

Abstract

Police brutality appears to be on the increase in South Africa as revealed in the media. Statistics released by the Independent Police Investigative Directorate (IPID) seem to support this statement. This paper argues that current quantitative data used to reflect the incidence of police brutality in South Africa is unreliable. The data or statistics are based on cases that are reported and investigated. Investigations are only initiated upon receipt of a complaint (with the exception of those cases that have occurred in custody). It is argued that not all cases of police brutality are reported to the IPID for a variety of reasons, namely inadequate awareness of the complaint and reporting process, fear of reprisal or poor economic circumstance.

Since most cases of police brutality would most likely require some medical intervention, either in the form of physical treatment or psychological counselling, it is argued that the medical doctor is in a position to expose or cover-up incidents of police brutality or cruel, inhuman or degrading treatment or punishment.

This paper suggests that medical doctors can participate in an epidemiological type of surveillance where incidents of police brutality are recorded and reported. Further, the current J88 form used to report common assault or assault with intent to do grievous bodily harm can be modified based on the Istanbul Protocol, to record and document the complaint and injuries for further investigation and prosecution.

Finally, it is argued that since police brutality as a cruel, inhuman, degrading treatment or punishment is a human rights violation and in contravention of the Bill of Rights of South Africa (Chapter 2, Act 108 of 1996) that the medical doctor has at the very least, a moral and ethical duty to report police abuse.