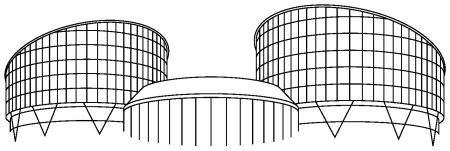

EUROPEAN COURT OF HUMAN RIGHTS
COUR EUROPÉENNE DES DROITS DE L'HOMME

THIRD SECTION

CASE OF AMIROV v. RUSSIA

(Application no. 56220/15)

JUDGMENT

STRASBOURG

17 October 2017

This judgment is final but it may be subject to editorial revision.

In the case of Amirov v. Russia,

The European Court of Human Rights (Third Section), sitting as a Committee composed of:

Luis López Guerra, *President,*
Dmitry Dedov,
Jolien Schukking, *judges,*
and Fatoş Aracı, *Deputy Section Registrar,*

Having deliberated in private on 26 September 2017,

Delivers the following judgment, which was adopted on that date:

PROCEDURE

1. The case originated in an application (no. 56220/15) against the Russian Federation lodged with the Court under Article 34 of the Convention for the Protection of Human Rights and Fundamental Freedoms ("the Convention") by a Russian national, Mr Said Dzhaparovich Amirov ("the applicant"), on 17 November 2015.

2. The applicant was represented by Mr G. Thuan Dit Dieudonné, a lawyer practising in Strasbourg. The Russian Government ("the Government") were represented initially by Mr G. Matyushkin, the Representative of the Russian Federation to the European Court of Human Rights, and then by his successor in that office, Mr M. Galperin.

3. The applicant complained, in particular, of the conditions of his detention and a lack of appropriate medical care.

4. On 12 May 2016 the above complaints were communicated to the Government. The Court also indicated under Rule 39 of the Rules of Court that they should ensure that the applicant received treatment in a medical facility capable of ensuring adequate medical care. Priority treatment was given to the case under Rule 41 of the Rules of Court.

5. The Government objected to the examination of the application by a Committee. Having considered the Government's objection, the Court rejects it.

THE FACTS

I. THE CIRCUMSTANCES OF THE CASE

6. The applicant was born in 1954. He lived in the Republic of Dagestan and was the mayor of Makhachkala between 1998 and 2013. He is currently

detained in correctional colony no. 6 in Orenburg Region ("the correctional colony").

A. Background of the case

7. In June 2013 the applicant was arrested and placed in custody pending criminal proceedings against him. He suffered from several illnesses, including a urinary condition, a rectal prolapse, hepatitis C, and type 2 diabetes. He was confined to a wheelchair and had to use catheters and enemas to urinate and defecate.

8. On 12 August 2013 he lodged an application with the Court complaining that he was not receiving adequate medical assistance in detention. Four days later the Court indicated to the Russian Government under Rule 39 of the Rules of Court that he should be examined by medical experts.

9. On 27 November 2014 the Court delivered a judgment in the case, finding, *inter alia,* that there had been violations of Articles 3 and 34 of the Convention on account of the authorities' failure to provide the applicant with adequate medical care or to comply with the interim measure indicated (see *Amirov v. Russia*, no. 51857/13, §§ 75, 93, and 94, 27 November 2014).

10. Relying on Article 46 of the Convention the Court held that the authorities should admit the applicant, at that time detained in remand prison no. 4 in Rostov-on-Don, to a specialised medical facility where he should remain under constant medical supervision and should be provided with adequate medical services corresponding to his needs; alternatively, the authorities could place him in a specialised prison medical facility, if the facility could guarantee the requisite level of medical supervision and care. (see *Amirov*, cited above, § 118).

B. The applicant's further detention

1. Remand prison

11. After 27 November 2014, the date of the Court's judgment in the applicant's first case, he continued being detained in the remand prison pending the completion of his trial.

12. According to the information from the Government, in 2014 the applicant's cell was re-equipped to take account of his needs as a wheelchair user. Handrails were installed near his bed and the toilet, and the furniture was put at a lower level in order to be accessible. Wheelchair ramps and a lift were installed in the detention facility. A room for personal-hygiene procedures needed by the applicant was located opposite his cell with all the necessary equipment.

13. In 2015 he was examined by various doctors, such as a general practitioner, a neurologist, a surgeon, a urologist, and a proctologist. He underwent basic medical tests and received the treatment he had been prescribed. The prison doctors found his overall condition to be satisfactory.

14. The applicant's lawyers noticed, however, that his state of health had worsened. They solicited medical opinions on the treatment required.

15. On 14 July 2015 Dr W., a specialist in neurology, examined the applicant. He noted progressive muscular dystrophy, the development of leg convulsions, and urinary problems. An immediate admission to a specialised hospital for long-term treatment and urological surgery was recommended. The doctor said that further detention in prison would put the applicant's life at risk.

16. On 30 October 2015 the applicant was examined by a forensic expert, Dr N., who confirmed the deterioration of his medical condition, and noted the development of bedsores. The doctor suggested that the applicant's state of health might warrant early release on medical grounds and stated that he needed constant medical care.

17. On 22 January 2016 Dr N. assessed the quality of the medical care in the remand prison. He noted the absence of exercise therapy, physiotherapy, and massage, and was concerned that the prison premises were not sterile enough for hygienic procedures.

18. In the meantime, on 27 August 2015 the Military Court of the North-Caucasus Circuit found the applicant guilty of having organised an act of terrorism and an attempt to murder an investigator in his case. He was sentenced to life imprisonment in a high-security correctional colony. The Supreme Court of Russia upheld the conviction and sentence on 24 March 2016.

2. Medical unit in the correctional colony

19. On 1 April 2016 the applicant was sent to serve his sentence in the correctional colony.

20. He spent the first two weeks of his detention in an ordinary cell in the quarantine wing. According to a letter from the chairman of the Committee for Civil Rights sent to the applicant's lawyer on 20 April 2016, the cell was not adapted to the needs of a wheelchair prisoner. The applicant depended on his fellow inmates, who assisted him in his daily needs, including helping him to perform enemas on himself.

21. Every day the applicant was taken, handcuffed and blindfolded, to the prison yard for exercise.

22. On 2 April 2016 he was examined by several prison doctors: a tuberculosis specialist, an infectious-diseases specialist, a dentist and a general practitioner. The latter recorded his illnesses, ordered blood and urine tests, and prescribed treatment, comprising of a special diet and drugs. He noted that the applicant needed regular catheterisation and enemas.

Examinations by specialists in endocrinology, ophthalmology, gastroenterology, neurology, cardiology, urology, and surgery, and exercise therapy were recommended.

23. The applicant was regularly visited by the prison general practitioner in the quarantine wing and underwent blood and urine tests. The doctor was satisfied with his medical condition and the results of his treatment.

24. On 14 April 2016 the applicant was moved to medical unit no. 56 and placed in cell no. 12. He shared its space of 14 sq. m with one cellmate. The applicant was provided with a wide bed, a sink installed at a low level, and a medical couch, which he used during self-catheterisation procedures. Enemas were carried out in a separate room twice a week with the assistance of the medical unit staff. The custodial authorities continued handcuffing and blindfolding him while he was escorted to the yard.

25. On 11 May 2016 he was examined by several doctors: a general practitioner, an endocrinologist, a neurologist, and a urologist from the civilian hospital in Sol-Iletsk. According to the medical records kept by the doctors, his medical condition was acute. No recommendations for inpatient treatment or urgent medical measures were made. The endocrinologist ordered tests of his thyroid-gland hormones, which were carried out on the same day. The neurologist prescribed exercise. The latter prescription was endorsed by a prison doctor on 19 May 2016.

26. On 23 May 2016 the applicant was again examined by the endocrinologist, who noted, *inter alia*, the risk due to a low level of thyroid hormones. Another hormone test was prescribed for August 2016.

27. The applicant was examined by a medical board to establish whether he was entitled to early release on medical grounds. The board concluded that his medical condition did not warrant it.

28. From 6 to 8 June 2016 a commission of officials from the Russian Ombudsman's Office, the Orenburg Ombudsman's Office, the Orenburg prosecutor's office, the Federal Service of the Execution for Sentences in Orenburg Region and medical unit no. 56 came to the applicant's detention facility and examined the quality of his medical care. The commission concluded that it was adequate.

29. On 8 June 2016 the applicant was visited by an exercise-therapy specialist, who taught him exercises to support his health. It appears that this visit was a follow-up to previous visits by the specialist, in April and May 2016. However, the medical record does not disclose particular details of the recommendations made on those two previous occasions.

30. On 4 July 2016 two members of the Orenburg Regional Public Commission for Monitoring the Protection of Human Rights in Detention (*Общественная наблюдательная комиссия Оренбургской области)* inspected the colony. It appears that by the time of the inspection the applicant had been moved to another cell. The inspectors noted in particular, that the cell was divided into three sections by metal bars and housed six

inmates. The applicant's section measured 10.8 sq. m; it had a bath, a medical couch, a sink, and a bedside table with television set. The toilet was not partitioned from the rest of the cell and the applicant could be observed by his cellmate while using it. The correctional colony lacked wheelchair ramps, so the applicant could not freely access the yard or meeting rooms. He complained that the necessary drugs had had to be supplied by his relatives, owing to a lack of funds, which were to be allocated in the near future. Medical supervision was carried out by the general practitioner as regular examinations by other specialists had not been considered necessary. Allegedly owing to the applicant not having received medical massages, the applicant's legs started convulsing. He was assisted by his cellmate, who helped him to get into bed. The applicant was not given a special diet.

31. On 11 August 25 October and 16 December 2016, and 19 April 2017 a special medical board of highly qualified civilian and prison doctors, and specialists in cardiology, endocrinology, neurology, and urology examined the applicant. They concluded that there was no need to admit the applicant to a specialist medical facility and that he could continue receiving treatment in the medical unit. The doctors were satisfied with the quality of medical care given to the applicant.

3. Complaint to the Ombudsman of the Russian Federation

32. In the meantime the applicant's lawyer complained to the Ombudsman of the Russian Federation of the applicant's detention conditions and the poor quality of his medical treatment. The complaint was forwarded to the prosecutor's office for the supervision of detention facilities in Orenburg Region. Having carried out enquiries, on 5 July 2016 the Office replied as follows:

> "It has been established that on admission to [the correctional colony the applicant] was placed in [a cell of the quarantine wing]. It was designed for two persons and measured 12 sq. m, which satisfied the requirements of the Execution of Sentences Act ... [The applicant's] cellmate assisted him in his daily needs, which included hygienic procedures and moving around the cell. Accordingly, [the applicant] was not restricted in his rights ...
>
> The allegation that [the applicant] was not provided with special conditions [needed in his situation] is not true. His cell in the medical unit is furnished with a specially designed table, a bed and a sink, so he can easily access them and move freely about the cell.
>
> [The applicant] is assisted by the medical unit staff members and inmates in his movements within the medical unit, in particular when entering/leaving buildings in a wheelchair, and in his daily needs.
>
> As called for by [the applicant's] disability and illnesses, he is examined by the prison doctors on a daily basis, he receives medical treatment as prescribed to the relevant medical standards, and he is provided with dietary nutrition.
>
> In May 2016 [the custodial authorities] provided him with a mattress [to prevent] bedsores.

> [The applicant] urinates with the help of a catheter which he inserts six to seven times per day (as recommended by [a urologist]). He defecates with the help of enemas performed every three days by medical staff from the medical unit. Detainees, who work in the medical unit, escort [the applicant] to a special room for that procedure and clean it afterwards.
>
> The regional medical standard "Procedures for simple medical procedures, desmurgy and immobilisation", approved by an Order of the Ministry of the Health Care and Social Development of Orenburg Region on 5 March 2010 does not require catheterisation or enemas to be carried out in a sterile room. Sterile catheters and enemas tips are used by [the applicant].
>
> In breach of Article 30 of the Penal Institutions Act (Federal Law no. 5473-1 of 21 June 1993), [the applicant] was escorted for walks handcuffed and blindfolded until 24 May 2016.
>
> Moreover, the inquiry, which had been performed earlier, revealed breaches of Article 101 § 7 of the Russian Code on the Execution of Sentences and Articles 10, 11, and 11.1 of the Social Protection of the Disabled in the Russian Federation Act (Federal Law of 24 November 1995 No. 181-FZ). [In accordance with the aforementioned Regulation, the applicant] should have been given the necessary devices (a wheelchair for mobility, an indoor wheelchair, a gel pillow to prevent bedsores, nappies for adults, and urinals). However, the custodial authorities have not provided him with those items. [Moreover,] the detention facility did not take measures to provide the exercise and sport therapy [for the applicant] indicated in his rehabilitation programme.
>
> In the light of the above, on 2 June 2016 the prosecutor's office for supervision of detention facilities in Orenburg issued a formal order to the head of the correctional colony to rectify the identified shortcomings. The order has been ... complied with ...
>
> There are no grounds for a further intervention by the prosecutor ..."

II. RELEVANT DOMESTIC LAW AND INTERNATIONAL MATERIALS

33. The relevant provisions of domestic and international law are set out in *Topekhin v. Russia* (no. 78774/13, §§ 51-58, 10 May 2016), and *Amirov v. Russia* (no. 51857/13, §§ 50-57 and §§ 59-60, 27 November 2014).

THE LAW

I. ALLEGED VIOLATION OF ARTICLE 3 OF THE CONVENTION

34. The applicant complained under Articles 2 and 3 of the Convention that he had not been provided with the adequate medical care in the remand prison, and that the conditions of his detention and treatment in the colony's medical unit did not correspond to his needs. His grievances fall to be examined Article 3 of the Convention, which reads:

"No one shall be subjected to torture or to inhuman or degrading treatment or punishment."

A. The parties' submissions

35. The Government put forward two lines of argument.

36. Firstly, they argued that the applicant's claim should be rejected because he had failed to exhaust domestic remedies, specifically to bring his complaints to the domestic courts.

37. Secondly, they argued that the applicant had received adequate treatment and had been detained in conditions which had been appropriate for his state of health. His cell was designed for the needs of a wheelchair-user and he received the necessary assistance from the staff members of the medical unit daily. The medical unit was fully staffed and equipped to deliver appropriate medical supervision over his condition. The applicant had had access civilian doctors for examinations and the custodial authorities had complied with their recommendations. In June 2016 he had started exercise therapy.

38. Relying on the medical opinions of Dr W. and Dr N. (see paragraphs 15-17 above) the applicant argued that adequate medical care and in-depth medical examinations, in particular regarding his urinary and neurological conditions, had not been available to him in the remand prison and the medical unit of the correctional colony. He was unsatisfied with the lack of the supervision by key medical specialists, the poor supply of drugs and catheters, and being dependent on inmates' assistance. He further argued that his cell in the medical unit was too small and unsterile and had no partition to separate the toilet. The correctional colony did not have lifts or wheelchair ramps. He also complained of having been handcuffed and blindfolded for the first two weeks during his detention in the colony.

B. The Court's assessment

1. Admissibility

(a) Compatibility *ratione materiae*

39. The Court has first to determine whether it is competent *ratione materiae* to examine the present application, taking into account that it has already found a violation of Article 3 of the Convention on account of the authorities' failure to provide the applicant with the medical care he needed (see *Amirov v. Russia*, no. 51857/13, §§ 93 and 94, 27 November 2014).

40. The Court reiterates that in the specific context of a continuing violation of a Convention right following adoption of a judgment in which it found a violation of that right during a certain period, it is not unusual for the Court to examine a second application concerning a violation of the

same right during the subsequent period (see *Wasserman v. Russia (no. 2)*, no. 21071/05, § 33, 10 April 2008; *Rongoni v. Italy*, no. 44531/98, § 13, 25 October 2001; and *Mehemi v. France (no. 2)*, no. 53470/99, § 43, ECHR 2003-IV). Taking into account that the applicant's complaints in the present case concern a subsequent period of his detention, the most of which he has spent in a different detention facility, the Court considers that it has competence to consider them.

(b) Exhaustion of domestic remedies

41. In assessing the Government's argument that the applicant failed to exhaust the available avenues of domestic protection regarding the allegedly inadequate medical treatment, the Court reiterates that it has consistently held that the remedies proposed by the Government do not satisfy the relevant criteria (see *Yunzel v. Russia*, no. 60627/09, § 44, 13 December 2016; *Piskunov v. Russia*, no. 3933/12, § 46, 4 October 2016; *Ivko v. Russia*, no. 30575/08, §§ 85-88, 15 December 2015; *Khalvash v. Russia*, no. 32917/13, §§ 49-52, 15 December 2015; *Patranin v. Russia*, no. 12983/14, §§ 82-88, 23 July 2015; *Koryak v. Russia*, no. 24677/10, §§ 82-86, 13 November 2012; and *Reshetnyak v. Russia*, no. 56027/10, §§ 65-73, 8 January 2013). The Court therefore rejects the Government's non-exhaustion objection.

(c) Conclusion as to admissibility

42. The Court finds that the applicant's complaints under Article 3 are not manifestly ill-founded within the meaning of Article 35 § 3 of the Convention and that they are not inadmissible on any other grounds. They must therefore be declared admissible.

2. Merits

(a) General principles

43. The applicable general principles were summarised in the cases of *Blokhin v. Russia* ([GC] no. 47152/06, §§ 135-40, ECHR 2016); *Topekhin v. Russia* (no. 78774/13, §§ 66-70, and 78-81, 10 May 2016); and *Amirov* (cited above, §§ 82-86).

(b) Application of the above principles to the present case

(i) Remand prison

44. At the outset the Court observes that following the adoption of the judgment in the first application brought by the applicant (see *Amirov*, cited above), the applicant's situation changed. The custodial authorities improved the conditions of his detention in the remand prison (see

paragraph 12 above) and allowed him to be examined by various doctors (see paragraph 13 above).

45. However, the applicant remained dissatisfied with the quality of the medical care in that facility. He cited the medical opinions and expert reports prepared by Dr W. and Dr N. They agreed, that the medical care which the applicant had received in the remand prison had been inappropriate (see paragraphs 15-17 above).

46. The Court notes that the applicant's submissions concerning the quality of the medical care in the remand prison were supported by detailed expert reports. Unlike them, the Government's submissions on the matter were only based on the prison doctors' written opinions, which merely listed the applicant's medical examinations and prescriptions, but contained no proper assessment of the quality of the medical care in the light of the applicable standards and guidelines.

47. The Court considers that the evidence from the Government is unconvincing and insufficient to rebut the applicant's account of his treatment and the expert conclusions on its quality. In such circumstances, the Court considers that his allegations of inadequate treatment in the remand prison have been established to the requisite standard of proof (see, *mutatis mutandis, Maylenskiy v. Russia*, no. 12646/15, § 50, 4 October 2016, and *Kondrulin v. Russia*, no. 12987/15, § 58, 20 September 2016).

(ii) Medical unit in the correctional colony

48. Turning to the quality of the treatment in the correctional colony, the Court notes the absence of expert reports on the issue. It cannot rely on the expert findings made in respect of the remand prison, because of the significant difference in the type of the facility, the level of treatment afforded, and the time which has lapsed since the most recent report. Having regard to the complexity of the applicant's medical condition and the absence of any explanatory medical evidence supporting the applicant's arguments, the Court does not find that it is competent to identify shortcomings in the medical care given to the applicant in the colony. It cannot therefore establish beyond reasonable doubt that the treatment afforded to the applicant in the colony ran counter to the requirements of Article 3 of the Convention. Therefore, there was no violation of the Convention in that respect.

49. However, the conditions of the applicant's detention in the correctional colony cannot escape the Court's criticism.

50. According to the applicant's submissions supported by a report from the Orenburg Region Public Commission for Monitoring the Protection of Human Rights in Detention (see paragraphs 30 above) and not disputed by the Government, there were no partitions separating the toilet from the rest of the cell. The Court has already noted the inappropriateness of conditions

of detention which did not allow the possibility of using the toilet in private (see *Muršić v. Croatia* [GC], no. 7334/13, § 106, ECHR 2016; *Shkarupa v. Russia*, no. 36461/05, §§ 55-56, 15 January 2015; *Ananyev and Others v. Russia*, nos. 42525/07 and 60800/08, §§ 149 and 157, 10 January 2012; and *Mandić and Jović v. Slovenia*, nos. 5774/10 and 5985/10, § 76, 20 October 2011). Like in those cases the Court is dissatisfied that the toilet in the applicant's cell was open.

51. The Court notes the efforts made by the custodial authorities to accommodate the applicant's needs (see paragraph 24 above). However, it seems that the efforts were mostly limited to the facilities in his cell. The detention facility lacked wheelchair ramps or lifts and therefore was not fully accessible for the applicant (see paragraphs 30 and 32 above). Although it might not be an issue for a short-term detainee, it significantly affected the applicant as a prisoner serving a life sentence, increasing his dependency on fellow inmates, which is another point of concern for the Court.

52. The Court has already expressed its disapproval of a situation in which cellmates of disabled prisoners – instead of qualified nurses – were responsible for providing them with assistance with their everyday needs (see *Topekhin*, cited above, § 85, and *Semikhvostov v. Russia*, no. 2689/12, § 84, 6 February 2014). Relying on the report by the Public Commission for Monitoring the Protection of Human Rights in Detention and the prosecutor's reply to the applicant's complaint (see paragraphs 30 and 32 above), the Court finds that along with help from the staff members in the medical unit, the applicant was assisted on daily basis by inmates. The Court considers that such assistance, which was in place of State-provided assistance, was manifestly deficient.

53. Lastly, the Court is dissatisfied with the manner in which the applicant was escorted to the prison yard during the first weeks of his detention in the correctional colony. It was established by the prosecutor's office that prison guards had handcuffed and blindfolded the applicant each time he had been taken to the yard (see paragraph 32 above). Recourse to such an extreme security measure was clearly unjustified in the case of such a seriously ill person as the applicant. It was capable of humiliating and debasing him and possibly breaking his physical or moral resistance.

54. The above considerations are sufficient for the Court to conclude without addressing the remainder of the applicant's arguments that the inappropriate conditions in which he was held amounted to inhuman and degrading treatment.

(iii) Conclusion

55. To sum up, the Court finds a violation of Article 3 of the Convention on account of the poor quality of medical treatment in the remand prison and the inappropriate conditions of his detention in the correctional colony.

It does not find a violation of that Convention provision on account of the quality of medical care received by the applicant in the correctional colony.

II. RULE 39 OF THE RULES OF COURT

56. Having regard to the finding in paragraph 48 above, the Court considers that the indication made to the Government under Rule 39 of the Rules of Court (see paragraph 4 above) must be lifted.

III. OTHER ALLEGED VIOLATION OF THE CONVENTION

57. The applicant complained under Article 34 of the Convention that the Russian Government had not complied with the interim measure indicated by the Court in the first application examined by the Court in *Amirov* (cited above).

58. The Court reiterates that it has already dealt with the issue and found a violation of Article 34 of the Convention in that regard (ibid., § 75). The complaint must therefore be rejected pursuant to Article 35 § 2 (b) of the Convention.

IV. APPLICATION OF ARTICLE 41 OF THE CONVENTION

59. Article 41 of the Convention provides:

> "If the Court finds that there has been a violation of the Convention or the Protocols thereto, and if the internal law of the High Contracting Party concerned allows only partial reparation to be made, the Court shall, if necessary, afford just satisfaction to the injured party."

A. Damage

60. The applicant claimed 50,000 euros (EUR) in respect of non-pecuniary damage.

61. Referring to just satisfaction awarded in similar cases, the Government argued that the claim was excessive.

62. Having regard to the particular circumstances of the case, the Court, making its assessment on an equitable basis, finds it appropriate to award the applicant EUR 7,500 in respect of non-pecuniary damage, plus any tax that may be chargeable on that amount.

B. Costs and expenses

63. The applicant also claimed EUR 15,000 for the costs and expenses incurred before the Court. An invoice from the applicant's representative

dated 16 October 2015 was submitted to support the claim. It stated that, the sum claimed was to be paid for the following services: (i) study of the first *Amirov* case; (ii) study of the factual developments of the case; (iii) lodging and following up a new request for interim measures; and (iv) lodging and following up appeals to the Committee of Ministers, the CPT, the Council of Europe, the Human Rights Comissioner, and UN human-rights bodies in respect of the first *Amirov* case.

64. The Government stated that the claim was excessive because the present case was simple.

65. The Court accepts the Government's argument that the case was not particularly complex. It further notes that the sum claimed did not entirely relate to the proceedings before the Court. Moreover, from the documents in its possession the Court cannot conclude that the applicant incurred any expenses for the preparation of the application form and the comments on the Government's observations, which is usually the most important part of the lawyer's work in the Court proceedings.

66. Regard being had to the above and to its case-law, the Court considers it reasonable to award the sum of EUR 500 for costs and expenses in the proceedings before the Court.

C. Default interest

67. The Court considers it appropriate that the default interest rate should be based on the marginal lending rate of the European Central Bank, to which should be added three percentage points.

FOR THESE REASONS, THE COURT, UNANIMOUSLY,

1. *Declares* the complaints concerning the conditions of the applicant's detention and the quality of the medical treatment admissible and the remainder of the application inadmissible;

2. *Holds* that there has been a violation of Article 3 of the Convention on account of the poor quality of medical treatment in the remand prison and the inappropriate conditions of the applicant's detention in the correctional colony;

3. *Holds* that there has been no violation of Article 3 of the Convention on account of the quality of medical care received by the applicant in the correctional colony;

4. *Decides* to lift the interim measure indicated to the Government under Rule 39 of the Rules of Court;

5. *Holds*

(a) that the respondent State is to pay the applicant, within three months the following amounts, to be converted into the currency of the respondent State at the rate applicable at the date of settlement:

(i) EUR 7,500 (seven thousand five hundred euros), plus any tax that may be chargeable, in respect of non-pecuniary damage;

(ii) EUR 500 (five hundred euros), plus any tax that may be chargeable to the applicant, in respect of costs and expenses;

(b) that from the expiry of the above-mentioned three months until settlement simple interest shall be payable on the above amounts at a rate equal to the marginal lending rate of the European Central Bank during the default period plus three percentage points;

6. *Dismisses* the remainder of the applicant's claim for just satisfaction.

Done in English, and notified in writing on 17 October 2017, pursuant to Rule 77 §§ 2 and 3 of the Rules of Court.

Fatoş Aracı
Deputy Registrar

Luis López Guerra
President