011.

Interview and Clinical Examination of NUON Chea

7. I interviewed NUON Chea in a clinical room in the Detention Centre. Present at the assessment were:
Mr. Seng Phally, Interpreter, UNAKRT
Dr. Kong Sonya, General Deputy Director of Calmette Hospital.
8. In conducting the interview and clinical examination I undertook the following discussions and actions:



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- a. Explained the purpose of, and authority for, my assessment;
- b. Gave details of my clinical experience and areas of expertise;
- c. Asked NUON Chea to provide for me details of the problems which had in the past, or were now, affecting his health and then questioned him on these problems;
- d. Reviewed with NUON Chea any additional problems which I was aware of from his medical records but which he had not raised;
- e. Completed a general enquiry asking for specific symptoms;
- f. Reviewed his career, family and social history with him as part of an assessment of cognitive function;
- g. Conducted a complete general physical examination with particular attention to systems of concern. I assessed cognitive function throughout the history taking and examination. I shall only report those physical examination findings which are relevant to NUON Chea's clinical problems.
- h. Reviewed NUON Chea's medications;
- i. Returned in the afternoon to give NUON Chea the opportunity to raise any concerns he had not mentioned in the morning and also to repeat the blood pressure measurements.

Clinical Conditions which may affect Fitness to Stand Trial

Cardiovascular Disease

9. NUON Chea has a long history of cardiovascular disease. He has been known to be hypertensive for 30 years. Although he considers this to have been poorly controlled initially, it is now well controlled by anti-hypertensive medications. He was first diagnosed with coronary artery disease in 1995 and has had coronary angiography in 1995 and 2007. In 2007 angiography showed areas of 50 to 60% coronary artery obstruction but no interventions were required. Last year



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echocardiography shows mild hypertensive changes but well preserved cardiac function with an ejection fraction of 63%.

10. NUON Chea gave no history of ongoing cardiac symptoms. He has no symptoms to suggest angina. He says he becomes short of breath if he has a cold but gives no history of breathlessness to suggest cardiac failure. If he has a fright he says his heart goes quickly but he has no history to suggest a cardiac arrhythmia.
11. On examination he walked to the clinic room without shortness of breath. His pulse was 75, blood pressure 158/68 lying, falling to 138/65 on standing but without postural symptoms. Blood pressure in the afternoon was 142/65. Jugular venous pressure was not raised and there was no peripheral or sacral oedema. Apex beat was not palpable and heart sounds were normal with no added sounds. There were some right basal lung crepitations of no clinical significance.

Assessment of Cardiovascular Disease

12. NUON Chea has well controlled hypertension, stable ischaemic heart disease and is currently free from symptoms. At present his cardiovascular disease would not affect his fitness to stand trial. No additional measures are required.

Cerebrovascular Disease

13. NUON Chea suffered a stroke in 1995 with a reported right hemiparesis. He made a good recovery from this but says his right side is "not as sensitive as normal" and he "cannot walk independently". He has some difficulty with writing but is independent with his personal care. Speech was not affected. He has had no further strokes. He feels his memory is good. He can read and understand normally although reading is affected by his vision.
14. On examination NUON Chea walks using a walking aid. Cranial nerves were normal. Visual fields were full. Examination of the eyes showed cataracts and



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limited examination of the fundi showed no abnormality. In the upper and lower limbs power was well preserved and I could detect no right sided weakness. Tone and sensation were normal. Reflexes in the upper limbs were equal and normal as was coordination. In the lower limbs the right knee reflex was brisker than the left, ankle reflexes were equal and normal, plantar responses were normal. Sensation was normal. There was no spasticity. Heel-shin testing was mildly impaired on the right. Standing balance was impaired.

Assessment of Cerebrovascular Disease

15. NUON Chea shows minimal residual signs of his stroke. Cognitive function is well preserved. I found no evidence of impaired cognition that would affect NUON Chea's ability to understand the proceedings, instruct Counsel, understand questions and the charges against him, respond appropriately and concentrate during the hearing.
16. Carotid and subclavian artery Doppler studies show atheroma but no significant stenosis.
17. No additional measures to prevent a further stroke are required.
18. NUON Chea will need assistance to and from the Court because of his walking impairment. A lift chair has been installed and this will enable access to the Court. No additional measures are required.

Musculo-skeletal problems

19. NUON Chea previously had lower back pain but he says this is now better. He says he has had no knee or hip pain. Clinic notes indicate previous hip pain relieved by lying down but this is not a current issue. He says he can sit for two to three hours. He has had previous attacks of gout but is on medication to prevent further attacks.



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20. On examination of back and lower limb joints I found no significant abnormality. Lumbar spine x-rays show degenerative changes.

Assessment of Musculo-Skeletal System.

21. NUON Chea's has no current musculo-skeletal problems which would affect his fitness to stand trial.

Other Systems

22. NUON Chea has a history of gastrointestinal haemorrhage and a history of bowel disturbance. He has a single kidney but renal function has been stable.
23. No additional significant abnormalities were found on physical examination. None of these issues affects his fitness to stand trial.

Findings and Recommendations - Fitness to Stand Trial

24. My assessment of NUON Chea's fitness to stand trial involved assessment of his general physical health and neurological function.
25. As I have detailed above, NUON Chea is an 84 year old man with a long history of cardiovascular disease which is currently asymptomatic. Although the trial will cause stress he is on the appropriate medications to manage this.
26. NUON Chea has had a stroke but has minimal residual effects from this.
27. The facilities in the Court, including the stair chair lift, are suitable for his attendance at Court throughout the usual sitting periods. The facilities within the holding cells are also very suitable should NUON Chea find these more comfortable.
28. I found no evidence of impaired cognition or neurological disease that would impair NUON Chea's fitness to stand trial.



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29. I consider NUON Chea is fit to stand trial. Because of NUON Chea's age and medical conditions his fitness to stand trial may change. I would recommend reassessment at the time trial proceedings are convened if there is deterioration in his physical condition.

A. J. Campbell
13 June 2011
A. J. CAMPBELL