Doctors and Torture

TORTURE is condemned universally as inhuman and as a calculatedly cruel practice. As such it should not find any place in any civilised society. Yet its widespread use is a truth that cannot be denied. To a greater or lesser extent it is resorted to in all countries. Why is this so? Why do countries which apparently place a high value on human rights routinely practise and condone physical and mental abuse of its opponents both in times of war and in peace?

Torture has been recorded in history since the ancient times and there have been references to torture in the 12th and 13th centuries, and even earlier. The Tudor and Stuart monarchs made frequent use of torture. But it was during the religious and political struggles of the 16th and 17th centuries in European countries that there was more open discussion of the subject. Indian history also is replete with references of torture of political prisoners.

It was in the 18th century that a movement against this cruel inhuman practice was initiated with the hope that by the end of the 19th century this practice would be abolished altogether. But the reality of concentration camps in Germany under Nazi rule, with their largescale use of torture wiped off this optimistic belief. However, it was in the aftermath of the war and the end of Nazi rule that serious attempts were first made to set out norms of conduct for medical people participating in torture.

Torture is among the most reprehensible aspects of state repression. Unlike other forms of repression, it can be carried out in private and in such a manner that none but those against whom it is used come to know of it. So it can be practised with impunity within smiling democracies professing to be 'open' societies ensuring freedom of speech, expression etc. to its citizens.

Torture is used to suppress dissent against the state and its ideology in various ways. It is used extensively to extract information—and this use is often protrayed as being justified in order to maintain 'law and order'. But more importantly, it is used to strike terror in the hearts of those who oppose it. A torture victim becomes a warning to others who may follow his/her path for much the same reason that feudal barabaric societies displayed severed heads or conducted public hangings.

The Indian state has consistently and widely used torture to quell rebellion and protest whether it is to supress movements of minorities for autonomy or those which pose an ideological challenge to the state. In Telengana in the 40s and Naxalbari in the 60s and 70s and Bihar, Punjab and Andhra Pradesh in the 80s the state's police have systematically and routinely used torture on political prisoners so much so that they have perfected methods which cause pain and suffering to the individual but leave no mark which can be displayed to monitoring authorities, such as they are. And in all this at some level or other—whether in diagnosing and treating a victim of torture or in issuing death certificates of those who have succumbed to it or in many other numerous small ways—is involved a health worker most often a medical professional, who ironically enough is pledged to preserve life and reduce suffering.

Here there are two aspects which must be touched upon. Usually torture in most codes is defined to mean the abuse of person in the custody of the authority. In a larger sense and increasingly, it includes the physical and mental abuse meted out to the friends, relatives and others close to the victim. Again the evidence of torture becomes valid only with the involvement of the medical profession. Secondly, sexual abuse and assault on women held in custody or held for 'questioning' is becoming increasingly frequent. And in most cases, it is medical evidence which will help in bringing the victimisers to book. The medical profession thus plays a crucial role in protecting human rights.

The United Nations, in 1975, in its Declaration, has defined torture as: "Torture means any act by which severe pain or suffering, whether physical or mental, is intentially inflicted by or at the instigation of a public official on a person for such purposes as obtaining from or a third person information or confession, punishing him for an act he has committed or is suspected of having committed, or intimidating him or other persons. It does not include pain or suffering arising only from, inherent in or incedental to, lawful sanctions to the extent consistent with the Standard Minimum Rules for the Treatment of Prisoners. Torture constitues an aggravated and deliberate form of cruel, inhuman or degrading treatment or punishment." (see *Health and Human Rights*, ICHP/cinpros 1986, p 25). As Paul Sieghart states (p 95) the "prohibition against torture contains no limitations or exceptions of any kind and *allows no derogation in any circumstances—not even in times of war or public emergency treating the life of the Nation*" (Emphasis added).

Doctors As Victimisers and As Victims

It is an irony that the "protectors of law and order"—the police themselves employ the method of torture which is so universally condemned but what is unthinkable is the involvement of doctors (actively or passively) in torture, particularly when they happen to be police, prison or military doctors. The conflict between the ethical positions of the prison doctors and national laws are real and superficially bewildering but certainly not unresolvable

As Dr. Wyner of the World Medical Association clarifies "that if a certain legislation is criminal and contrary to ethics, the doctor has the deontological duty to ignore it and in some cases, even oppose it when practicing his profession". It is thus gratifying to learn and in Switzerland, the prison doctors and subordinate medical authorities alone are responsible for the prisoners' health and thus find it easy to maintain the patient-doctor relationship. Such a trend must spread to other countries as well.

So far as the ethical codes on the subject are concerned, there need be no ambiguity in the mind of the medical practioner. The UN Declarations and codes relating to Principles of Medical Ethics, the Declaration on the Protection of All Persons from Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and (iii) Standard Minimum Rules for the treatment of Prisoners and related recommendations are amply clear and concise to permit any grey areas. Furthermore, the statements by various orofessional associations viz. that of (i) physicians, (ii) psychiatrists, (iii) nurses and (iv) psychologists, also leave no stone unturned in respect of the ethical positions. [Elsewhere in the issue we carry the full text of some of there codes and statements]

Even so, there are reports revealing medical practioners attending the interrogation of punishment centres for examing the detainees to certify on their health and later administering treatment for the victims' injuries. Some of them are even reported to be active in torture. How else could one explain some of the more modern and sophisticated methods of torture which could not have been devised without the active participation of experts (forensic) having a high degree of knowledge in the area? To the extent that many of its members contribute to torture, the whole medical fraternity must also share his guilt and it is for the respective medical councils to pull up its members. Medical fraternity must do all that is in its collective power towards eliminating this obscene, cruel, inhuman practice that is internationally outlawed.

The doctor compounding or assisting torture discarding the ethical norms is obviously only one facet of the situation existing today, but consider the scene where (and this is known to take place more after in some countries under some dictatorial regimes) the doctor has had to pay heavy penalties including his life for having listened to his consciense and abiding with ethical codes laid down. Often a doctor is penalised for helping the victim of state repression or for supporting movements for justice. One such victim of police brutality was Dr. Ramanadhan who was shot dead the state police in September 3, 1985. We publish in this issue a short biographical sketch of the doctor-activist. Undoubtedly, health workers who use their professional skills to help those who protest against the state are themselves vulnerable. Particularly under the dictitorial regimes the reality is such that people's protest against such actions cannot be expected to operate. International pressures need to be applied and the Human Rights wing of United Nations have a pertinent role in this.

What about the repurcussions of torture on physical and mental health of the tortured? On the family? And the responsibilities of medical and social scientists in this matter? It is clearly imminent that torture would both physically and more importantly mentally wreck the victims' and ruin them and their families but sadly there are not enough studies on this important issue in our country [see the case of Archana Guha in this issue]. Such studies, if nothing else, could serve well towards eliminating the apathy towards this distantly occuring nonetheless sensitive issue. Surely it must be remembered that until empathy towards the tortured does not percolate through vast multitude of peoples, elimination of this inhuman practice will keep eluding us time again.

Why have we chosen to highlight the issue of the role of the health worker in preserving human rights, especially in state torture? Firstly, because as we have seen, the medical profession plays a crucial role both in perpetrating torture but also in publicising its use and bringing the victimisers to book. In doing so, the health workers themselves become vulnerable to attack. It is therefore necessary that a strict code of conduct be implemented. Also, doctors who are placed in vulnerable situations must be ensured safety. In times of war, for instance, medical help is always ensured safe conduct. In times of peace too, it should be possible to safeguard the life of people who give medical aid.

Secondly, there nas been an increasing incidence of police torture and inhumanity. With the growth of political awareness, mass movements are on the upswing. The state is bound to become more repressive and if this repression is to be effective while maintaining the facade of democratic functioning, it has to use such instruments which focus on the individual and are hidden from the public eye. There is a tendency to legitimise torture (say, by branding the victims as 'terrorists'). Again there is need to create an awareness of where, how and in what circumstances torture takes place and the role the health worker plays in this. It is also necessary to empower them with information on how they can be coerced into abetting torture and what they can do about it.

While we highlight some of the major issues in the field and how the international community of health workers have tackled it this is certainly not the last word on the subject. There is a particular lacuna about information on India. We hope the issue will generate discussion on the issue and lead to documentation of the Indian situation.

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