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06/10/2011

Report Prepared in Response to the Trial Chamber's

Order Assigning Expert - E62/3

002/19-09-2007-ECCC/TC

Geriatric Expert Report – Mrs. IENG Thirith

Dated: 23/6/2011

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**Geriatric Expert Report – Mrs. IENG Thirith**

**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 – Mrs. IENG Thirith”. 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 also 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 representing IENG Thirith, as shown in Appendix 1.



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Information Received

6. I base this report on the following information:

- 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 20 December 2007.
- c. Medical reports from Calmette Hospital on hospital admissions, appointments and investigations including CT head scans (13 October 2007 and 22 October 2009), CT scan of the thorax (20 February 2008), CT scan of the lumbar spine (30 October 2008) and blood tests.
- d. My discussion with the Calmette Hospital doctors who have been responsible for the medical care of IENG Thirith since her admission to the Detention Centre.
- e. My review of the CT scans including review of the scans with a neuroradiologist.
- f. Medical Expertise reports completed:  
Dr Patrick Timothy Keenan and Dr Sok Buntha (12 June 2009).  
Dr Philip M J Brinded and Prof. KA Sunbaunat (22 November 2009).
- g. My clinical assessment of IENG Thirith carried out on the morning and afternoon of 11 May 2011 and the morning of 12 May 2011.
- h. My review of the video footage of:  
PTC(33) - IENG Thirith's Appeal against CIJ Order on Extension of Provisional Detention, S1<sup>1</sup>.  
PTC(16) - IENG Thirith's Appeal against CIJ Order on Extension of Provisional Detention, S2<sup>2</sup>.

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<sup>1</sup> Document Number C20/9R, dated 15 February 2010

<sup>2</sup> Document Number C20/5R, dated 24 February 2009

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- i. Prof KA's report dated 9 June 2011, in response to the Trial Chamber's Order for Further Assessment of IENG Thirith<sup>3</sup>.
- j. The medical certificate summarising IENG Thirith's admission to Calmette Hospital between 24 May and 2 June 2011.

Interview and Clinical Examination of IENG Thirith

- 7. I interviewed IENG Thirith in a clinical room in the Detention Centre.  
Present at the assessments on the morning and afternoon of 11 May 2011 were:  
Mr Seng Phally, Interpreter, UNAKRT  
Dr Keo Solida, Calmette Hospital  
Dr Hun Chamroeun, Calmette Hospital  
Present at the assessment on 12 May 2011 were:  
Mr Seng Phally, Interpreter, UNAKRT  
Dr Ly Keat Calmette Hospital
- 8. In conducting the interview and clinical examination I undertook the following discussions and actions:
  - a. Explained the purpose of, and authority for, my assessment;
  - b. Gave details of my clinical experience and areas of expertise;
  - c. Asked IENG Thirith to provide for me details of the problems which she had in the past or were now affecting her health, and then questioned her on these problems;
  - d. Reviewed with her any additional problems which I was aware of from her medical records but which she had not raised;
  - e. Completed a general enquiry asking for specific symptoms;
  - f. Reviewed her career, family and social history with her as part of an assessment of cognitive function;

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<sup>3</sup> Document Number E62/3/3, dated 24 May 2011

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- g. Assessed cognitive function further by administering, through the interpreter, selected, appropriate questions from the Folstein Mini Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA);
- h. Conducted a complete general physical examination with particular attention to systems of concern. I shall only report those physical examination findings which are relevant to IENG Thirith's clinical problems;
- i. Reviewed IENG Thirith's medications;
- j. Returned the following morning to give IENG Thirith the opportunity to raise any concerns she had not mentioned the previous day. I also further assessed cognitive function by testing recall from the previous day, her memory of recent events, her orientation in time and place, and by administering again, through the interpreter, selected questions from the MMSE and MoCA;
- k. Sought collaborative history from those who were in regular contact with IENG Thirith;
- l. Also sought collaborative history of memory and behavioural change from Mr. IENG Sary. I recognise that he is not a disinterested party but, in my discussions with him, I did not sense that he was attempting to give me an inaccurate picture.

Clinical Conditions which may affect Fitness to Stand Trial

***Cognitive Impairment***

- 9. In January 2006, IENG Thirith sustained a fracture of the left neck of femur which required surgical replacement of the femoral head with a metal prosthesis in Bumrungrad International Hospital in Bangkok. Following surgery she suffered what was diagnosed as an "Organic Mental Disorder". Dr Brinded and Prof KA, in their report of 22 November 2009 (Document Number B37/9/8) state that her hospital notes of that time report symptoms of "hallucinations, dizziness



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and an inability to sleep". She improved over the next few weeks. Dr Brinded and Prof. KA consider that the trauma and psychological trauma may have resulted in "transient psychiatric symptomatology". However, they also consider post-operative delirium to be "eminently possible". I agree that delirium, secondary to major trauma and surgery in a physically frail woman, is a very likely diagnosis.

10. In 2009, Dr. Brinded and Prof. KA identified "a mild cognitive impairment, especially in the area of recent memory". Although they felt that this was consistent with age they comment earlier in the report that the short term memory difficulties and the CT head scan "suggest that Ieng Thirith suffers from an age related dementing process that is mild in nature". At that stage she was able to compensate for impaired memory by using written material.
11. Medical staff attending IENG Thirith have noted fluctuation in her memory with more marked impairment of recent memory. They have not noted any behavioural problems although she can be "bad tempered". She sometimes talks to herself, usually about the past and her youth. She commonly speaks of matters not relevant to the clinical assessment. An MMSE test done a year ago by a Calmette Hospital clinic doctor is reported as providing a score of 23-24 out of 30, but I was not able to view the test.
12. A Psychiatric Mental Status Examination done by Dr Chak Thida on 17 February 2011 and noted by Prof Nhem Sophoem on 18 February 2011 (Original KH: 00648760-00648760) reports that IENG Thirith's memory was "good" and "concentration and attention are a bit poor". Unfortunately there are no details of how this assessment was conducted, nor is there any record of cognitive testing.
13. Those who work with IENG Thirith have observed that she now usually needs staff to provide direction. She can become disoriented and lost in the Detention Centre building. On occasions she has been in her own cell but asked to be taken out because it is not her cell. She only knows the names of her husband and members of her family, although she may mistake her grandchildren for her own



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children. She remembers appointments with her legal counsel on some occasions but not others.

14. I asked Mr IENG Sary to tell me of any changes he had observed in his wife. He said there has been "great change – she keeps forgetting things". She forgets her elder sister and parents have died even though he keeps telling her. She does not recall that she was a Minister. She said she "had never been a Minister". She does not remember the date of victory of the regime. He said the change had been gradual. When she first came here she seemed to remember but "now very little". She can forget where she is sleeping. In the past she rarely got angry but now gets angry when frustrated. She can lose control of her speech and talks to herself.
15. On examination, IENG Thirith was a frail elderly woman who had difficulty understanding the purpose of my consultation. She was able to tell me her main problems were the pains in her legs, that she was "very fearful about problems with my head", and that it was "difficult for me to see students". When asked why it was difficult to see students she said she was "not quite sure". During the consultations IENG Thirith frequently raised again her problems with her leg pains and her students. She was unable to provide any details about the time course of her leg pains other than that they started "a long time ago".
16. Her manner was very subdued, with little affect other than slight agitation when having difficulty understanding questions. She had a paucity of speech, often not completing sentences. She had difficulty concentrating and maintaining focus. Her conversation would frequently go off on tangents. She spoke mainly in Khmer through the interpreter but occasionally in English or French.
17. IENG Thirith was not able to name the building where she was, nor did she know its purpose. She gave the date as the 10<sup>th</sup> of March (it was the 11<sup>th</sup> of May) and later gave her wedding date also as the 10<sup>th</sup> of March. She did not know the year although knew it was the rainy season. She did not know her age.



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18. IENG Thirith knew that her husband, whom she was able to name as IENG Sary, lived in the same building. When asked if there was anyone else here whom she knew, she said "my mother and my father", "both are very friendly and gentle" and "tell me what to do and what not to do".
19. When providing details of her early life IENG Thirith said she was born in Phnom Penh. She said she had a brother and two sisters and she was the youngest of the family. She told me her mother arranged the marriage to a good family and that she was married here in Cambodia. She said she "didn't have biological but adopted children". My understanding is that most of these personal details are incorrect.
20. IENG Thirith was unable to name the school she attended. She knew she studied in Paris, but not the time – "a long time ago". She recalled she had studied at the Sorbonne, but only after prompting, and said she had no memory of the people with whom she had studied whilst there. She studied "foreign languages" including French and acknowledged she had studied Shakespeare when I suggested this.
21. IENG Thirith was unable to provide detail of her subsequent life. She knew she was a teacher and had students. When asked on the third interview whether she had a position in government she started searching through her papers and reading unrelated material.
22. IENG Thirith said she could not remember the first hearing, had no memory of the charges and said there were "no accusations against me".
23. She did not know the names or the occupations of the Calmette Hospital doctors at the interview. At my third interview held on the second day IENG Thirith remembered seeing me but could not recall the purpose of my visit – "came yesterday – want me to sign on something". She could not recall having breakfast that morning and felt she was still waiting for it.
24. I conducted some formal tests of cognitive function using those questions from the Folstein Mini Mental State Examination (MMSE) and the Montreal Cognitive





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Assessment (MoCA) which I considered to be most appropriate. These tests were done on the second and repeated on the third interview.

25. IENG Thirith's disorientation in time and place I have discussed earlier. In simple tests of recall IENG Thirith was able to recall two of three objects immediately but could remember none of the objects on delayed recall. In the serial subtraction of 7s from a hundred she managed the easier calculations (100 to 93 and 79 to 72) but not the slightly more difficult (93 to 86 and 72 to 65). In the three step paper folding test she completed the first two steps but not the third. She was able to name a pen and watch but was not able to name the animals pictured in the MoCA. She was able to repeat a sentence but when writing a sentence she lost the sense of what she was writing before completion. She was unable to reproduce the intersecting pentagons and attempted to add on to the original diagram. She was able to read the instruction "close your eyes" when written in Khmer but could not grasp that she was being asked to carry out the instruction. She was not able to follow the alternating trail making test. She was able to place the numbers in the clock face drawing test but could not place the hands to show the time. She was unable to tell the time when I drew the hands.
26. On detailed examination of the neurological system I could detect no focal deficit. Cranial nerves were normal. I had a poor view of the fundi but found no signs of papilloedema. Visual fields were normal. Muscle power was generally reduced, particularly proximally in the lower limbs, but reflexes, tone and coordination were normal. Plantar responses were normal. Grasp and palmo-mental reflexes were not present.
27. She had a thyroidectomy scar but was clinically euthyroid. There were no carotid bruits. BP was 118/65 both lying and standing.



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*Assessment of Cognitive Function*

28. IENG Thirith has a global cognitive impairment particularly evident in the domains of memory, speech, construction and frontal lobe function consistent with a dementing disorder.
29. The exact duration of this is difficult to determine. Her life over recent years has been so limited and regular that the progression of her impairment may not have been so evident to those attending her. It is possible that the first evidence of the dementia occurred when she had an episode of delirium at the time of her femoral neck fracture. Early dementia does predispose to delirium. The video footage of PTC(33) IENG Thirith's Appeal against CIJ Order on Extension of Provisional Detention - S1, and PTC(16) IENG Thirith's Appeal against CIJ Order on Extension of Provisional Detention - S2 show some evidence of memory impairment in that IENG Thirith forgot the name of her husband and the number of children she had. Her testimony also switched from one topic to another without logical order.
30. Prof. KA and Dr. Brinded did consider IENG Thirith may suffer from an early dementia in 2009.
31. The CT head scan is consistent with this diagnosis.
32. History, examination, CT head scans and blood tests suggest that this is primarily a dementia due to Alzheimer's disease but there are other factors affecting cognitive function. These include her personal stress, exposure to trauma and restricted environment and stimulation. She is on a number of drugs including clonazepam, bromazepam and quetiapine which will be sedating and affect memory and cognition adversely.
33. I did not find evidence of clinical depression although low mood and anxiety may have affected testing. There is no history and no physical findings to suggest a multi-infarct dementia.



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34. IENG Thirith has a moderately severe dementia which does impair her ability to comprehend questions, to follow instructions, to recall events, to concentrate and to maintain a consistent line of thought.
35. Decrease in her psychotropic medications may improve function. At present IENG Thirith's behaviour is managed satisfactorily by the staff attending her. A gradual reduction of the psychotropic medication closely monitored by the Calmette Hospital clinic doctors who provide IENG Thirith's care may improve cognitive function without increasing behavioural problems.

#### ***Musculo-Skeletal Disease***

36. IENG Thirith complained of pain in her knees and ankles but was unable to give details of this.
37. On examination of the knees she has a full range of motion without pain. She has a small effusion in the left knee but no signs of inflammation. Hip and ankle examinations were normal.
38. IENG Thirith is on Vitamin D replacement. Alkaline phosphatase and calcium levels are normal. She does have osteoporosis but there is no evidence of osteomalacia.

#### ***Assessment of Musculo-Skeletal Disease***

39. IENG Thirith is on medications for her joint pain and no additional measures are needed.



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**Findings and Recommendations – Fitness to Stand Trial.**

40. IENG Thirith has a moderately severe dementing illness, most probably Alzheimer's disease, the effects of which may have been exacerbated by her past and current personal circumstances.
41. She is unable to recall accurately many details of her past, is unable to maintain concentration and a coherent conversation for more than a few minutes, and is often unable to respond appropriately to questions. These impairments would compromise her ability to participate fully in her trial and exercise her fair trial rights.
42. It is possible that IENG Thirith's current psychotropic medications are no longer needed to manage behavioural problems but are further impairing cognitive function. I recommend a trial of a stepwise, gradual reduction of the psychotropic medication closely monitored by the Calmette Hospital clinic doctors who provide IENG Thirith's care. I recommend gradual reduction of the clonazepam first, followed by the quetiapine if the clonazepam reduction is tolerated. IENG Thirith is currently taking 1mg of clonazepam daily. I recommend reducing the daily clonazepam dose by 0.25mg each week so that, if tolerated, IENG Thirith will no longer be taking the clonazepam after 4 weeks. If there are no additional behavioural problems following the stopping of the clonazepam I recommend reduction of the quetiapine. IENG Thirith is currently taking 100mg of quetiapine. I recommend reducing the daily quetiapine dose by 25mg each week so that, if tolerated, IENG Thirith will no longer be taking quetiapine after a further 4 weeks. If behavioural or mood problems that are distressing to IENG Thirith or difficult for the staff to manage become evident then the dose of drugs will need to be restored to a level needed to control symptoms.
43. If IENG Thirith tolerates the stopping of the medication over the 8 weeks then any improvement in cognitive function should be evident at that time.

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44. It is probable that the reduction in medication will not produce a significant improvement. However, there is a definite possibility that the drug reduction will lead to sufficient an improvement in cognitive function for IENG Thirith to participate better in her defense.
45. If the psychotropic medication withdrawal is tolerated and there is any improvement in IENG Thirith's memory, social interactions and behaviour then I recommend re-assessment of her cognitive function to determine if she is then fit to stand trial.
46. I do not recommend any alteration to the Court facilities should IENG Thirith stand trial.

*A. John Campbell*  
23/6/11