

THE STATUS OF "MEDICAL AGE ESTIMATIONS" IN SWEDEN.

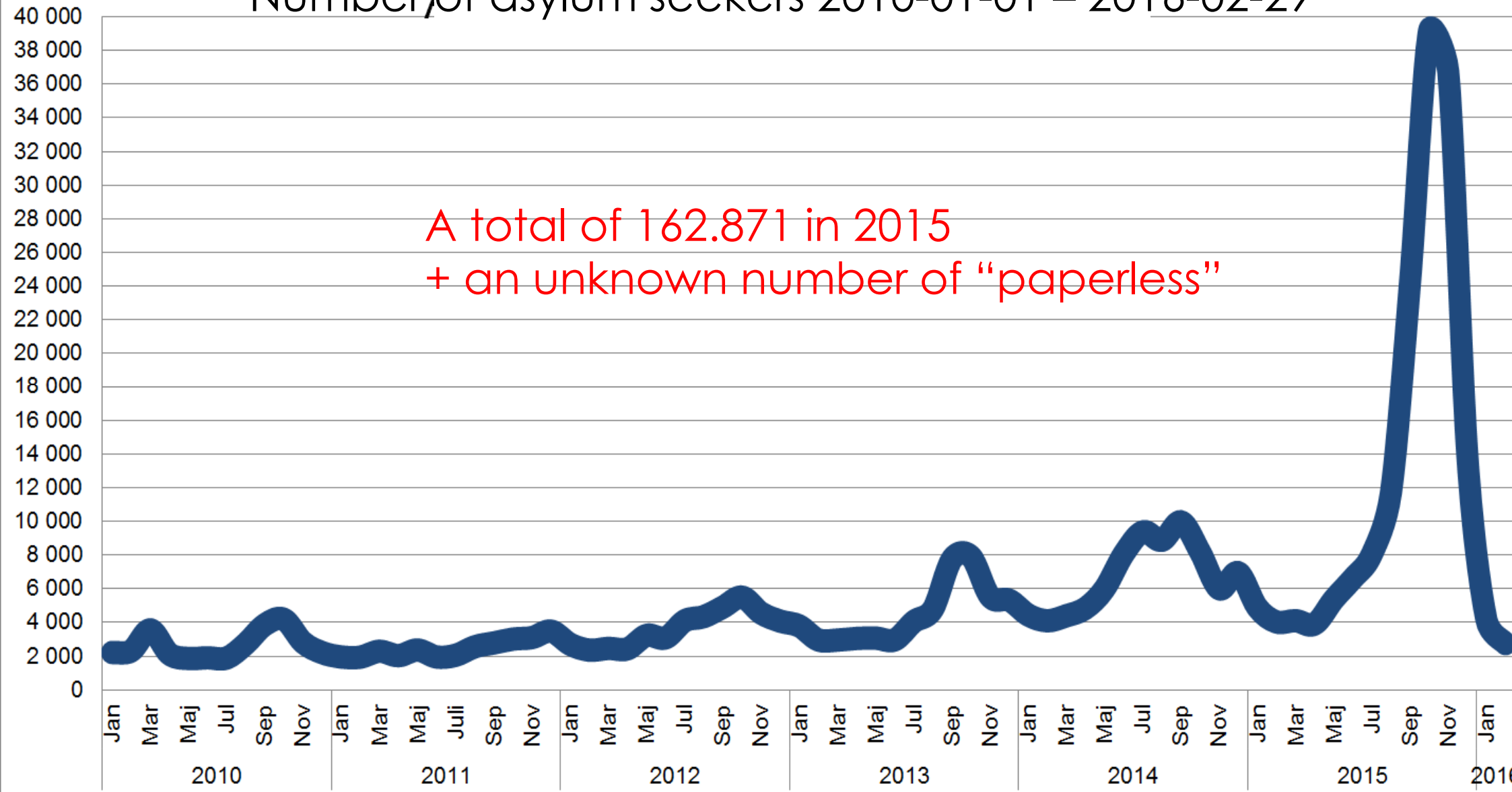
Håkan Mörnstad

AGFAD, Berlin March 18, 2016

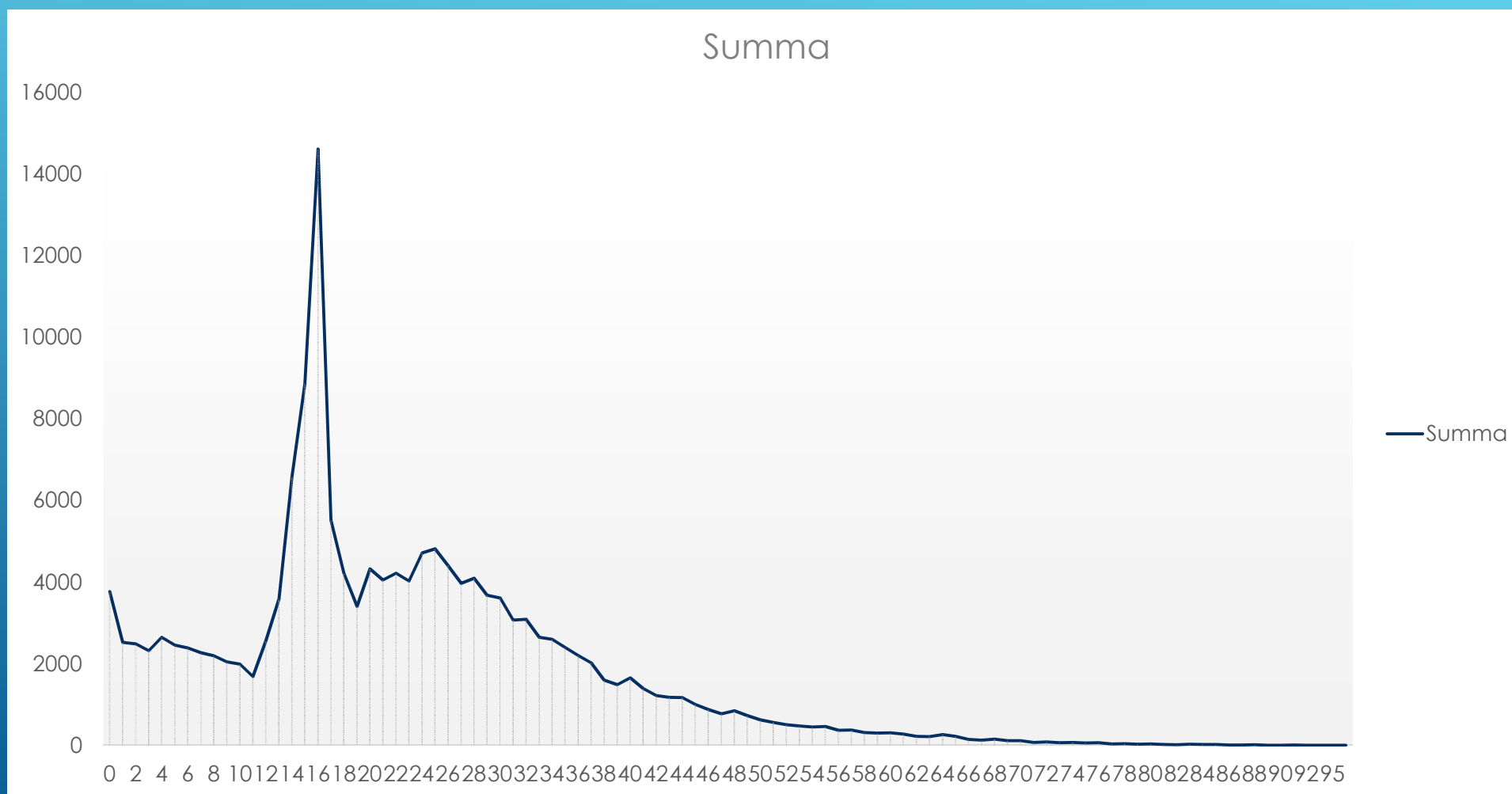
“THERE IS SOMETHING ROTTEN IN THE
STATE OF SWEDEN”

The image features a solid blue background with a gradient from light blue at the top to a darker blue at the bottom. In the center, the text "“THERE IS SOMETHING ROTTEN IN THE STATE OF SWEDEN”" is written in white, uppercase, sans-serif font. In the bottom right corner, there are several white, parallel diagonal lines of varying lengths, creating a sense of motion or a graphic element.

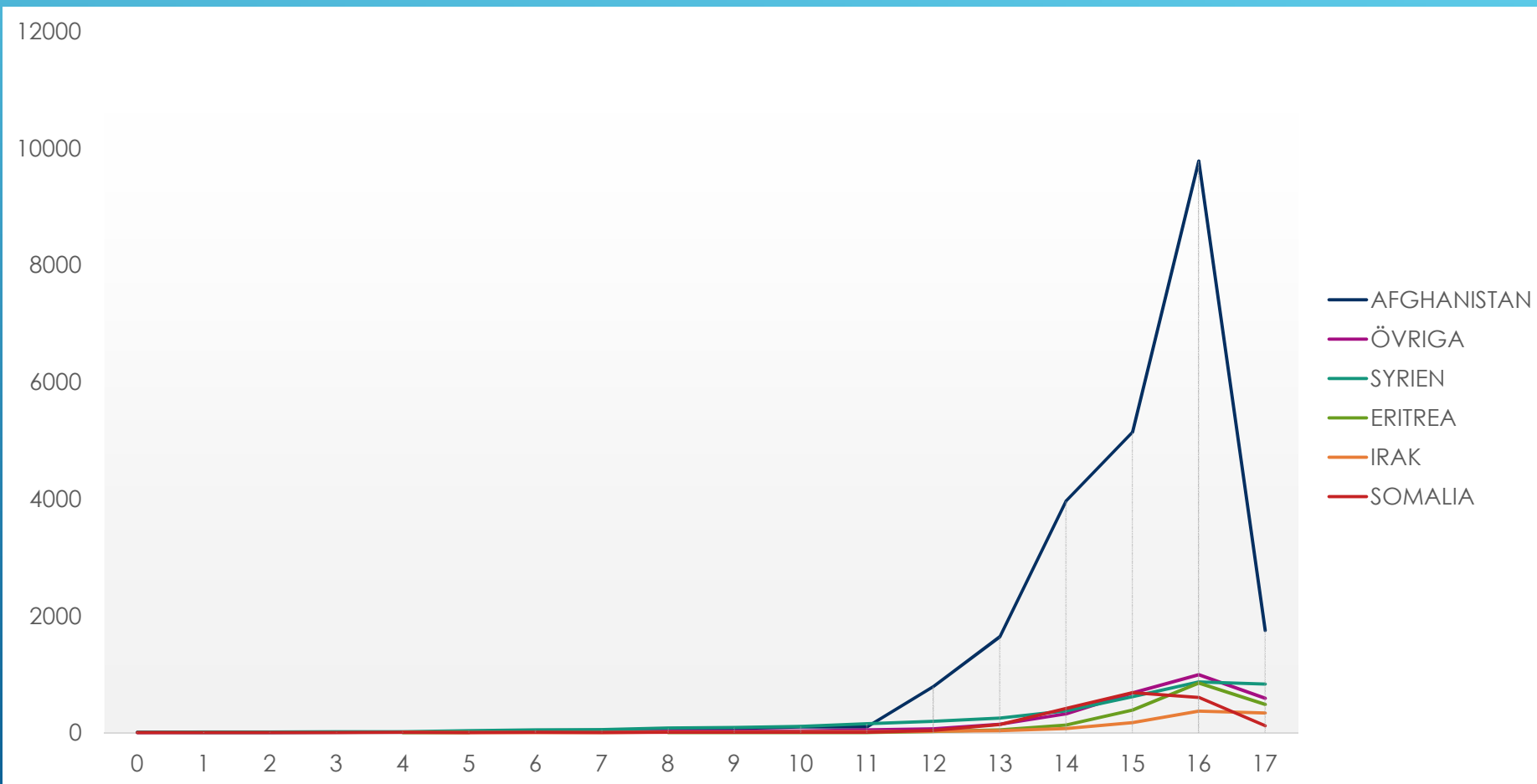
Number of asylum seekers 2010-01-01 – 2016-02-29



Age distribution of asylum seekers 2015



Unaccompanied minors 2015



Socialstyrelsens författningssamling

Socialstyrelsens allmänna råd;

Medicinsk åldersutredning av invandrarbarn och adoptivbarn

SOSFS 1993:11 Upphävd gm SOSFS 2012:13

Rekommendationer för medicinska åldersbedömningar

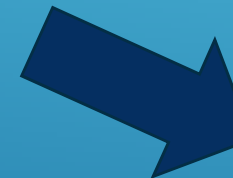
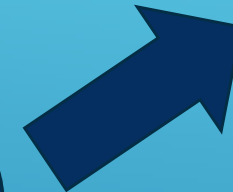
Socialstyrelsen rekommenderar följande för medicinska åldersbedömningar.

- 1 Medicinska åldersbedömningar bör inledas som rutin med en klinisk pediatrik undersökning av den unge och omfatta anamnes och en antropometrisk bedömning.
- 2 Röntgenundersökningar av handskelett och tänder bör komplettera den pediatrika undersökningen för en medicinsk åldersbedömning.
- 3 De medicinska behov hos barnet som identifieras vid åldersbedömning bör följas upp och tillgodoses genom remittering till tandvård respektive hälso- och sjukvård för behandling i enlighet med lagen (2008:344) om hälso- och sjukvård åt asylsökande m.fl.
- 4 De osäkerheter som finns, med de i dessa sammanhang använda radiologiska metoderna, bör hanteras på ett standardiserat sätt genom användande av fastställda protokoll för utlåtanden vid medicinsk åldersbedömning med röntgenundersökningar.
- 5 Beräkning av sannolikheter att en enskild är över 18 år bör genomföras på en för medicinska sammanhang normalt acceptabel nivå, vilket innebär att 95 procents sannolikhet bör krävas vid den radiologiska bedömningen.
- 6 Med hänsyn till osäkerheten i metoderna bör den sammantagna bedömningen av allt utredningsmaterial om den uppgivna åldern gjorts sannolik eller inte, vara generös och styras av bevislätnadsregeln om tvivelsmålets fördel (benefit of the doubt).
- 7 Migrationsverkets och Socialstyrelsens gemensamt utarbetade mallar/protokoll bör användas för utformning av dels begäran om medicinsk/radiologisk undersökning, dels remissvar.
- 8 Radiologiska och pediatrika undersökningar och bedömningar bör genomföras av radiologer, rättsodontologer och barnläkare vid ett begränsat antal kliniker runt om i landet och en sammanhållen medicinsk bedömning grundad på dessa utlåtanden bör göras **centralt** av specialister vid en eller ett par institut, myndigheter eller motsvarande, med vilka Migrationsverket slutit avtal.

Migration Authority



Hand x-ray by a radiologist

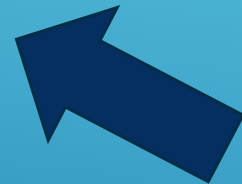


Psychosocial examination



Compiled by a pediatrician

Dental x-ray by a forensic odontologist



Clinical pediatric examination, history, anthropometry



1. Clinical pediatric examination, history, anthropometry
2. X-ray hand and teeth
3. The need of dental and health care shall be taken care of
4. Statistical uncertainties in X-ray be described and report standardized
5. 95% probability needed for those above 18 years
6. Uncertainty, benefit of the doubt
7. Centralized and standardize forms for referrals and reports
8. Only radiologists, forensic dentists, and pediatricians in a few places

- Support research and development of methods, incl. psychological and psychosocial methods
- Arrange meetings to construct forms
- Produce forms for medical and radiologic examination, and for referral answers and final report

1. Clinical pediatric examination, history, anthropometry
2. X-ray hand and teeth
3. Possible health care
4. X-ray and report standardized
5. 95% probability
6. Uncertainty, benefit of the doubt
7. Centralized standardize forms for referrals and reports
8. Only radiologists, forensic dentists, and pediatricians in a few places

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This all collapsed when

- the leading pediatricians refused to give the MA the basis for their given ages
- the MA reacted and stopped using them in the end of 2014

Reasons:

- Done by the health care
- Must be by forensic medicine

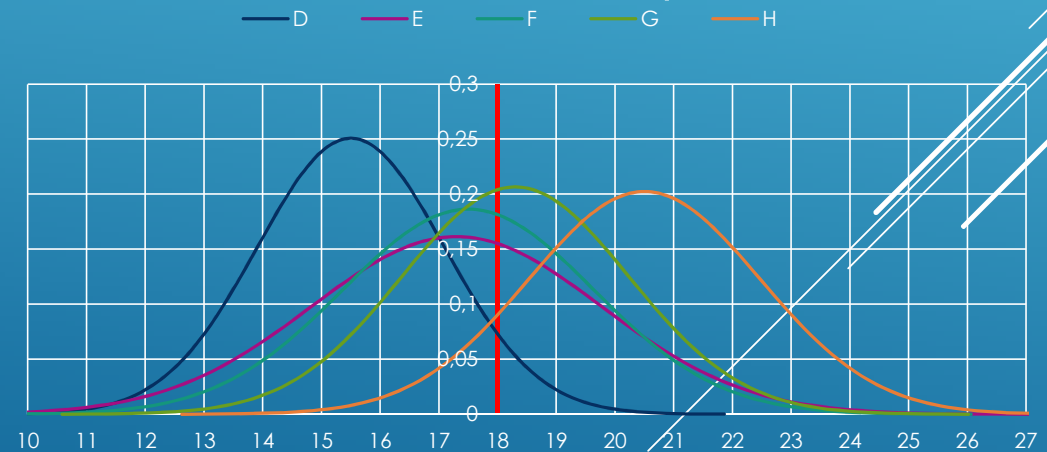
Present situation:

- MA decides: you are above 18 years
 - The applicant is given a “good man”
 - The applicant is given a lawyer
 - It is up to the applicant to prove his age
 - The only solution is a dental age estimation
 - I am the only one since spring 2015
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Results of about 150 cases

- 80% probably > 18 years (stage H)
- 10% probably under 18 years (stage E)
- 10% 50/50 (stages F and G)

Wisdom tooth, x-ray, Mincer

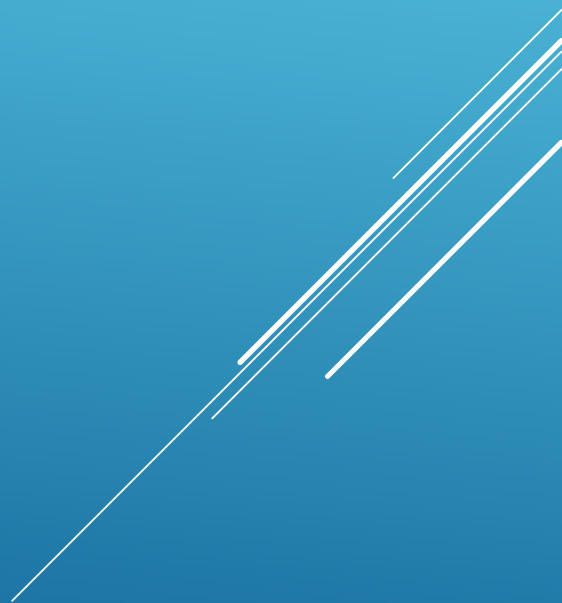


The government has decided that medical age estimations are to be started again.

But when?

Everyone waiting for recommendations by the National Board of Health and Social Care

What is going on just now

- The *National Board of Health and Social Welfare* is scrutinizing the literature
 - Will suggest new procedures
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Leakage from the Working group:

- New dental methods with x-ray and MRI
- Computerized, automatic reading of images
- This will give an uncertainty of only +/- 1 year
- Psychosocial examination
- Ethical considerations

Problems as I see it:

- Head of department and project leader clinical pediatricians
- None of them with previous experience of age estimations
- Project leader active in the Green Party
- Lobbying by the “psychosocial “ group
- Nobody with practical experience of age estimations
- Practically and economically impossible

My suggestions:

- Forensic medicine, and not the regular health care
 - Get started now with best current x-ray methods
 - Change methods as soon as better are available
 - Use MRI when equipment is available
 - Test every child where age is questionable
 - Test immediately at arrival
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