

9.7.5 Torture

Torture refers to the deliberate, systematic, or wanton administration of cruel, inhumane, and degrading treatments or punishments during imprisonment or detainment.

Physicians must oppose and must not participate in torture for any reason. Participation in torture includes, but is not limited to, providing or withholding any services, substances, or knowledge to facilitate the practice of torture. Physicians must not be present when torture is used or threatened

Physicians may treat prisoners or detainees if doing so is in their best interest, but physicians should not treat individuals to verify their health so that torture can begin or continue.

Physicians who treat torture victims should not be persecuted.

Physicians should help provide support for victims of torture and, whenever possible, strive to change situations in which torture is practiced or the potential for torture is great.

AMA Principles of Medical Ethics: I, III

Background report(s):

CEJA Report 8-I-99 Torture

The following actions do not constitute physician participation in execution: (1) testifying as to medical history and diagnoses or mental state as they relate to competence to stand trial, testifying as to relevant medical evidence during trial, testifying as to medical aspects of aggravating or mitigating circumstances during the penalty phase of a capital case, or testifying to the medical diagnoses as they relate to the legal assessment of competence for execution; (2) certifying death, provided that the condemned has been declared dead by another person; (3) witnessing an execution in a totally nonprofessional capacity; (4) witnessing an execution at the specific voluntary request of the condemned person, provided that the physician observes the execution in a nonprofessional capacity; and (5) relieving the acute suffering of a condemned person while awaiting execution, including providing tranquilizers at the specific voluntary request of the condemned person to help relieve pain or anxiety in anticipation of the execution.

Physicians should not determine legal competence to be executed. A physician's medical opinion should be merely one aspect of the information taken into account by a legal decision maker such as a judge or hearing officer. When a condemned prisoner has been declared incompetent to be executed, physicians should not treat the prisoner for the purpose of restoring competence unless a commutation order is issued before treatment begins. The task of re-evaluating the prisoner should be performed by an independent physician examiner. If the incompetent prisoner is undergoing extreme suffering as a result of psychosis or any other illness, medical intervention intended to mitigate the level of suffering is ethically permissible. No physician should be compelled to participate in the process of establishing a prisoner's competence or be involved with treatment of an incompetent, condemned prisoner if such activity is contrary to the physician's personal beliefs. Under those circumstances, physicians should be permitted to transfer care of the prisoner to another physician.

Organ donation by condemned prisoners is permissible only if (1) the decision to donate was made before the prisoner's conviction, (2) the donated tissue is harvested after the prisoner has been pronounced dead and the body removed from the death chamber, and (3) physicians do not provide advice on modifying the method of execution for any individual to facilitate donation.

8. TORTURE

HOUSE ACTION: FILED

This opinion is derived from existing House of Delegates Policies 65.981, "Human Rights and Health Professionals," 65.991, "Persecution of Physicians for Political Reasons and Participation by Doctors in violations of Human Rights," and 65.997, "Human Rights." The following text will appear in the next edition of the Code of Medical Ethics

2.067 Torture

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Civil and Human Rights

Human Rights and Health Professionals H-65.981

Topic: Civil and Human Rights **Policy Subtopic:** NA
Meeting Type: Annual **Year Last Modified:** 2015
Action: Reaffirmed **Type:** Health Policies
Council & Committees: Council on Ethical and Judicial Affairs



The AMA opposes torture in any country for any reason; urges appropriate support for victims of torture; condemns the persecution of physicians and other health care personnel who treat torture victims.

Policy Timeline

Sub. Res. 615, A-97 Reaffirmed: Sub. Res. 12, A-04 Reaffirmed: Sub. Res. 10, A-05 Reaffirmed:
CEJA Rep. 5, A-15

Civil and Human Rights

Persecution of Physicians for Political Reasons and Participation by Doctors in Violations of Human Rights H-65.991

Topic: Civil and Human Rights **Policy Subtopic:** NA
Meeting Type: Annual **Year Last Modified:** 2015
Action: Reaffirmed **Type:** Health Policies
Council & Committees: Council on Ethical and Judicial Affairs



The AMA (1) reiterates its endorsement of the 1975 World Medical Association Declaration of Tokyo which provides guidelines for physicians in cases of torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment; (2) opposes participation by physicians in the torture or inhuman treatment or punishment of individuals in relation to detention and imprisonment; and (3) expresses its sympathy to those physicians who have been subject to imprisonment or torture because of their humanitarian efforts to improve the health of their patients.

Policy Timeline

Res. 91, A-86 Reaffirmed: Sunset Report, I-96 Reaffirmed: Sub. Res. 12, A-04 Reaffirmed: Sub. Res. 10, A-05 Reaffirmed: CEJA Rep. 5, A-15

Civil and Human Rights

Human Rights H-65.997

Topic: Civil and Human Rights **Policy Subtopic:** NA
Meeting Type: Annual **Year Last Modified:** 2014
Action: Reaffirmed **Type:** Health Policies
Council & Committees: Council on Ethical and Judicial Affairs



Our AMA endorses the World Medical Association's Declaration of Tokyo which are guidelines for medical doctors concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment.

Policy Timeline

BOT Rep. M, I-78 Reaffirmed: CLRPD Rep. C, A-89 Reaffirmed: Sunset Report, A-00 Reaffirmed:
Sub. Res. 12, A-04 Reaffirmed: CEJA Rep. 8, A-14