



# **Inventarisatie forensisch medisch onderzoek en medische arrestantenzorg in Nederland**

*Rapport I voor de Commissie  
Hoes*

## **Summary**

**Ronald Batenburg  
Johan Hansen**

**December 2016**

ISBN 978-94-6122-450-7  
<http://www.nivel.nl>  
[nivel@nivel.nl](mailto:nivel@nivel.nl)  
Telefoon 030 2 729 700  
Fax 030 2 729 729

©2017; Wetenschappelijk Onderzoek- en Documentatiecentrum. Auteursrechten voorbehouden. Niets uit dit rapport mag worden veeleelvoudigd en/of openbaar gemaakt door middel van druk, fotokopie, microfilm, digitale verwerking of anderszins, zonder voorafgaande schriftelijke toestemming van het WODC. Het gebruik van cijfers en/of tekst als toelichting of ondersteuning in artikelen, boeken en scripties is toegestaan, mits de bron duidelijk wordt vermeld. WODC kent het NIVEL een niet-exclusief en niet-overdraagbaar recht toe de resultaten uit het onderzoeksrapport te gebruiken en openbaar te publiceren.



**NIVEL**

Nederlands instituut voor onderzoek van de gezondheidszorg

Otterstraat 118-124  
Postbus 1568  
3500 BN Utrecht  
Telefoon 030 2 729 700  
Fax 030 2 729 729  
[www.nivel.nl](http://www.nivel.nl)

# Summary

---

This summary describes the results of the study “*Forensic clinical research and medical care for detainees in the Netherlands*” carried out by NIVEL, in commission of the Research and Documentation Centre WODC. The aim of this study is to describe the supply of forensic clinical research and medical care for detainees in the Netherlands.

In the Dutch system, forensic-medical practice consists of investigating deaths and injuries that occur under unusual or suspicious circumstances, performing forensic post-mortems and providing medical care to detainees. Municipal health service centres in various regions and private companies in the largest cities deliver these forensic-medical services.

For this study the following types of research were conducted between July to October 2016:

- A collection and description of the production numbers among all organisational providers of forensic-medical services;
- A survey among all providers of forensic-medical services regarding the current capacity and policy;
- An online survey among forensic doctors;
- Two focus groups with forensic doctors and employers of forensic-medical organisations.

The first result of this research is that 26 organisations in 2016 provided forensic post-mortems, forensic clinical research and medical care to detainees. Of these, 22 municipal health service centres delivered nearly all these services, four private companies deliver mostly medical care to detainees in the urban areas. The 26 providers jointly employ 242 forensic doctors in The Netherlands, who each work 0,35 FTE on average; a total capacity of 80 FTE. Around 47% of their working time regards the medical care of detainees, 37% post-mortems and the remaining 16% is spent on forensic clinical research. General practitioners also work in the field of medical care of detainees, most of them on small contracts employed by the private companies. The exact number and capacity of this group cannot be estimated.

Although there is no formal collaboration between the providers of forensic-medical services medicine, there is a national and academic coordination through several networks like the professional association of forensic doctors (FMG) and the special chairs at Dutch universities.

Forensic-medical services are contracted by the Dutch police, post-mortems are financed by municipalities. Tender documents show that there is regional variation in pricing and conditions of these services. While contracted by the police, the 22 municipal health services centres are also compensated through congregations. Reimbursement of the medical care for detainees is also provided through the health insurers, but this is not standard procedure.

Surveys among providers of forensic-medical services enabled a description of the production in terms of volumes of forensic clinical research, medical care for detainees and post-mortems. It is estimated that around 31,000 cases of medical care for detainees, 3,223 post-mortems and 7,035 cases of forensic clinical research were executed in 2016. Production numbers differ between public and private providers, which can be explained through regional differences. Private organisations deliver their forensic-medical services mostly in urban areas, the municipal health service centres are located in all Dutch regions.

The survey among forensic doctors shows that forensic post-mortems are considered as their specific competence and legally exclusive task. When it concerns medical care for detainees, half of the forensic doctors believes that this can be provided by other professions as well. Almost all forensic doctors take supplementary training which is usually funded by their employers, but some doctors fund it themselves. In the majority of the organisations that employ forensic doctors protocols and other quality instruments are used. Forensic doctors judge these instruments as valuable and well applicable. It also appeared that forensic doctors who work more hours per week contribute more to academic research and innovation.

Considering the future, forensic doctors expressed several worries and thoughts. A main problem perceived is in the large group of doctors that is planning to retire within the next few years. This expected outflow of capacity will most likely result in high workloads, unfulfilled vacancies and problems planning out of hours shifts. At the same time, organisations are reluctant to train and recruit new forensic doctors as they experience uncertainty with regard to their contracts and the related funding. In addition, forensic doctors work part-time. This is partly due to the nature of the work and partly because of lack of forensic cases in their region. This can lead to disintegration of services and professionals failing to reach their professional quality norms. Forensic doctors also state that quality assurance, innovation and academic growth can be improved.

Besides these empirical results, this study provides several points that should be kept in mind when discussing the supply of forensic-medical services in the Netherlands.

First of all, the experienced barriers with regard to the training and recruitment of new forensic doctors is a major concern. An increased inflow is urgently needed to counteract the expected decrease of the current capacity of forensic doctors. Expanding the working time of the current doctors can only partly resolve as this is not feasible for all forensic doctors and regions.

Secondly, the possibility of a specific registry or recognition of general practitioners that perform forensic-medical services could be explored.

Third, more insight is needed to harmonise the current regional differences in costs and pricing of forensic-medical services. This can contribute to explore more centralised capacity models to organise forensic-medical services.

In terms of recommendations, monitoring the current vulnerable labour market of forensic doctors is required to which the data collected by this study can contribute. A monitor could also be designed to gain insight in the production and quality of forensic-medical services. Analysis of electronic patient records and measuring experiences of clients could feed this. This obviously requires collaboration between the providers of forensic-medical services and their software companies, including standardisation of data and indicators to enable the comparability of production and volume metrics.

Forensic medicine and the forensic-medical services hold a specific, unique and complex place in Dutch society and its legal and healthcare system. Seeking for ways to solve the current problems, it is useful to compare its organisation and governance with other health care sectors. It is not recommended however, to copy solutions one-for-one. Moreover, this study has shown that regional differences are significant in forensic medical services. This should therefore be incorporated in national policy. It will therefore remain a collective challenge for policy makers in ministries, municipalities, the regional police organisations and professionals to achieve a sustainable system of forensic medicine and forensic-medical services in the Netherlands.