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Medical Evaluation of Fathi al-Jahmi
Conducted by Scott A. Allen, MD, Advisor to Physicians for Human Rights
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Tripoli Medical Center, Tripoli, Libya

At the time of the evaluation, Fathi al-Jahmi, age 66, was an inpatient on the seventy bed cardiac unit of one of Libya's largest public hospitals (roughly 1400 beds). Mr. al-Jahmi has reportedly been the patient of cardiologist Dr. Abdul Rahman intermittently for several years, and has been continuously under his care since his admission to Tripoli Medical Center approximately eight months earlier. Dr. Rahman provided a presentation of Mr. al-Jahmi's medical care to us in a conference room on the cardiac unit prior to our meeting with Mr. al-Jahmi.

Dr. Rahman's Case Presentation

According to Dr. Rahman, Fathi al-Jahmi was admitted to Tripoli Medical Center eight months prior in florid congestive heart failure, with presenting symptoms of shortness of breath at rest, dyspnea on exertion (shortness of breath with exertion), orthopnea (shortness of breath while lying down), and edema of the lower extremities (swelling of the legs and ankles) that had come on over a few days. His past medical history was notable for poorly controlled hypertension (high blood pressure), coronary artery disease, diabetes and prostatic hypertrophy with urinary retention. The coronary artery diseases dated at least to 1995 when Mr. Eljahmi suffered chest pain and eventually traveled to Jordan where a coronary artery narrowing was diagnosed and a single coronary stent placed. According to Dr. Rahman, Mr. al-Jahmi has been treated for heart failure in the past with his last admission approximately a year ago. Dr. Rahman said he had treated Mr. al-Jahmi during previous hospitalizations and had intermittent follow up with him during his confinement prior to this hospitalization.

On presentation to Tripoli Medical Center, Dr. Rahman reported that Mr. al-Jahmi's chief complaint was shortness of breath, swelling of his abdomen and legs, and difficulty passing urine. He denied chest pain. Physical exam was notable for evidence of florid heart failure with findings of pulmonary congestion (fluid in the airspaces of the lungs), pleural effusion (fluid around the lungs), ascites (fluid in the abdominal cavity) and edema. His prostate was noted to be enlarged with no nodules. Admission blood pressures were elevated with systolics between 180 and 200 and diastolic pressures between 110-120 (with normal being less than 135/85).

Cardiac ECHO (ultrasound) done at the time of admission showed an ejection fraction of only 17% and trace mitral and tricuspid valve regurgitation. (Ejection fraction is the percentage of volume ejected from the ventricle of the heart with each beat and is normally in the range of 55-70%. Valve regurgitation is leakiness of the valves). EKG showed evidence of lateral ischemia (decrease blood flow to the left side of the heart) but no findings of definitive myocardial infarction (heart attack).

Mr. al-Jahmi was treated with diuretics, ACE inhibitors, nitrates. Over the course of hospitalization, Mr. al-Jahmi improved considerably, with subsequent ECHO's showing gradual improvement (second ECHO showed ejection fraction of 24%, third showed 38% and on March 12, 2008, ejection fraction by ECHO was reported as being 52%). Prostate ultrasound showed an enlarged prostate but no nodules. He was started on an alpha-blocker medication for his prostate.

Over the course of hospitalization, Dr. Rahman reports that the patient made significant clinical improvement. His breathing improved and the swelling largely has resolved. Urine flow has improved on medication. Blood pressure was improved and was reported to be in the range of 130/70. Mr, al-Jahmi has recently started to walk again (within the last week) and reported some pain in his legs. He continues to have shortness of breath, worse with exertion, but does not have chest pain.

Current laboratory data and studies were summarized. EKG showed a sinus mechanism and had lateral T-wave inversions suggestive of ischemia and occasional ventricular ectopy. Chest X-ray showed clear lungs with a moderate right sided pelural effusion. Blood sugars on diet control were between 100 and 180 and HgbA1C was not available (it is not locally available according to Dr. Rahman). Creatinine was 1.2 and BUN was "high." PSA was over 10 (normal being <4). Lipids are reported as "normal."

At the time of our visit, Dr. Rahman reported that the patient was on Zesrtil 20 mg daily, Lasix 40 mg daily, Isordil, Aldactone, aspirin, and an alpha-blocker medication for prostatic hypertrophy called Omniq at a dose of 0.4 mg.

Dr. Rahman reported that Mr. al-Jahmi had been seen by ophthalmology and found to have cataracts and decreased visual acuity that was correctable by corrective lenses that had been provided. There was no reported diabetic retinopathy. He had also been treated with topical choramphenicol for an eye infection that has resolved. He was also seen by urology who diagnosed prostatic hypertrophy. Mr. Eljahmi was also seen by a psychiatric consultant but Dr. Rahman had not seen a report, and was not aware of any psychiatric treatment or medications.

Dr. Rahman has recommended cardiac catheterization, but Mr. al-Jahmi had apparently not consented. Urology has reportedly recommended a prostate biopsy to exclude prostate cancer, but again, Mr. al-Jahmi had not consented. Dr. Rahman says he is likely to discharge Mr. al-Jahmi in the near future but might like to increase his ACE inhibitor and possibly add a low dose of a cardioselective beta-blocker and expresses the desire to be able to monitor Mr. al-Jahmi while those medication changes take effect, allowing that that could be done on an outpatient basis. He is also likely to start a statin medication for cholesterol despite the normal cholesterol level.

Evaluation of Mr. Fathi al-Jahmi

Following the presentation by Dr. Rahman, we were brought to meet Mr. al-Jahmi in his hospital room. After initial introductions and pleasantries, I asked Mr. al-Jahmi for permission to perform a history exam. I asked Dr. Rahman, Mr. al-Jahmi's wife, his son and my colleague Fred Abrahams of HRW to leave the room for the sake of integrity and privacy. Only Gasser Abdel-Razek from HRW remained with the consent of the patient to assist when necessary with translation. Mr. Fathi al-Jahmi's native language is Arabic, but he is fluent in English. All parties agreed, and the three of us were left alone for slightly under two hours.

When asked how he is doing, Mr. al-Jahmi smiled, raised his hands, and said, "I am weak." He went on to say he is unable to walk very far. He told me he had endured three years of imprisonment, often in isolation, with no visits from his family, sometimes even no windows.

He said that initially he was given no medical care, but occasionally, he had access to a doctor and medications, but not consistently.

He reported some difficulty sleeping, and has worries that someone might try to kill him. He says he is still under very close supervision by security in the hospital. He has trouble falling asleep and trouble staying asleep. He does nap during the day. His appetite is "sometimes good, sometimes not good." He complains about the hospital food and wishes he could get fish, which he says he is not served. He expressed frustration that he is punished because "I believe in freedom. I believe in human rights."

He reported that on presentation to the Tripoli Medical Center eight months earlier, he had shortness of breath, especially with exertion, trouble passing urine, and swelling of his legs. He said that he has been receiving care for the past few months and says he is feeling much better. The swelling of his legs is almost completely gone. He still has shortness of breath at rest and finds it difficult to talk. He still has fatigue and has pains throughout his body, but especially in his feet. That pain is described as burning.

On review of systems, he denies headache. He does describe some burning in his feet. Otherwise, he complained of no focal numbness or weakness. He has difficulty with eyesight, but newly provided eyeglasses help. He denies chest pain but does have shortness of breath. He denies nausea or vomiting, diarrhea or constipation. He had difficulty passing urine but now he reports improvement with medication. He has mild joint pains in wrists, fingers and knees and ankles. He is dizzy when he first sits up or stands.

As a child, he says he was in good health. He was raised in Cairo. He reports no significant childhood illnesses and was not hospitalized as a child. As an adult, his good health continued, and he was able to travel abroad to the UK and the US and was proud to have visited Harvard University many years ago. He never smoked and he never used alcohol.

In 1995, he developed chest pain and sought medical evaluation in Libya. He was found to have coronary artery disease and he subsequently traveled to Jordan where he was found to have a narrowing coronary artery and a coronary stent was successfully placed.

He states "I need special care, special food." He expresses an eagerness to go abroad for further treatment. He says he feels his doctor at Tripoli Medical Center has provided good care but worries that the doctor and the government have not always provided good care so his trust is limited. This is why he would not consent to invasive procedures there such as prostate biopsy or cardiac catheterization.

Physical Exam

Mr. al-Jahmi was examined in his hospital room:

He is lying on his hospital bed. He is neat, clean and groomed. He is in no apparent pain or discomfort, but appears cachectic and fatigued. Speech is weak and slightly labored.

Blood pressure is 165/90 with a pulse of 72, regular. Respiratory rate is 22. The head is atraumatic and normocephalic. There is a benign appearing nevus on the occiput. External ear exam shows no deformities; otoscope is unavailable so canal and tympanic membranes are not assessed. Pupils are equal, round and reactive to light. Ophthalmoscope is unavailable so fundocsopic exam is not performed. Nasal passages are patent and no polyps visable. Mouth exam reveals moist mucous membranes without visible lesions. Dentition is fair to good. Neck is supple without adenopathy. There is no jugular venous distention. Cardiac exam reveals slight lateral displacement of PMI. There is a normal S1 and S2 with a II/VI systolic murmer and no S3. Lung exam is notable for few crackles at the base and decreased lung sounds at right

base. Abdomen is soft, non-distended, non-tender. There are no masses. Normal active bowel sounds are noted on auscultation. Extremities are notable for an intravenous hub in the left forearm. Lower extremities show only trace edema. Dorsalis pedis and posterior tibialis pulses are weak, but present. Foot exam reveals intact skin without cracks or redness. Sensory exam to light touch is normal. Cranial nerves II-XII are grossly intact. Motor and sensory exam in all four extremities is within normal limits. Joint exam reveals no swelling, tenderness or deformities. Gait is observed with the patient walking cautiously with slightly stooped posture. He uses a cane.

On mental status exam his speech is clear and articulate. His presentation is straightforward and logical. There is no delusional speech, and no reports of audio or visual hallucinations. There is no flight of ideas or thought disorder, or evidence of pressured or manic speech. He is oriented to person, place and time, only missing the date by a day (saying it is the 12th of March when it is actually the 13th). He is able to recite serial sevens (the sevens tables) quickly and with ease. He repeats "no ifs, ands or buts" clearly. He is able to recall three objects immediately, but unable to recall them several minutes later after distraction. He is able to identify and name a pen and a watch. He is able to follow a complex multi-step instruction. He is able to read, in Arabic, the phrase "close your eyes" and follow the instruction. He is able to copy a standard image used to test spatial relations.

Summary

Mr. al-Jahmi suffers from coronary artery disease, congestive heart failure, hypertension, diabetes mellitus with possible peripheral neuropathy, prostatic hypertrophy with elevated PSA blood test.

He presented to Tripoli Medical Center approximately eight months ago in florid heart failure that appears to have developed over a short period of time. He has two possible reasons for heart failure. One is high blood pressure, which causes changes to the heart slowly over time. He likely has some component of this kind of failure and his history and cardiac ECHO are consistent with this. At the same time, another cause of heart failure is ischemic cardiomyopathy related to cardiac ischemia due to coronary disease. The sudden onset of his heart failure recently and evidence of ongoing ischemia on EKG suggests that this may be the greater factor at this current time.

His physician and I agree that he should have a prostate biopsy and a cardiac catheterization. The more pressing of the two is the catheterization. Such a procedure is available at Tripoli Medical Center, which reportedly does a high volume of these procedures. The patient has declined to have it done there because of impaired trust based on past experiences.

Trust is the foundation of successful medical care. In the context of prolonged incarceration associated with intermittent care and a significant decline in health status, Mr. al-Jahmi's limited trust in his current treatment team is understandable. He says he feels his doctor has provided good care in the past few months, and his account of this period corroborates Dr. Rahman's account of this period. However, it is impossible to ignore that his health has declined over the past several years while in the custody of the Libyan authorities.

It would be in the best interests of all parties concerned that Mr. al-Jahmi be returned to the custody of his family on discharge to the hospital in the very near future. Mr. al-Jahmi has a right to seek ongoing care from the physician of his choice, including seeking care abroad. In any event, cardiac catheterization should be performed in a qualified facility of Mr. al-Jahmi's choosing within the upcoming weeks. There is a very real risk of an acute cardiac ischemic event including heart attack or death, so there is some urgency to this important diagnostic test and subsequent definitive care.

In addition, he does need a prostate biopsy to exclude prostate cancer. This procedure is not as urgent and should be undertaken within the upcoming months.

He will require continued medications and ongoing monitoring by qualified physicians and is in need of rehabilitation given his weakened state. In his case, recuperation may best occur in a family home setting where his stress will be minimized.

In my professional opinion, I find his current care over the past several months to meet standard of care and is comparable to care that would be available abroad. Tripoli Medical Center is a modern and apparently well-run facility. Mr. al-Jahmi's improvement in cardiac function in that facility has been dramatic. The medical recommendations of his current physician appear to be sound and I have no significant disagreements with their care or recommendations. However, there is disagreement in accounts of care prior to this year. I have requested medical records to help clarify this significant period.

In any event, the major obstacle remaining is the issue of trust. While recent care helps to establish trust, rebuilding trust between patient and care provider after trust has eroded takes time. The patient requires relatively urgent invasive testing and possibly surgery in the form of angioplasty or coronary artery bypass. In my opinion, care abroad may be the only option that addresses this problem in a timely manner.

Consent

Mr. Fathi al-Jahmi understood that he had a right to complete confidentiality regarding my history and exam and with his other medical records and reports. He waived that confidentiality in English and Arabic on two separate days and gave us explicit permission to share any and all of his medical information to publicly document his condition and status and level of care. He explicitly gave permission for his detailed medical information to be published in print, in the press and on the Internet.

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