ORIGINAL ARTICLE

Psychiatric diagnosis and criminal record determine the courts' decisions

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INTRODUCTION

Section 69 of the Danish Penal Code implies the possibility of sentencing also non-psychotic offenders to treatment when this is considered expedient. The aim of this study was to analyse which factors influence the courts' decisions to sentence offenders to psychiatric treatment instead of punishment.

MATERIAL AND METHODS

The psychiatric statements of the Danish Medico-Legal Council from 1 April 2005 to 31 December 2007 were screened retrospectively to sample all cases processing non-psychotic offenders under Section 69. Analyses were performed using logistic regression with a verdict of a measure of psychiatric treatment as the response variable as opposed to punishment; the following reference variables were used as the main explanatory variables: demographic data, diagnosis, prior and present charges, and psychiatric history. The selection of the material thus ensures diagnostic validity.

RESULTS

A psychiatric diagnosis is clearly the most decisive factor associated with a psychiatric treatment measure, but also psychiatric history and prior offences have a significant impact. The present charge only has limited influence.

CONCLUSION

Section 69 of the Danish Penal Code is still used as intended, i.e. treatment measures are given according to psychiatric needs and take into consideration the offender's criminal behaviour.

FUNDING

This study received funding from the Ministry of Health and the Health Foundation (Helsefonden).

TRIAL REGISTRATION

The Danish Data Protection Agency has approved the study. Approval from the Danish Data Protection Agency was obtained (file no. 2012-41-1272).

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ORIGINAL ARTICLE

Substantial interobserver variation of thyroid volume and function by visual evaluation of thyroid ^{99m}Tc scintigraphy

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INTRODUCTION: ^{99m}Tc-pertechnetate scintigraphy is much used in the evaluation of patients with nodular goitre. We investigated the ability of experienced observers to estimate the thyroid 24-h ^{131}I uptake (RAIU) and the thyroid volume by visual evaluation of the scintigram.

MATERIAL AND METHODS: Two endocrinologists and two nuclear medicine specialists visually evaluated thyroid scintigrams from 171 patients with nodular goitre. The variables were assessed in a blinded fashion according to predefined categories and then compared with the true values. The assessments were repeated after four weeks. Kappa (κ_ω) statistics were used.

RESULTS: Low probability (range 6-22%) for the observers to assess the thyroid RAIU correctly. Probability of assessing the thyroid volume correctly in the 14-22% range. Endocrinologists underestimated the thyroid RAIU, mostly when RAIU > 30%. All observers significantly underestimated thyroid volume > 80 ml. Low interobserver agreement for the thyroid RAIU assessment (κ_ω: 0.03-0.43) and for the thyroid volume assessment (κ_ω: 0.19-0.48). Corresponding κ_ω for the intraobserver agreement were 0.34-0.68 and 0.37-0.62. Nuclear medicine specialists achieved a significantly higher agreement than endocrinologists evaluating parameters.

CONCLUSION: Thyroid ^{99m}Tc scintigraphy has poor interobserver agreement and is inaccurate for assessment of quantitative thyroid parameters, even when performed by experienced specialists.

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