

Participation in Torture and Interrogation: An Inexcusable Breach of Medical Ethics

*A Call to Hold Military Medical Personnel Accountable
to Accepted Professional Standards*

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The profession of medicine has developed codes of ethical conduct for thousands of years. From the Hippocratic Oath of ancient Greece onward to modern times, a universal and central element of such codes has expressed the imperative that a physician shall “Do no harm.”

Disclosures over the past two years regarding the treatment of detainees by licensed medical personnel in the “war on terror” in Iraq, Afghanistan, and Guantánamo Bay, Cuba, have revealed undeniable breaches of medical ethics among U.S. military healthcare personnel involved at those sites. Articles published in some of the most esteemed medical journals, including the *New England Journal of Medicine* and the *Lancet*, have documented and decried such practices. The International Red Cross has charged that some of the physical and emotional tactics used constitute cruel and unusual punishment.

The Geneva Convention provides that medical personnel “shall not be compelled to perform or carry out work contrary to the rules of medical ethics.” The American Medical Association’s Code of Medical Ethics states that “ethical obligations typically exceed legal duties” (and also prohibit physician participation in capital punishment, even when le-

gally performed). The World Medical Association, of which the AMA is a member, prohibits participation even as a monitor in torture or abuse. The Uniform Code of Military Justice proscribes U.S. forces from engaging in cruelty, maltreatment, or oppression of prisoners, and even the threat of such harm.

Those who have served in the U.S. military know that there is a documented chain of command for each action. Healthcare personnel serving in the military are all working under the authority of licensed military physicians, who are responsible for actions performed under their authority.

As the Nuremberg trials following World War II taught us, the extreme circumstances of times of war, declared or not, do not excuse physicians and other healthcare professionals from their ethical responsibilities.

We therefore call upon, and urge the American Medical Association to also request, that the relevant authorities act, at a minimum, as follows:

1. The military must provide full disclosure of all medical personnel involved in, directly or by chain of command, the treatment of detainees in Iraq, Afghanistan, and Cuba—and elsewhere if relevant—since September 11, 2001.

Perspectives

2. The records and behaviors of these personnel should be reviewed by the medical licensing boards and/or other responsible licensing authorities in each state where the military physicians are licensed. Independent expertise in bioethical standards should be sought in the conducting of these reviews.
3. Appropriate disciplinary action should be taken based upon the results of these reviews, and those actions made publicly available.