

# World Psychiatric Association Declaration on Participation of Psychiatrists in Interrogation of Detainees

*Statement banning the participation of psychiatrists in interrogation procedures*



1. The Madrid Declaration establishes the Ethical Standards for Psychiatric Practice.<sup>1</sup> Article 2 of the section on Specific Situations says:  
*“Psychiatrists should not take part in any process of mental or physical torture, even when authorities attempt to force their involvement in such acts”.*
2. The World Psychiatric Association reiterates its position that psychiatrists should not participate in, or otherwise assist or facilitate, the commission of torture<sup>2</sup> of any person under any circumstance. Psychiatrists who become aware that torture has occurred, is occurring, or being planned, must report it promptly to a person or persons in a position to take corrective action.
3. Every person in military or civilian detention is entitled to appropriate medical care. Denial of adequate health care to a detainee may be considered as ill-treatment or torture.
4. Psychiatrists working in detention facilities under any kind of contract, either private or public, are physicians who adhere to the Hippocratic Oath *“to practice for the good of their patients and never to do harm”*. Therefore, they should not participate or assist in any way, whether directly or indirectly, overtly or covertly, in the interrogation of any person deprived of liberty<sup>3</sup> on behalf of military, civilian security agencies or law enforcement authorities nor participate in any other professional intervention that would be considered coercive in that context.
5. “Interrogation” refers to the attempt to elicit from a person deprived of liberty information that is not intended for the therapeutic benefit of the person. This includes, but is not limited to obtaining information for the purposes of incriminating the detainee, identifying or incriminating other persons. It refers to a deliberate attempt to elicit information from a person deprived of liberty for the purposes of incriminating the detainee, identifying or incriminating other persons, or otherwise obtaining information that might be of value to those who control the detainee. It also includes the creation of environments that might undermine the self or the identity of the detainee, or favour a breaking of his autonomy, self-determination or will, including but not limited to, humiliation, debasement or punishment. It does not include interviews or other interactions with a person deprived of

liberty that have been appropriately authorized by a court or by counsel for the detainee or a medical interview that is conducted as part of a therapeutic or forensic process under demand or proper informed consent of the person deprived of liberty.

6. Requesting, releasing or causing transfer of medical records or clinical data or allowing access to clinical files for interrogation purposes would be a serious breach of the code of conduct and a violation of professional ethics.
7. No psychiatrist should participate in the interrogation of persons held in custody by military or civilian investigative or law enforcement authorities. Participation includes intervention in the environment where the prisoner is held, advising on ways to confuse or debilitate the person to act against his or her will, doing psychological or medical examinations to certify the health of prisoners or detainees for interrogation, being present in the interrogation room, suggesting strategies, asking or suggesting questions, or advising authorities on the use of specific techniques of interrogation with particular detainees.
8. Psychiatrists may provide training to military or civilian investigative or law enforcement personnel on the adequate care to persons, recognizing and responding to persons with mental illnesses, on the possible adverse medical and psychological effects of techniques and conditions of interrogation, and on other areas within their professional expertise that will not harm the physical or psychological health or well-being of the person.

<sup>1</sup> Approved by the General Assembly of the World Psychiatric Association in Madrid, Spain, on August 25, 1996, and enhanced by the WPA General Assemblies in Hamburg, Germany on August 8, 1999, in Yokohama, Japan, on August 26, 2002, and in Cairo, Egypt, on September 12, 2005.

<sup>2</sup> Torture is defined in this document according to the 1984 United Nations Convention Against Torture as ‘Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.’ It also adheres to the World Medical Association Declaration of Tokyo that includes participation of doctors in similar acts by Non-State actors. For the present statement, cruel, inhuman and degrading treatment and punishment comprises acts that fulfil the criteria of torture although purpose or intentionality cannot be clearly established. Regarding people under any form of detention or imprisonment, it includes the provisions of A/RES/43/173 Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, Principle Six: ‘The term “cruel, inhuman or degrading treatment or punishment” should be interpreted so as to extend the widest possible protection against abuses, whether physical or mental, including the holding of a detained or imprisoned person in conditions which deprive him, temporarily or permanently, of the use of any of his natural senses, such as sight or hearing, or of his awareness of place and the passing of time.’

<sup>3</sup> ‘Detainee’ should be defined as any person confined or controlled by any agency or person acting in an official capacity or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

# Related to the World Psychiatric Association Declaration on Participation of Psychiatrists in Interrogation of Detainees

## Comment I

### Principles determine practice

Stephen Soldz\*

The WPA Declaration on Participation of Psychiatrists in Interrogation of Detainees constitutes a landmark development for the profession of psychiatry as well as other health professions. It codifies the most advanced thinking that has resulted from many years of interaction between national security and law enforcement priorities and the fundamental ethical foundations of the health professions. This declaration is important in carrying the discussion beyond the realm of “torture” to that of interrogation more broadly.

In the discussion of the proper roles for psychiatrists and other health professionals, two issues have become entangled. One issue is the involvement of psychiatrists in torture or other prisoner or detainee abuse.

Most, but unfortunately not all, contributors to this discussion believe that psychiatrists should not participate in torture because no one should participate in torture. This is a matter of law. Questions are then sometimes raised as to what are the boundaries of the “torture or ill-treatment” that are to be banned. Is it only detainee treatment that reaches the legal threshold for torture? Or does it include all treatment of detainees that could reasonably be construed as “coercive?” This is the question that most prior policies have addressed.

A second issue concerns the appropriate boundaries between national security or law enforcement activities and those of psychiatrists. What, if any, activities in this domain, such as consultation on interrogations, are not appropriate for psychiatrists, even if involvement in those activities is appropriate for intelligence or law enforcement personnel? This question is not a legal one, but one of essential professional boundaries that can only be answered by appeal to a profession’s *telos*, and to its foundational ethical principles.

It is to this latter question that the Declaration gives a clear answer when it comes to involvement in interrogations, be they to do with national security or law enforcement. It establishes a bright line: any direct involvement in interrogations of any kind is an inappropriate activity for psychiatrists. In establishing this line, the Declaration implicitly relies upon the *telos* of medicine as grounded in improving the health and well-being of the individuals and groups who are the target of any psychiatric intervention. It is implicitly based upon a deep respect for the two most foundational ethical principles for medicine, as well as for all other health professions, namely nonmaleficence—“do no harm”—and respect for the autonomy of individuals,

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from which the requirement for informed consent derives.

This Declaration recognizes that interrogation, even ethically acceptable interrogation when conducted by appropriate personnel, violates the autonomy of the individual and can easily violate nonmaleficence. Therefore, it is not an appropriate activity for psychiatrists. A decade ago, a 20-year veteran U.S. Army interrogator put the matter clearly to me:

*"We veteran interrogators are not interested in the line between torture and non-torture because we should never go near that line. If we go near it, it means we've already lost control of the situation. However, I would never say my profession doesn't cause harm. Your profession, however, is based on a different ethic. As a society, we need your profession. We can't risk entangling it with mine."*

The Declaration clearly and succinctly embodies this understanding. We can only hope that it will be widely adopted and that all the other health professions will adopt similar policies.

## Comment II

### The WPA Declaration on Psychiatry and Interrogation: Why now?

**Steven H. Miles, MD\***

The World Psychiatric Association's Section on Psychological Consequences of Torture and Persecution issued a noteworthy "Declaration on Participation of

Psychiatrists in Interrogation of Detainees", which was formally approved by the WPA in October 2017 (p 94-95). The Declaration is clear and self-explanatory. The rationale for this expansion of the World Psychiatric Association's Declaration of Madrid merits explanation and context.

Torturing regimes are increasingly inclined to use psychological torture. This is not because it improves the interrogation. There is no evidence to support such a contention. Psychological torture is as effective as physical torture in breaking prisoners down and disabling their subsequent participation in civil society. However, it does so without leaving somatic scars, torn ligaments, mutilated appendages, resolving bone fractures or subcutaneous calcifications (caused by electrical burns) that can serve as evidence in trials or news media. In short, psychological torture's 'benefit' is shielding regimes from human rights prosecutions.

Psychiatric torture is widely practiced. All torture entails degradation, humility, engendering fear and hopelessness, suffering at watching others or loved ones being tortured. Psychiatrists have little to add to the brutality of ordinary guards, police, and soldiers. Psychiatric expertise adds drugs that induce dystonia, nausea, or disorientation, confinement in psychiatric facilities, and cultural knowledge to degrade (e.g., feeding pork to Islamic prisoners). It also plies a pseudoscientific veneer to interrogation plans that makes unsupportable predictions about the efficacy of varying the nature and intensity abuse. This pseudoscience gives professional solace to psychiatrist-torturers who practice a shopworn craft that has been shown to lack merit. Such practitioners have been employed throughout the Communist nations, in

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Britain, Brazil, and most notably recently by the United States in its war on terror.

The Declaration clarifies the Madrid Declaration in three ways. It rejects the idea that a regime may exempt interrogational psychiatrists from a primary therapeutic obligation to the well-being of prisoners. This was the premise of US policy for engaging psychologists for torture during the war on terror. It was the objective of the American Psychological Association “PENS report” that was commissioned by and for the US military. The latest Declaration bars transmitting medical records to interrogation officials as happened in the US, Soviet Union and United Kingdom practices during the war on terror, the cold war, and the ‘troubles’ in Northern Ireland respectively. It also requires reporting torture in a manner akin to the World Medical Association’s 2007 Resolution on the responsibility of physicians in the documentation and denunciation of acts of torture or cruel or inhuman or degrading treatment (Declaration of Copenhagen).

The platform of health professional standards and international law is adequate. It is now time for societies like the World Medical Association and World Psychiatric Association to move to address accountability for physician torturers. Professional societies and human rights organizations must create and promote procedure manuals and casebooks to assist criminal courts and licensing boards to process cases against health professionals who are complicit with torture. They must create a registry of the nearly one hundred cases where physicians have been accountable for torture to correct the misconception that prosecution or professional sanctions are impossible. They must consider the reports of the United Nations Special Rapporteur on Torture in

deciding whether member nations’ medical communities are in sufficient compliance with international ethics that are designed to divorce physicians from torturers.