

Doctors and Torture

A Report on Chile

AS the strength and awareness of organisations working in the field of health and medicine increase, they will have to identify newer areas and issues to intervene into the many social, economic and political processes in society. For only by generalising their intervention or activities they will be able to generate a health movement. One such issue is the alliance and complicity of the medical profession with the repressive apparatus of the state in both capitalist and post-revolutionary societies. There are many ways in which the individuals and the established organisations of medical profession help the state to better implement, cover-up and justify the repression and its repressive function. One of the most inhuman of them is the torture of dissident political activists and all other prisoners who refuses to submit to the wills of the law-enforcing personnel.

Democratic rights organisations in our country, as well as all over the world have taken up numerous cases of systematic violation of rights of dissidents, more consistently in the last 15 years. Interrogation, torture and other harassments with the complicity of medical personnel have been reported. They have also campaigned to build up public opinion and have pressurised governments on this issue. However, they have not been able to draw the serious attention of the organisations working in the field of health to the complicity of medical personnel in their inhuman acts. Such health organisations, due to their own weakness and the fact that they have started working independently only very recently, have not yet taken cognisance of the very political as well as medical nature of this issue.

A country which has witnessed the most brutal repression for over a decade has now shown the way. If the medical profession decides to fight, decides to genuinely observe and implement the code of ethics it always talks about, it can take positive steps in this regard. This is the country where a doctor social democrat, who also became its president tried to change the social order through parliamentary reforms and was overthrown by a military coup sponsored by the CIA. He and his supporters, and tens of thousands who protested were brutally massacred in 1973 by the military junta of Pinochet. Yes, this country is Chile, and the president was Dr Allende.

Action of Medical Profession Against Torture

A special report submitted by Eric Stover and Elena Nightangle of the Committee on Scientific Freedom and Responsibility, Washington DC, and published in the *New England Journal of Medicine* (October 24, 1985), under the title, "The Medical Profession and the Prevention of Torture" states that the Chilean Medical Association "has called on the military government to end secret detention, the situation in which torture is most likely to take place. Its leaders have met with members of the judiciary to press for the expedition of more than 200 complaints of torture that are stalled in court proceedings." This is indeed a highly politically conscious and bold act in a country where political dissent is dealt with bullets.

The leaders of the Association, of course, suffered for their boldness. Last August, Dr Pinto Castillo, a member of the Association's ethics committee and a Fellow of the American College of Surgeons, was detained by Chilean security forces. This act instead of demoralising these progressive forces in the medical community brought out a new mood of solidarity amongst them, and the medical and scientific associations in Chile, USA and other places came out in aid of Dr Castillo who was banished for 90 days to a small desolate island in Southern Chile

without charging him with an offence. The international protest, however, had its effect and on August 22, 1985, 16 days after he was banished, the Chilean military dictators were forced to release him.

The Chilean Medical Association (Colegio Medico de Chile) was established in 1948 and has now a membership of more than 9000 doctors who constitute about 90 per cent of all medical practitioners in Chile. After the military coup of 1973, the Association, along with all other such professional bodies, lost its right to elect its own office bearers. However, this right was restored to it in 1981, and since then, it has played a key role in focussing attention in Chile as well as abroad, on the medical profession's complicity in torture. Dr. Castillo, other members of the Association have done painstaking work in documenting the use of torture by the state and in providing treatment to victims. Dr. Jaun Gonzales, president of the Association in November 1984, presented to the Chilean supreme court documentary evidence of cases of torture, and expressed his concern over the continuing practice of torture. The association has not restricted its activities only to Chile. In mid-1985, Dr. Gonzales along with Dr. Carlos Trejo, Chairman of its ethics committee, testified before the US Congress about the Association's efforts to stop professional complicity in torture.

Guidelines to Prevent Professional Complicity in Torture

Stover and Nightingale in their above mentioned report inform that the Association issued in March 1985, a set of guidelines instructing physicians not to attend to patients under certain conditions. This was as a follow-up to the Association's public statement in November 1984 warning that it would not allow itself to be "turned into a haven and bastion for people who transgress professional ethics". According to the guidelines, doctors should not attend to patients:

- (1) If the physician has been ordered not to identify himself or to conceal his identify by physical means;
- (2) If the physician encounters a patient who is blindfolded or hooded or otherwise prevented from seeing the examining physician;
- (3) If the patient is held in a secret detention centre; or
- (4) If contact between the patient and physician can be carried out only in the presence of a third party.

The association has also taken concrete steps to see that these guidelines do not remain on paper. It has held disciplinary hearings on the role of five-doctors alleged to participated in the abuse of political detainees. They have also suspended one army physician, Dr. Carlos Herman Perez Castro, for certifying that a political prisoner who was tortured, was in a good physical condition upon her release from a secret detention centre. It should be added here that all such investigations and hearings are conducted by the Association in secrecy and public announcement is made only after its 20 member council reaches a verdict. According to Dr. Gonzales, the president of the Association, as many as 30 to 40 physicians have participated in covering up torture in the last one decade and they will continue their investigations till each is properly examined by the committee.

Although these guidelines were issued less than a year back, they have started to show positive effect. The Association's ethics committee chairman reported that after the guidelines were an-

nounced several military and police doctors had approached the members of ethics committee to report that they had been asked by the authorities to examine or treat prisoners who had been tortured. They also sought assistance from the Association in informing military authorities that they would not become involved in covering up torture.

In a backward bourgeois democracy like India, the flagrant violation of democratic rights of people is a routine affair. Our readers need no introduction on the daily torture of detenus carried out in a small police station to a well maintained torture chamber (like the 'retreat' in Calcutta) all over the country. The women prisoners need a special mention as they, in addition, face sexual abuse. In fact, the rape of a teen age woman triggered off a new wave of protest in the women's movement in recent times.

The democratic rights organisations have done significant work in making torture a political issue. No doubt, doctors have also participated in such organisations. The recent killings of a doctor, who was a prominent human right activist, by the police in Andhra Pradesh shows that individual doctors have played their role, even at the risk of their lives.

However, the medical community as such has much at stake in the system and therefore, its official organisations have consistently shunned responsibility to do anything in this matter.

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and female development, while complete in certain aspects is also deficient in other aspects. However, such a change would need to be accompanied by an effort at understanding how much of the pattern of human development is a result of socialisation and how much of it is due to 'inherent' or 'innate' human nature. Such an effort is vital, for without it, there is the potential danger of development theory recognising the importance of both male and female perspectives of development, yet drawing a clear distinction between the two patterns and declaring male and female nature as being 'inherently different'. As it is difficult to say different without saying better or worse, women may once again become victims of such a theory. Finally, since theory reflects a given social context, a change in development theory is likely to come about only when social conditions permit a

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They did not have enough courage even to issue a statement when a doctor was killed for his human rights activities. Indeed, they will take a long time to learn from what their counterparts are doing in Chile. Thus, the responsibility is now with voluntary organisations of socially-conscious individuals working in the field of health to show courage, to build public opinion and agitate in the official associations to pressurise the medical community.

Secondly, at the same time, socially-conscious doctors will have to look into the medical aspects of the problem. As Stover and Nightingale suggest in their report, "physicians (particularly psychiatrists) need to become familiar with immediate and long-term physical and psychological effects of torture, for the purpose of diagnosis and treatment. Although research on the after effects of torture and the means of treating these effects is still in its infancy, recent medical research indicates that the major symptoms of torture victims, which sometimes occur years after the torture, include feeling of helplessness, heightened anxiety, impaired memory and inability to concentrate, nightmares and phobias. Publishing research on victims aids in the prevention of torture by informing the public of the pernicious effects of torture on victims; their families and society at large."

a.j

change in our conception of what we consider 'male' and 'female' in the psychological realm.

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1935-1955, *Neurosurgery*. 14:765-772, 1984.

Lewontin R, *Sociobiology: Another Biological Determinism, in Biology as Destiny: Scientific Fact or Social Bias?*, Science

for the People, 1984, p 4.

Mark V. Ervin F. *Violence and the Brain*, New York, Harper and Row, 1970.

Mark V., Sweet W, Ervin F, *The Role of Brain Disease in Riots and Urban Violence*. *JAMA* 201: 895, 1967.

Morley T. Some Professional and Political Events in Canadian Neurosurgery. *Canad. J. Neurol. Sci.* 12: 230-235, 1985.

Phillips C, Zeki S, Barlow H, *Localisation of Function in the Cerebral Cortex, Past, Present, and Future*. *Brain*. 107: 327-361, 1984.

Shutts D, *Lobotomy—Resort to the Knife* Van Nostrand, New York, 1982, P 50. *ibid.* p 143. *ibid.* p 199.

Snyder S. Schizophrenia. *Lancet*. 2: 970-974, 1982.

Szasz T, *Schizophrenia; The Sacred Symbol of Psychiatry*, Basic Books, New York, p 99, 1976.

Szasz T, *Objections to Psychiatry in States of Mind*. Ed. Miller J. Pantheon; New York, p 270-290. 1984.

Valenstein E, (ed) *The Psychosurgery Debate; Scientific, Legal, and Ethical Perspectives*, W H Freeman, pp 548, 1980.

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