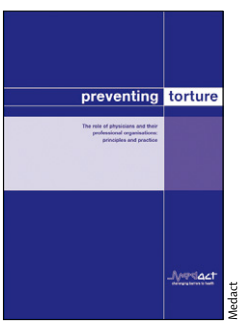
Prevention of torture by doctors and organisations



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Emerging from World War 2 and the Nuremberg trials, societies looked to the 21st century to herald a new era of human rights. Yet in its first decade torture has occurred in countries claiming to be global human rights leaders, and in others an abysmal human rights record has simply continued. In 2010, George Bush defended so-called waterboarding on the grounds that it had saved lives in the USA and UK, ignoring other legal opinions, the unreliability of evidence gained under duress, and the banning of such practices by Barack Obama.[1] After a visit to Sri Lanka in 2007, Manfred Nowak, the UN Special Rapporteur on Torture, reported that torture was "widely practised" and that "this practice is prone to become routine in the context of counter-terrorism operations, in particular by the [Terrorist Investigation Department]".[2]

Medical complicity in torture, as outlined in the World Medical Association (WMA) Declaration of Tokyo,[3] occurs when physicians willingly take part in, facilitate, or allow torture by failing to report clinical evidence of it to the relevant authorities. Examples of direct participation in torture include provision of medical knowledge to interrogators, disregard of medical confidentiality, force-feeding of rational people on hunger strike, and falsification of medical records or death certificates. Tragically all these forms of unethical conduct are represented in a new report—*Preventing torture: the role of physicians and their professional organisations: principles and practice*.[4]

The report draws attention to the many instances of medical professionals who, often at personal risk, seek to prevent and mitigate the effects of torture. When they do, they must receive the support and protection that they need. Medical complicity in torture often takes place in prison and detention settings, where clinicians can come under substantial pressure because of dual loyalty and put the perceived interests of their employers or the state above their absolute duties to protect their patients.[5]

The report recommends how professional medical bodies can work more effectively towards elimination of torture, through the support that they give their members and by tackling medical complicity. It includes case studies from the USA, Sri Lanka, the UK, Italy, and Israel. These case studies are in no way globally representative, and the availability of information, the existence and strength of professional bodies, and the ability of health professionals to speak out varies widely. Readers are invited to provide additional case studies and to consider how they can apply the report's recommendations.

There are several examples of concerns documented in the report. In the USA, reports from the International Committee of the Red Cross, Human Rights Watch, and US military personnel showed that health professionals falsified death certificates, failed to accurately report illnesses and injuries, and helped to design, approve, and monitor interrogations.[6] In Sri Lanka, the Judicial Medical Officers had inadequate resources to undertake most autopsies, and obstacles to a prompt and effective examination meant that "too much evidence simply bleeds out onto the floor".[7] In the UK, evidence to the Baha Mousa Inquiry noted that there was apparently "a remarkable level of ignorance about the rules applicable to the health care of detainees".[8] Most submissions by 222 former inmates of UK Joint Services Intelligence Organisation facilities indicate that military doctors took no interest in their injuries.[9] In Italy, people arrested during demonstrations at the G8 summit in Genoa in 2001 suffered serious, systematic, and protracted inhumane and degrading treatment at the hands of health personnel.[10] In Israel, there is evidence that health professionals have failed to oppose, accurately document, and report, evidence or suspicion of torture of the detainees they examine and treat.[11–13]

Recommendations are made for national medical associations and the WMA, including education in relevant diagnostic skills with materials such as the practical diagnosis manual *Atlas of torture*[14] from the Human Rights Foundation of Turkey, and in ethical duties to help physicians to develop confidence in confronting scepticism, opposition, or authoritarian denial. The need for access to confidential advice for medical professionals fearing reprisals is emphasised, and for a clear referral system to the UN Special Rapporteur on Torture.

The report describes the developing relation between professional and human rights bodies, and recommends how to build on this link, particularly in relation to UN Resolution A/HRC/10/L.32, which specifically addresses medical complicity in torture.[15] It also refutes the so-called ticking bomb scenario and stresses that torture, including so-called moderate physical pressure, is unacceptable under any circumstances. It recommends

that national medical associations work with civil society, legal and political institutions, and when necessary the entertainment industry, to raise awareness of the total unacceptability of torture.

Despite international declarations—from the UN's Istanbul Protocol to the WMA's Declarations of Tokyo and Hamburg—the gap between ethical codes and medical practice remains too wide. This report is a work in progress to help to address this unacceptable situation. Medical complicity in torture must end and medical professionals who expose torture must be protected.

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