

reply within a reasonable time. Where the report raises a suspicion of immediate and/or grave risk to the life or health of a Prisoner, this application will be made with maximal urgency or within three days at most of receipt of the report. The IMA will brief the reporting physician on its handling of the issue.

2. Where a physician employed at a prison facility is required to breach his/her medical independence or the principles of medical ethics, the IMA will refer directly to the warden of the facility demanding an investigation and an end to the breach.
3. Where the job of a physician employed in a prison facility is terminated or impaired in such circumstances, or where a threat to this effect arises, the IMA will provide that physician with legal assistance as necessary.
4. In exceptional cases, the IMA will consider authorizing that the identity of a physician reporting under one of the above paragraphs be kept confidential.
5. The IMA will take the disciplinary measures available to it against a physician found to have breached one of the above paragraphs.

### PHR Requests of the IMA for Action to End Torture

1. The IMA will adopt an ethical code for physicians treating prisoners and detainees.
2. The IMA will see to the distribution of the ethical code and the principles upon which it rests, among its membership, the medical community in general and the general public. In particular, the IMA will see to the distribution of the code of ethics and its principles among those physicians serving in prison facilities.
3. The IMA will act to teach in medical schools all the details of the medical ethics that guide the treatment of prisoners and detainees, and will conduct periodic courses on this subject for physicians serving in prison facilities.
4. The IMA will found and staff a hotline for receiving reports of evidence of the torture or medical neglect of prisoners, as detailed in part 4 of the addendum: The Duties of the IMA in Preventing Medical Involvement in Torture.
5. The IMA will set up and operate a working group for investigating the involvement of physicians in inter-

rogations in Israel. The group will publish its findings within a stipulated time.

6. The IMA will propose and promote a regulation instructing the direct subordination of physicians working in prison facilities, to the Ministry of Health or the Ministry of Welfare, rather than the prison authorities.
7. The IMA will act to promote legislation imposing on physicians a duty to report to state authorities any evidence of torture that may come to their knowledge, analogous to their duty to report evidence of child abuse.
8. The IMA will act to establish and apply the right of every prisoner to receive a medical opinion from an external physician, independent of the prison authorities.

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## Doctor involvement in torture. A historical perspective

Doctor participation in torture and punishment from the Middle Ages  
until the present day: an old phenomenon, a new ethical issue

By  
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### Abstract

In spite of the Hippocratic Oath medical doctors have throughout the history of medicine participated in torture. However, it was not until the time of the Middle Ages that the skills of doctors had developed to a point where their application could be of direct use to torturers. During the Middle Ages the doctor was considered to be a representative of the authorities. At present the involvement of physicians is part of an illegal clandestine activity. Recent

studies indicate large-scale employment of medical doctors in the torture chambers, but information has been relatively scarce and to a large extent unnoticed. An understanding of the doctor's role in torture and punishment has given insight into the functions of medical ethics under extreme circumstances and has provided theoretical constructs.

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### Introduction

"We have doctors here who can wake up the dead."

These words were not meant to pay homage to modern medicine, but were

uttered in Europe in 1958 to a man about to faint under torture, this way escaping into unconsciousness<sup>1,2</sup>. The quotation exemplifies the participation of medical doctors in torture, which is the subject of this review.

The medical profession has been guided by medical ethics for more than two millennia. The doctor has become the archetypal healer guided by the principle:

PRIMUM NON NOCERE  
(Above all, do not harm)

At the Rehabilitation and Research Centre for Torture Victims in Copenhagen, however, it has been noted for several years that patients during psychotherapy often mentioned that medical doctors were involved in the implementation of torture. These doctors were acting on behalf of the authorities and to the detriment of the health of the victims. In a study about to be published by one of the authors (PV) it is demonstrated that medical doctors were involved in more than half of the periods of torture. Other studies also indicate extensive use of medical skills in the torture process<sup>3,4</sup>.

The aim of this study was to review the participation of the medical profession in the implementation of torture and punishment in a historical perspective from the Middle Ages up to the present, in order to establish a more general outlook of the violations of contemporary medical ethics. No attempt has been made to explore the incentive of individual doctors. References are from medical journals, autobiographic material, and other literature. It is noteworthy that before the early seventies only a few references apart from some papers on Nazi atrocities can be found in medical journals. In this study, neither descriptions by former prisoners on a "crusade" against a specific political system<sup>5</sup> or artistic representations have been included. Doctor torturers, however, are described abundantly in the works of Dostoyevsky, Koestler's *Darkness at Noon*, Orwell's *1984*, and are also shown in the film *L'aveau* (1970) by Costa Gavras<sup>6,7</sup>.

## Historical review

Torture is as old as the human race but the participation of doctors in this process was first conceptualised in the 14th and 15th centuries<sup>8,9</sup>. Only then were

medical and surgical skills developed to a point where their applications could serve the aims of the torturers.

### *From the Middle Ages to the Period of the Enlightenment*

During this era torture was an instrument of the judiciary, provided for in both ecclesiastical law (the Inquisition) and criminal law. The physician as a representative of the church or the state became an essential participant in the process of torture. Torture itself had evolved into a complex system of rules and regulations, one of the more well-known being that an accused person was not to be tortured on a Sunday<sup>10</sup>. The presence of a doctor was frequently requested during interrogation as well as punishment. Concerning the latter it was the doctor's duty to evaluate whether the guilty person could withstand the penalty. If the victim became unconscious, a physician was to assess whether the condition was real or simulated, and in accordance with the result of this examination the torture was either suspended or resumed<sup>11</sup>. For those prisoners condemned to the galleys punishment by whipping was frequent, and after punishment the executioner would call on the ship's surgeon's skills<sup>11</sup>. After punishment, the doctor was to provide a rudimentary form of treatment<sup>12</sup>:

The criminal is striped from the waist upward. He is extended with his face downward, his arms upon one bench and his legs upon the opposite, which are held by two slaves that stand opposite each other. The executioner, who is generally a Turkish slave, stands over him with a rope in his hand, with which he is to beat the criminal without the least mercy; for if he happens to be remiss, which is seldom the case, "the sous committee" uses him as he should have used the criminal. Thus then every stroke is laid on with the executioner's whole force, so that each blow raises a whelk as thick as one's thumb. Few that are condemned to suffer this punishment can sustain above ten or twelve blows without fainting. This, however, does not prevent the executioner from proceeding. He continues to lay on the miserable and seemingly lifeless carcass, till the number of blows ordered by the major are completed. Twenty or thirty are generally inflicted for slight offences. I have seen 50, 80, even an 100 ordered; but then those who are punished seldom recover. When the allotted number of stripes are given, the surgeon barber of the galley rubs the criminals back with salt and vinegar; which, though it may prevent gangrene, yet renews all the poignancy of his former anguish.

If a doctor was not present the executioner himself was often requested to treat the injury. Accordingly medical

knowledge was one way of ensuring the enforcement of prescriptions, i.e. preventing more injury being inflicted than was called for in the punishment meted out. At the same time the doctor, as a representative of authority, became part of the legitimisation of punishment including torture.

Medieval judicial torture, including doctor participation herein, was an integral part of the legal process. Medical doctors apparently accepted their role in spite of the Hippocratic Oath. The protests of Dr. Fabricius Hildanus (1460-1534) against torture stand out as an exception<sup>13</sup>.

Apart from more direct participation in the torture of that period anatomy was also abused by the executioners. In the human body organs like the liver, kidneys and large vessels may be pushed aside without major injury provided certain anatomical routes are followed. This insight was used in execution through impalement<sup>14</sup>. As part of this punishment, used particularly in the central European area, a rod was forced through the body from the perineum (entry near the anus) to exit at the tip of the right scapula (shoulder), leaving the victim to a lingering death. Few factual accounts are available, and to capture the horrors involved one has to turn to literature. The Yugoslav Nobel laureate Ivo Andric describes in one of his works how a torturer impales a victim<sup>15</sup>:

(The victim was flat on his stomach, and his arms and legs were secured by ropes tightened by assistants.) They (the onlookers) could only see the bound body shudder at the short and unexpected prick of the knife, then half rise as if it were going to stand up, only to fall back again at once, striking dully against the planks. As soon as he had finished (cutting), the gipsy leapt up, took the wooden mallet and with slow measured blows began to strike the lower blunt end of the stake. Between each two blows he would stop for a moment and look first at the body in which the stake was penetrating and then at the two gipsies, reminding them to pull slowly and evenly. The body of the peasant, spreadeagled, writhed convulsively; at each blow of the mallet his spine twisted and bent, but the cords pulled at it and kept it straight ... At every second blow the gipsy went over to the stretched-out body and leant over it to see whether the stake was going in the right direction and when he had satisfied himself it had not touched any of the more important internal organs, he returned and went on with his work ...

For a moment the hammering ceased. Merdjan (the executioner) now saw that close to the right shoulder muscles the skin was stretched and swollen. He went forward quickly and cut the swollen place with two crossed cuts. Pale blood flowed out, at first

slowly then faster and faster. Two or three more blows, light and careful, and the ironshod point of the stake began to break through at the place where he had cut. He struck a few more times until the point of the stake reached level with the right ear. The man was impaled on the stake as a lamb on the spit, only that the tip did not come through the mouth but in the back and had not seriously damaged the intestines, the heart or the lungs.

In 18th century France, the doctor's intervention to stop a particularly cruel form of punishment could instead lead to direct execution of the victim<sup>12</sup>:

For over two solid hours was Damiens tortured with the boot, but in the face of agony so frightful that it drew forth shrieks of anguish, and time and time again brought him to the point of fainting, he refused to speak. At length, when his limbs were crushed and broken, the surgeon said he could stand no more. On the scaffold the end came.

In the British army doctors were involved in the medical evaluation of the victim after punishment by whipping, and if the physician suspended the whipping because he feared for the victim's life, the rest of the sentence would be resumed once the victim had sufficiently recovered<sup>12</sup>:

A soldier of the First Regiment of Grenadier Guards, of which regiment the Duke of Wellington is Colonel, having been convicted of insubordination, intoxicated on duty, and of refusal to deliver up his arms when ordered by his officer, was sentenced to receive 500 lashes. After receiving 200 lashes, the surgeon of the regiment interfered, and put a stop to the brutal punishment, in consequence of the life of the soldier being in danger. The soldier was then removed to the military hospital in a hackney coach, his back being dreadfully lacerated. As a sort of refinement in cruelty and to increase the severity of a punishment which could not be inflicted to the full extent without depriving the unfortunate culprit his life, a fresh hand was procured at every 20 lashes.

During the era of slavery (South American slavery being no less heinous than North American), severe punishment was inflicted for minor offences. Doctors were occasionally called on to prevent excessive damage to the "property"<sup>16,17</sup>.

During the 18th and 19th century slavery was gradually abolished, and at the same time the use of judicial torture declined. One of the main reasons was that it was no longer required to obtain a confession in order to establish guilt<sup>10</sup>. In the Encyclopaedia Britannica of 1832, torture is described as practically extinct in Europe. The practice lay

dormant, however, only to reappear on an unprecedented scale during the Second World War.

### *The Second World War*

Large-scale torture occurred in Europe and in the Far East during the war, and the medical profession was well represented in the torture chambers. In the Western world not only German National Socialist doctors disregarded all notions of ethics, but also some medical doctors in countries under occupation participated in unethical procedures. From Denmark, at least one physician left for Buchenwald concentration camp to attempt to "normalise" homosexuals through hormonal and operative means<sup>18-21</sup>.

Several major works have been written about the atrocities committed in the Far Eastern region and in Europe, and the abuse of medical knowledge with the purpose of pseudo-scientific experimentation and the destruction of human beings<sup>22-26</sup>.

The prewar euthanasia programs, according to which medical doctors brought about the death of the infirm, were turned into medicalised killings by "white coats in SS boots". Doctors stood at the ramps awaiting the millions of victimised human beings arriving from all over Europe. Physicians were responsible for the choice of who was to be killed immediately, who was to live for a short while as a slave labourer, and who was to be used as a human guinea pig for medical experimentation. The results of such experimentation were reported at meetings and in scientific communications of that time<sup>27,28</sup>.

In September 1942 Dr. S. Rascher approached Himmler in a letter describing a series of experiments concerning hypothermia. Details of the experiments are given, including tables on how long human beings can be submerged in cold water before dying<sup>24</sup>:

The subjects were placed in the water wearing full flight uniform, winter or summer combination as well as flight helmet. A life jacket made of rubber or kapok prevented submersion. The experiments were carried out at (water) temperatures between 2,5 and 12 degrees (Celsius). In one part of the experiment the occiput as well as the brainstem was out of the water, while in another part of the trials the occiput (brainstem) and cerebellum was submerged in the water.

(...)

Deaths occurred only when the brainstem as well as the cerebellum were cooled down.

In the murderously absurd reality of the

Second World War, an order of Heinrich Himmler (June 1942) authorised third degree interrogations but stipulated that physicians were to be consulted after more than twenty strokes<sup>9</sup>.

At the Nuremberg Medical Trial there were 23 defendants. Fifteen were found guilty and 7 were hung. Four of the seven were medical doctors<sup>28</sup>.

Fewer details are known about experimentation on human beings carried out by Japanese doctors during the war. The lack of a major medical atrocity trial covering the Far Eastern Area allegedly stems from the fact that the results of the experiments were handed over to the US in return for freedom for prosecution<sup>29</sup>.

In the Allied countries virtually nothing is known about medical doctors involved in the interrogation of prisoners or abuse of detainees in the war years. The literature in general, however, points to no systematic excesses by the medical corps of the allied armies.

### *The Beginning of the Cold War*

During the fifties and sixties the involvement of medical doctors in the torture process received scant attention. The assumption, that all physicians benevolently offered treatment seems to have been accepted at face value. A physician's participation in torture was usually only described in more indirect terms, as exemplified in the well-known paper by L.E. Hinkle and H.G. Wolff on forcible indoctrination in Eastern Europe during the fifties<sup>30</sup>:

Sometimes the physician intervenes to call a halt if he feels a prisoner is in danger. The unintended death of a prisoner during the interrogation procedure is regarded as a serious error on the part of the prison officials.

This same aspect of medicine was also illustrated in the Memoirs of Josef Cardinal Mindszenty. During his interrogation and subsequent show-trial in 1949 in Hungary, the involvement of medical doctors was pivotal<sup>31</sup>.

Page 98 reads:

My first meal (after being arrested) consisted of soup, meat, and vegetables. I took very little, since after my treatment the previous night I was convinced that I was being prepared for the interrogations and the subsequent show trial. My suspicion became a certainty when, unannounced and unexpected, three doctors appeared. After lunch they entered my room and without introducing themselves and without asking me or the guards any questions they began to examine me. They felt my thyroid gland, for which I

had previously had surgery, examined my eyes, listened to my heart and lungs, took my pulse and blood pressure. A rather earnest man of between fifty-five and sixty directed the examination; the two younger men, around thirty-five, respectfully and attentively followed his instructions. The doctors left medicines, and at the following meals the guards gave me the prescribed doses.

After a while, of course, hunger forced me to eat something, and so they finally succeeded in mixing the drugs into the food I was given. I concluded that because the doctors, always the team of three, came to see me every day either at mealtimes or immediately after. There were, however, some days on which I was examined again between meals. They did not speak to me at all, asked me no questions, and gave me no information. But from their conduct and their presence I concluded that in addition to the effects of the drugs, they were supposed to determine whether I could endure the beatings, how far they could go with their physical torture, whether my heart would give out. They had to balance the dosage of the drugs and the physical and psychological torture in such a way that they could bring me to the show trial and expose me without its making a bad impression. The goiter operation, which had impaired my heart must have particularly concerned them.

And on page 117:

Probably, too, no more drugs were given to me. Nevertheless the doctors appeared as usual to examine me. It seemed to me that they were more concerned that they had been and that they stayed longer. Probably they were under orders to prevent my collapsing completely.

Professionals are also incriminated in Solzhenitsyn's description of the prison physician<sup>32</sup>:

The prison doctor was the interrogator's and executioner's right-hand man. The beaten prisoner would come to on the floor only to hear the doctors' voice: "You can continue, the pulse is normal". After a prisoner's five days and nights in a punishment cell the doctor inspects the frozen, naked body and says: "You can continue." If a prisoner is beaten to death, he signs the death certificate: "Cirrhosis of the liver" or "Coronary occlusion". He gets an urgent call to a dying prisoner in the cell and takes his time. And whoever behaves differently is not kept on in the prison.

### *The Wars of Independence from Colonial Status*

Army physicians were partners of the interrogation teams employed by the colonial powers in the combat against liberation movements in the colonies. A brief citation from Algeria is quoted at the beginning of the paper<sup>1</sup>, and is quoted here at greater length:

... the night will show: Do not think that you

are at the end of your sufferings. We have doctors to make you last longer.

Such activities of doctors at that period of time did not entail ethical consequences or judgement by their professional bodies. It was generally argued that the Armed Forces, including the medical branch, were obliged to torture dissidents in order to uphold the values and ideas supported by the majority of the establishment at home. However torture by now was a clearly illegal activity.

A well-known affair from this epoch was that of Djamila Boupacha tortured in 1960 in Algeria by the French counter-insurgency troops<sup>33</sup>. The later trial demonstrated that several doctors deliberately failed to relate trauma to circumstance, thus demonstrating gross incompetence, supporting the torturers, and obstructing justice.

Torture was also used during the Vietnam War by all parties involved. Some information has been disclosed about medical doctors in the US military service allegedly involved in torture.

In the *New England Journal of Medicine* (1976) an American doctor, Christopher Stucky, describes in a letter how an injured prisoner was brought to a camp hospital in Vietnam:

"I was asked by the ranking special forces soldier not to sedate the prisoner since he hoped to extract information from him by torture."

Dr. Stucky did not comply with the order<sup>34</sup>, and in a subsequent comment by Dr. E.M. Cooperman in the *Journal of the Canadian Medical Association* this action was commended: "at least one doctor refused to participate in torture"<sup>35</sup>.

### **Present day involvement**

Torture today can be divided into existing judicial torture, and torture as part of clandestine illegal activity. The latter is called *New Torture*<sup>36</sup>.

#### *Existing Participation in Judicial Punishment Including Torture*

Since the Middle Ages medical practitioners had been called upon to participate in the punishment including torture meted out by the courts. He was required for three main purposes:

- a) to be present during interrogation and to monitor the torture process
- b) to evaluate whether the convict

could withstand the punishment, and to be present during the execution hereof

- c) to treat the injury inflicted during punishment and torture.

It is possible even today to observe these three functions being enforced. Doctors are forced to lend their skills to a process which is to the detriment of human beings rather than to the promotion of health.

The position of the British authorities in the struggle against the IRA in Northern Ireland is a typical illustration of *the first purpose*.

During the early seventies the British authorities were accused of using torture as means of extracting information. A commission of inquiry led by Sir Edmund Comptom was formed; its findings in 1971 led to the formation of a three-man committee on interrogation chaired by Lord Parker<sup>37</sup>. A majority report by the latter stated that the applied psychological interrogation methods were justifiable provided medical doctors were present to minimise the risk of life-threatening situations. These psychological interrogation methods were later defined as torture by the European Committee of Human Rights, and as "inhuman and degrading treatment" by the European Court of Human Rights<sup>36</sup>.

*The second purpose* may be exemplified by the official duty of medical officers to evaluate the medical status of convicts facing solitary confinement or restriction of diet. This duty is specifically outlined in the Standard Minimum Rules for the Treatment of Prisoners and Related Recommendations, paragraph 32:1 and 3 (UN, 1955, 1977)<sup>36</sup>.

Paragraph 32:1 reads:

Punishment by close confinement or reduction of diet shall never be inflicted unless the medical officer has examined the prisoner and certified in writing that he is fit to sustain it.

and paragraph 32:3 reads:

The medical officer shall visit daily prisoners undergoing such punishment and shall advise the director, if he considers the termination or alteration of the punishment necessary on grounds of physical and mental health.

In addition the re-emergence in several countries of Islamic law (Sharia) has received much attention. In the Islamic texts of law and ordinances the doctor's duties to the state are described in de-

tail. Concerning flogging, the whipping ordinance of Pakistan states:

A doctor is to be present, and ... before being whipped the prisoner is to be examined by an army doctor so as to ensure that the execution of the punishment will not cause the death of the convict<sup>38</sup>.

In Pakistan a law was introduced which ensured that amputations were to be performed by a qualified surgeon under local anaesthesia (1977). The latter provision was designed to be for the proper benefit of victim and doctor<sup>39</sup>.

In the Occidental world, doctors may be called upon to prepare a criminal for the death penalty in the innovative form of execution by lethal injection. Doctors may be requested to perform a venous cutdown, this way preparing the criminal for death<sup>40</sup>. Whereas most professionals condemn such actions others have endorsed them even to the point of advocating experiments on the condemned that cannot be performed under other circumstances with informed consent<sup>41-43</sup>.

The *third purpose*, direct intervention of the medical doctor either simultaneously with torture or shortly thereafter may be illustrated by medical doctors' collaboration in judicially ordered amputations. As stated doctors may be requested to perform amputations according to Islamic law, but even if the doctor himself does not perform the amputation he is still expected to stop the subsequent exsanguination. Thus the doctor's skills ensure that the punishment does not lead to the uncalled for death of the victim.

#### *New Torture*

Torture is prohibited by national legislation in the vast majority of countries as well as by numerous declarations and conventions, among which are several speaking directly to the medical profession e.g. the Tokyo Declaration<sup>44</sup> and Principles of Medical Ethics<sup>45</sup>. Any involvement of physicians in torture is a violation of the ethical codes. The Chilean Medical Association plainly and flatly declares:

The Department of Ethics states that the work of a physician and that of a torturer or an accomplice are incompatible. The Department believes this so strongly that proof of the mere presence of a physician in a place of torture is sufficient grounds for his expulsion from the association<sup>46</sup>.

Doctors are obviously still involved in torture on several continents, as exemplified by reports from Chile<sup>46</sup>, Argen-

tina<sup>47</sup>, Uruguay<sup>40</sup>, Brazil<sup>48,49</sup>, Turkey<sup>50,51</sup>, South Africa<sup>52</sup>, Iran<sup>53</sup>, Iraq<sup>54</sup>, and Tanzania<sup>50</sup>.

The actions of individual doctors in the torture process have been described elsewhere<sup>3,40,46</sup>. Apart from this more or less direct participation, the direct use of medical knowledge in the training of soldiers to resist torture (and to teach torture methods?), which was previously accepted, has now been questioned on ethical grounds in Denmark as well as in several other countries<sup>55-58</sup>. These topics are also discussed in the Handbook of Medical Ethics published by the British Medical Association<sup>59</sup>.

There are several published examples of personal experience of present-day involvement of the medical profession in torture.

The trials after the *Greek Junta* gave insight into this topic. Outstanding is Dr. Dimitrios Kofas, nicknamed the "orange doctor", because he prescribed oranges even in the face of overt major trauma<sup>60</sup>.

Prisoners were forced to stand for days and

... at intervals, a prisoner might receive a visit from the former army doctor at ESA, Dr. Dimitrios Kofas, also a defendant at the trial. He would advise when their condition made it dangerous for the ordeal to continue. He was said to have acted as the "traffic controller" for torture, although he disputed the degree of control that he was alleged to have had. But Michail Vardanis gave an example in evidence of such "traffic control": "... a man arrived who was introduced to me as Dr. Kofas. He took my pulse and asked Petrou how many days I had been there. When Petrou told him it was the fourth day, he said: 'All right!'. He then left and I continued having to stand upright".

Other accounts deal with the torture that occurred in General Military Hospital No. 401 in Athens<sup>60</sup>.

The victim awoke

... in a consulting room ... the leather couch, the straps, all those people in white coats, the machine (for electric shock) ... I couldn't understand what the whole business was about ... I thought they were making experiments. This senseless torture, this scientific orderliness, the clean hands with the fingernails cut short, the absolute whiteness of their coats.

He (the victim) heard one of the white-coated torturers addressed as Surgeon Colonel. "I held on to that - I wanted to find out his name. In ten days I learned it: he was Surgeon Colonel Karagounakis, General Director of General Military Hospital No. 401."

In *Argentina* Jacobo Timerman has re-

ported on doctor participation in his torture<sup>61</sup>:

Two days have gone by without torture. The doctor came to see me and removed the blindfold from my eyes. I asked him if he wasn't worried about my seeing his face. He acts surprised. "I'm your friend. The one who takes care of you when they apply the machine. Have you had something to eat?" "I have trouble eating. I'm drinking water. They gave me an apple." "You're doing the right thing. Eat lightly. After all, Ghandi survived on much less. If you need something, call me." "My gums hurt. They applied the machine to my mouth." He examines my gums and advises me not to worry, I'm in perfect health. He tells me he's proud of the way I withstood it all. Some people die on their torturers, without a decision having been made to kill them; this is regarded as a professional failure. He indicates that I was once a friend of his father's, also a police doctor. His features do seem familiar. I mention his father's name; this is indeed the son. He assures me that I'm not going to be killed. I tell him that I haven't been tortured for two days, and he's pleased.

and from *Chile* Dr. Alfredo Jadresic described the same phenomenon<sup>62</sup>:

The military doctors who came to the tent hospital on duty did one day's work every fortnight. I presented my complaints to them for the brutal way the prisoners were being treated and for the torture and asked them to convey my concern to the medical and military authorities. Most of the doctors were young and some had been my students in the past. Several of them showed their sympathy for the tortured prisoners, and promised that they would do something. Others, perhaps the majority, pretended to ignore what they saw and appeared very much afraid of talking about it. A few of them justified what was happening on political grounds. Once, a young doctor replied to me in a rather aggressive manner: "What do you expect? We are at war!" taking for granted, obviously, that the practice of torture should be acceptable in case of war.

In *Spain* Eva Forest described her reactions to a medical doctor in the torture chamber<sup>63</sup>:

Then the doctor accomplice arrives, he smiles cynically, he is a key figure in this play-acting. "What has happened? That is terrible! Did you fall? Did you jump? Play? You have been dancing perhaps?" With a theatrical gesture he takes your hand, and flips you with his stethoscope all over your body: "Nothing is wrong, a rattle, a nightmare, anxiety, tension, hysteria, fear, do continue, carry on, work away, finish your job, I'll be back later ..."

It should be mentioned that doctors must also have taken part in the development of methods of "delayed killing", for example the Thallium poison-

ing of prisoners released from jail in Iraq. Thallium brings about the victim's painful death weeks or even months later<sup>64</sup>. There are also allegations of injections of cytostatics in Chile<sup>65</sup>, as well as other forms of pharmacological torture described in the literature<sup>66</sup>.

### Psychiatry as medical torture

Because of its potential for direct and deep attack on an individual's mental functions including personality, psychiatry may become a powerful instrument in the hands of repressive governments. Psychological methods and psychopharmacological drugs may be incorporated into torture in a number of ways<sup>67</sup>. The doctors involved may participate directly or indirectly, and practices range from false certification of psychiatric disease to outright medical torture.

During the Second World War psychiatric experiments were performed in the concentration camps of Europe. In Dachau concentration camp prisoners were given psychotropics, including mescaline, in the search for a truth serum<sup>68</sup>.

During the era of the cold war, psychiatry has allegedly been misused in the former USSR and Eastern Bloc countries. It appears, however, that some cases may represent the treatment of patients in a psychiatric system which is out of line with mainstream modern community-based psychiatry. Nevertheless many human beings, be they mental patients or political dissenters, have been under "care" that cannot be accepted as psychiatric treatment as such. They have been kept under strict regimes in special psychiatric hospitals for insane criminals. Large doses of neuroleptics have been injected without drugs to alleviate the side effects, and individuals have been subjected to insulin shock<sup>69-71</sup>. Hyperthermia and severe pain may be deliberately caused by the injection of sulfazine (a 1% solution of sulphur in oil). One of several descriptions by ex-prisoners is given in the book *Punitive Medicine* by Alexander Podrabinek<sup>72</sup>:

These injections are indeed more intensive (than aminazine pills, A.P.); in addition, they cause incredible pain. As a rule these injections are made in the buttocks; according to my own observations, people could not sit for months. They had to stand while eating and lie on their stomachs at night. They could not sleep; they suffocated and complained of burning in the mouth. All they could do was lie holding to bed boards

in order not to suffocate. The pain was so unbearable that they could not sit or lie like normal people.

Doctor involvement in medical torture during the beginning of the cold war may not have been limited to countries behind "the Iron Curtain" of the time. In the US activities took place which may be labelled medical torture, as shown in documents released because of the Freedom of Information Act. The CIA allegedly conducted experiments on non-consenting human beings. The studies carried out included supplying LSD to non-suspecting individuals, of whom at least one committed suicide, long-term sensory deprivation against the subject's will, as well as other refined techniques of "brainwashing". The research programs ended in 1963 and ongoing court-cases by private citizens against the US government are still to settle the extent to which American courts will define these acts as medical torture<sup>68,73</sup>.

Abuse of psychiatry was also witnessed during the wars of liberation in the colonies as evidenced in the case of Mrs. Djamila Boupacha. Her situation was complicated by doctors failing to take appropriate action. When her case eventually came to court she was certified incompetent by a psychiatrist with the apparent aim of silencing her testimony of torture by counter-insurgency troops<sup>33</sup>.

Similarly, hard interrogation techniques in Northern Ireland were, in the words of the report by Sir Edmund Compton, officially acceptable as long as "a medical doctor with some psychiatric training was present" as a safeguard against unnecessary death.

In the prisons of Uruguay in the early seventies, psychiatry was used to the detriment of the prisoners, at least two psychiatrists and a psychologist being employed in the prison service. Part of their duties was allegedly to detect unbalanced individuals and to place them in solitary confinement to hasten mental break-down<sup>3,40</sup>.

Finally capital punishment needs to be mentioned. At the date of writing, 1990, it is openly used in more than 100 countries<sup>74</sup>. Many individuals and organisations interpret the death sentence as a psychological form of torture. Particularly in the US the participation of medical doctors in general and psychiatrists in particular has been openly discussed<sup>75</sup>. Treatment of mental disease or certification of its absence may render an individual "fit for execution"<sup>40</sup>.

### Main findings and concepts

Up until the Second World War doctor involvement in torture was never really questioned, in spite of an accepted structure of medical ethics.

However, the activities committed during the Second World War were clearly unlawful, and at the Nuremberg trials doctors were punished according to international law<sup>22,25</sup>. The ethical aspects, although mentioned at the time, did not lead to any major reaction from the medical associations of the allied countries. Thus the belief continued that such actions were committed by solitary sadistic perverted criminals.

The German Medical Association had actively been engaged in endorsing the policy of repression before and during the war; after the war, the association called German doctors who denounced the crimes traitors<sup>27</sup>. The Dane Dr. Thygesen, detained in a concentration camp, asked the German Medical Profession directly<sup>76</sup>:

"Where were you?"

The colonial experience shows a similar pattern: when exposed, the practice of torture was denied, attributed to the excesses of individuals, or defended as a necessary evil to protect and uphold the values of the colonial powers in the struggle against terrorists. Again, doctors participated as members of the armed forces, and no medical associations took action against doctor involvement in torture during these years.

This was the situation until the seventies. Two events in particular drew attention to the issue of doctor involvement in torture: the interrogation procedures in Northern Ireland employed by the British against the IRA, which has already been mentioned, and the Steve Biko affair.

Concerning the official British reaction to events in Northern Ireland only a minority report by Lord Gardiner (1972) seems to understand the meaning of the Hippocratic Oath. The British Medical Journal, in an editorial, responded favourably to the findings of Lord Gardiner, and his minority views were eventually followed by the Government in debarring the "Depth Interrogation", one of the many euphemisms for torture<sup>77</sup>.

Individual doctors at the time also began to react to the abuse of detainees. In a letter in the *Lancet*, April 1972, concerning the situation in Northern Ireland, Dr. J.P. Lane states:

Doctors should clarify their ideas on the extent to which passive participation and ill treatment is compatible with membership of the medical profession. I have sought without success to interest the General Medical Council in this question<sup>78</sup>.

The editorial in the British Medical Journal of March 25, 1972 illustrates the reluctance of the profession to acknowledge the extent of involvement:

"Enemy" and "friend" are not words in the doctor's vocabulary: only "patient". And apart from a few sad exceptions this merciful neutrality has guided doctors' footsteps through the years of barbarism and folly<sup>77</sup>.

Despite what the British Medical Journal has to say about "merciful neutrality" the concept is simply not valid in the torture situation as illustrated in the case of Steve Biko.

Due to the openness of the South African Society at the time of his death (1977) the affair received wide publication. Pertinent to the discussion of the dawning understanding in the medical world about doctor participation in the torture process is the statement of the defendant doctor<sup>42</sup>:

I did not know that in this particular situation one could override the decisions made by the responsible police officer.

The involvement of medical doctors in torture thus clearly involves lack of practical applications of medical ethics in the individual case.

Gradually the participation of medical doctors in torture became an independent ethical issue. A number of reports from victims of torture were published, and incidents of doctor involvement exposed. It became clear that the involvement described was not restricted to the acts of a few doctors. Rather, the:

mentioning of medical involvement is often incidental to the report of other aspects of the torture<sup>4</sup>.

It is evident from descriptions of present-day doctor involvement in torture that an alteration in *the nature and purpose of torture* has taken place. Rather than the extraction of information or confession or even punishment, the aim of torture today is to destroy an individual's ability to live an active fulfilling life and to disrupt his or her identity<sup>67</sup>. That individual is then to be released back into society, to serve as a deterrent to others. To ensure the person's survival in the torture chamber, medical knowledge is called for. The

old evaluation "*Fitness for Flogging*" has become the *mere supervision of vital functions during the total onslaught on the individual*.

Involvement of physicians in torture encompasses a range of actions from active participation in the torture chamber to the passive writing of false medical certificates. Doctors may also certify individuals as insane who are about to give testimony against authorities who have sanctioned or perpetrated torture. The ease with which participation or collusion of the medical profession is induced has been labelled "*the slippery slope*"<sup>77,79</sup>.

It has also been realised that when doctors participate in the process, they are most often acting in their capacity as government employees. This led to the forming of the concept, "*doctors at risk*", i.e. physicians employed by the military, police or prison authorities and including forensic scientists and district surgeons<sup>44</sup>. But not only is the medical profession at risk: so are other professions such as the legal profession and the police. Contrary to legal ethics, lawyers are requested to change existing laws, thereby denying whatever legal protection the citizens may have. The police often take direct part in repression. Accordingly a new term has come into existence: *professions at risk*.

In some areas consensus has not yet been reached and thus the reference to "*grey areas in medical ethics*". Included in this concept are such issues as punishment under Islamic Law, psychiatric evaluation of death-row prisoners in the USA, and alleged misuse of psychiatry in the USSR.

The *formal hierarchical structure of repressive governments*, surprisingly similar from country to country, appears to exert powerful coercive influence on individual doctors involved in the torture process.

## Conclusion

There is no question whatsoever that medical doctors have participated in the implementation of punishment including torture throughout history, in spite of the principles of medical ethics. Information about these activities, and even disclosure of these topics, have been scant after the Second World War. Only recently has it been realised that participation is not represented by the acts of a few criminals, but is a systematic though clandestine activity

throughout the world. The healing hand becomes the hurting hand, through active participation or by default. Only a few persons have reacted to this dimension of medicine or even acknowledged it to be a matter of actual concern. Most medical associations have not spoken out, with a view of abolishing these deontological transgressions. The issues have mainly been formulated through publications of autobiographic accounts from individuals who have suffered torture, examinations of torture victims by medical groups within Amnesty International and at centres for the rehabilitation of victims which now exist in several countries.

The Chilean Medical Association sums up the ethical developments in this whole area:

If a person is a certified physician he ceases to be one the moment he enters the torture process.

## References

1. Anonymous. The Gangrene. New York: Lyle Stuart, 1960.
2. Frelick B. Torture and the medical conscience. *New Physician* 1985; 34: 12-5.
3. Stover E, Nightingale EO (editors). The breaking of bodies and minds: Torture, psychiatric abuse and the health professions. New York: Freeman, 1985.
4. British Medical Association. The torture report. Report of a working party of the British Medical Association investigating the involvement of doctors in torture. London: BMA, 1986.
5. Valladares A. Against all hope. London: Hodder and Stoughton, 1986.
6. Koestler A. Darkness at noon. Hammonds-worth: Penguin Modern Classics, 1966.
7. Orwell G. Nineteen Eighty-four. London: Secker & Warburg, 1949.
8. Aristophanes. The frogs. Vv 618-620. In: Rogers BB. Aristophanes. Vol. 2. London: W. Heinemann, 1924: 353.
9. Peters E. Torture. New York: Basil Blackwell, 1985.
10. Langbein JH. Torture and the law of proof: Europe and England in the Ancien Regime. Chicago, Ill.: University of Chicago Press, 1977.
11. Scott GR. The history of torture throughout the ages. London: Torchstream Books, 1951.
12. Henningsen G. The witches' advocate. Reno, Nev.: University of Nevada Press, 1980.
13. Koelbing HM. Fabricius Hildanus' (1560-1634), führender Chirurg und Gegner der Folter. *Schweiz Rundschau Med* 1984; 73: 1565-7.
14. Bruns P v. Beiträge zur Klinischen Chirurgie. Tübingen: Verlag der H. Lauppischen Buchhandlung, 1900.
15. Andric I. The bridge on the Drina. London: George Allen & Unwin, 1959.
16. Sheridan RB. Doctors and slaves. A medical and demographic history of slavery in the British West Indies 1680-1834. Cambridge: Cambridge University Press, 1985.
17. Miller JC. Way of death. London: James Currey Publishers, 1989.

18. Anonymous. Udrensningen. Ugeskr Læger 1947; 109: 442.
19. Dr. Værnets Hormonforsøg i Buchenwalde bekræftes. Land og Folk, 22.8.1947.
20. Dr. Carl Værnet ansat i Buenos Aires' Sundhedsstyrelse. Berlingske Tidende, 19.11.1947.
21. Foged H, Krüger H. Flugtrute nord. Nazisternes hemmelige flugtnet gennem Danmark. Lyngø: Bogan's forlag, 1985.
22. Mitscherlich A. Doctors of infamy. The story of the Nazi medical crimes. New York: Henry Schuman, 1949.
23. Aziz P. Doctors of death. Geneva: Ferni Publishers, 1976.
24. Mitscherlich A, Mielke F (editors). Medizin ohne Menschlichkeit. Frankfurt am Main: Fischer Taschenbuch Verlag, 1985.
25. Lifton RJ. The Nazi doctors. Medical killing and the psychology of genocide. New York: Basic Books, 1986.
26. Morimura S, Shimozato M. The Devil's Gluttony. Tokyo: Banseisha, 1982.
27. Hanauske-Abel HM. From Nazi Holocaust to nuclear Holocaust: a lesson to learn. Lancet 1986; ii: 271-3.
28. Jonsen AR, Sagan L. Torture and the ethics of medicine. Man. Med 1978; 3: 33-49.
29. Taylor T. The Tokyo war crimes trial. Columbia J Transitional Law 1987; 25: 765-73.
30. Hinkle LE, Wolff HG. Communist interrogation and indoctrination of "Enemies of the States". Analysis of methods used by the Communist State Police (A special report). AMA. Arch Neurol Psychiatr, Section on Neurology 1956; 76: 115-74.
31. Mindszenty JC. Memoirs. New York: Macmillan, 1974.
32. Solzhenitsyn A. The Gulag Archipelago. New York: Harper & Row, 1973.
33. de Beauvoir S, Halimi G. Djamilia Boupacha. Paris: Gallimard, 1962.
34. Szasz T, Mark VH, Stucky RC, Gardner LI, Smith SR, Hirschberg SE, Meadors G, Jonsen AR. Political torture and physicians. Letters to the Editor. N Engl J Med 1976; 295: 1018-20.
35. Cooperman EM. Doctors, torture and abuse of the doctor-patient relationship. Can Med Ass J 1977; 116: 707-10.
36. Lippman M. The protection of universal human rights: the problem of torture. Univ Human Rights 1979; 1: 25-55.
37. Wade N. Technology in Ulster: Rubber bullets hit home, brainwashing backfires. Science 1972; 176: 1102-6.
38. New Islamic Laws. Lahore: Mansoor Book House, 1987.
39. Allbrook D. Medical participation in flogging and punitive amputation in Pakistan. Med J Austr 1982; 1: 411.
40. Bloche MG. Uruguay's military physicians: cogs in a system of state terror. Washington, D.C.: AAAS. Committee on Scientific Freedom and Responsibility, 1987.
41. Casscells W, Curran WJ. Doctors, the death penalty, and lethal injections: recent developments. N Engl J Med 1982; 307: 1532-3.
42. Bennun M. Doctors, torture and the law: a South African case study. Radical Community Med 1985; 20: 30-40.
43. Kevorkian J. Medicine, ethics, and execution by lethal injection. Med Law 1985; 4: 307-13.
44. Doctors, Ethics, and Torture. Proceedings of an International Meeting, Copenhagen, August 1986. Organized jointly by the Danish Medical Association and the International Rehabilitation and Research Centre for Torture Victims. Dan Med Bull 1987; 34: 185-216.
45. Amnesty International. Ethical codes and declarations relevant to the health professions: an Amnesty International compilation of selected ethical texts. 2nd ed. London: Amnesty International Publications, 1985.
46. Stover E. The open secret: torture and the medical profession in Chile. Washington, D.C.: AAAS. Committee on Scientific Freedom and Responsibility, 1987.
47. Simpson J, Bennett J. The disappeared: the chilling story of Argentina's 'Dirty war'. London: Sphere Books, 1985.
48. Archdiocese of Sao Paulo. Torture in Brazil: a shocking report on the pervasive use of torture by Brazilian military governments 1964-1979, secretly prepared. New York: Vintage Books, 1986.
49. Gault JE. Doctors' involvement in torture. Med J Aust 1980; 2: 101.
50. Kandela P. Doctors who take part in torture. World Med 1981; April 4: 65-7.
51. Yalcin S. Iskenceci doktorlar. Ikibine Dogru 1988; 2: 28-30.
52. Rayner M. Turning a blind eye? medical accountability and the prevention of torture in South Africa. Washington, D.C.: AAAS. Committee on Scientific Freedom and Responsibility, 1987.
53. Amnesty International. Iran: violations of human rights: documents sent by Amnesty International to the government of the Islamic Republic of Iran. London: Amnesty International Publications, 1987.
54. Amnesty International. Iraq: evidence of torture. London: Amnesty International Publications, 1981.
55. Wyden P. Ordeal in the desert: making tougher soldiers to resist brainwashing. Newsweek 1955; 46 (Sep): 33-5.
56. Den almindelige Danske Lægforening: militærlægers deltagelse i krigsfangeøvelser for særligt frivilligt personel. Ugeskr Læger 1984; 146: 2589-90.
57. Tokyo-deklarationen: Militærlægers deltagelse i krigsfangeøvelser. Ugeskr Læger 1984; 146: 2806-7.
58. Nielsen A. Militærlægers deltagelse i krigsfangeøvelser for særligt frivilligt personel. Ugeskr Læger 1984; 146: 2636-7.
59. British Medical Association. The handbook of medical ethics. London: BMA, 1981.
60. Amnesty International. Torture in Greece: the first torturers' trial 1975. London: Amnesty International Publications, 1977.
61. Timerman J. Prisoner without a name, cell without a number. New York: Alfred A. Knopf, 1981.
62. Jadresic A. Doctors and torture: an experience as a prisoner. J Med Ethics 1980; 6: 124-7.
63. Forest E. Tortur i Spanien: eksempler fra 1974-1976. København: Gyldendal, 1977.
64. Anonymous. Reign of terror sweeps Iraq's scientific community. New Scientist 1981; April 2: 3-4.
65. O'Shaughnessy H. Chile 'is killing people with drug'. Observer 1975 Oct 26.
66. Kirschner RH. The use of drugs in torture and human rights abuses. Am J Foren Med Pathol 1984; 5: 313-5.
67. Somnier FE, Geneffe IK. Psychotherapy for victims of torture. Br J Psych 1986; 149: 323-29.
68. Marks J. The search for the "Manchurian candidate". New York: McGraw-Hill, 1980.
69. Bloch S, Reddaway P. Psychiatric terror: how Soviet psychiatry is used to suppress dissent. New York: Basic Books, 1977.
70. Bukovsky V. To build a castle: my life as a dissenter. London: André Deutsch, 1978.
71. Koryagin A. World Psychiatry: Readmitting the Soviet Union. Lancet 1988; ii: 268-9.
72. Podrabinek A. Punitive medicine. Am Arbor, Mich.: Karoma Publishers, 1980.
73. Thomas G. Journey into madness: medical torture and the mind controllers. London: Bantam Press, 1988: 377.
74. Amnesty International. When the state kills ... the death penalty v. human rights. London: Amnesty International Publications, 1989.
75. Bolsen B. Strange bedfellows: death penalty and medicine. J Am Med Ass 1982; 248: 518-9.
76. Thygesen P. Læge i tyske koncentrationsslejre. København: Thanning & Appel, 1945.
77. Editorial. The doctor in conflict. Br Med J 1972; 5803:761-2.
78. Lane JP. Doctors and ill-treatment of detainees. Lancet 1972; i: 784.
79. Tobin MB. Doctors and torture. Lancet 1988; i: 1340.

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## Selected list of publications

received in the IRCT  
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Amidst peril and pain : the mental health and well-being of the world's refugees / Marsella, Anthony J. (ed.) ; Bornemann, Thomas (ed.) ; Ekblad, Solvig (ed.) ; Orley, John (ed.) - Washington, DC : American Psychological Association, 19940000. - i-xx, 390 p. - ISBN: 1-55798-223-6.

The role of physicians in conflicts and humanitarian crises / Geiger, H. Jack ; Cook-Deegan, Robert M. - In: The journal of the American Medical Association ; vol. 270, no. 5. - 19930804. - p. 616-620. - ISSN: 0048-7484.

Children and torture : an ethical challenge for the medical profession / Cohn, Jørgen. - In: Children at risk : selected papers / Ekberg, Karin (ed.) ; Mjaavath, Per Egil (ed.). - 19931200. - p. 133-137. - ISBN: 82-991704-5-1.

Fraternity hazing revisited through a drawing by George Bellows / Taff, Mark L. ; Boglioli, Lauren R. - In: The journal of the American Medical Association ; vol. 269, no. 16. - 19930428. - p. 2113-2115. - ill. - ISSN: 0098-7484



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