

Human Rights Ethical Codes and Declarations

A. Statements by Professional Associations

(i) *The World Medical Association (WMA)*

Resolution on Physician Participation in Capital Punishment

Following concern about the introduction of an execution method (lethal injection) which threatened to involve doctors directly in the process of execution, the WMA Secretary-General issued a press statement opposing any involvement of doctors in capital punishment. The 34th Assembly of the WMA, meeting in Libson some weeks after the issuing of the press statement, endorsed the Secretary-General's statement in the following terms:

Resolved, that the Assembly of the World Medical Association endorses the action of the Secretary General in issuing the attached press release on behalf of the World Medical Association condemning physician participation in capital punishment.

Further resolved, that it is unethical for physicians to participate in capital punishment, although this does not preclude physicians certifying death.

Further resolved, that the Medical Ethics Committee keep this matter under active consideration.

Secretary General's Press Release.

The first capital punishment by intravenous injection of lethal dose of drugs was decided to be carried out next week by the court of the state of Oklahoma, USA.

Regardless of the method of capital punishment a state imposes, no physician should be required to be an active participant. Physicians are dedicated to preserving life.

Acting as an executioner is not the practice of medicine and physician services are not required to carry out capital punishment even if the methodology utilizes pharmacological agents or equipment that might otherwise be used in the practice of medicine.

A physician's only role would be to certify death once the State had carried out the capital punishment.

September 11, 1981

Regulations in Time of Armed Conflict

These regulations or guidelines set out the WMA's standards on the medical ethical position of the physician during a period of war or other armed conflict. The statement was approved by the 10th World Medical Assembly in Havana in 1956, was edited by the 11th Assembly meeting in Istanbul the following year and was amended by the 35th World Medical Assembly in 1983.

The amended text reads as follows:

1. Medical ethics in time of armed conflict is identical to medical ethics in time of peace, as established in the International Code of Medical Ethics of the World Medical Association. The primary obligation of the physician is his professional duty; in performing his professional duty, the physician's supreme guide is his conscience.

2. The primary task of the medical profession is to preserve health and save life. Hence it is deemed unethical for physicians to:

A. Give advice or perform prophylactic, diagnostic or therapeutic procedures that are not justifiable in the patient's interest.

B. Weaken the physical or mental strength of a human being without therapeutic justification.

C. Employ scientific knowledge to imperil health or destroy life.

3. Human experimentation in time of armed conflict is governed by the same code as in time of peace; it is strictly forbidden on all persons deprived of their liberty, especially civilian and military prisoners and the population of occupied countries.

4. In emergencies, the physician must always give the required

care impartially and without consideration of sex, race, nationality, religion, political affiliation or any other similar criterion. Such medical assistance must be continued for as long as necessary and practicable.

5. Medical confidentiality must be preserved by the physician in the practice of his profession.

6. Privileges and facilities afforded the physician must never be used for other than professional purposes.

Rules governing the care of sick and wounded, particularly in time of conflict

A. 1. Under all circumstances, every person, military or civilian must receive promptly the care he needs without consideration of sex, race, nationality, religion, political affiliation or any other similar criterion.

2. Any emergencies, physicians and associated medical personnel are required to render immediate service to the best of their ability. No distinction shall be made between patients except those justified by medical urgency.

B. 1. In emergencies, physicians and associated medical personnel are required to render immediate service to the best of their ability. No distinction shall be made between patients except those justified by medical urgency.

2. The members of medical and auxiliary professions must be granted the protection needed to carry out their professional activities freely. The assistance necessary should be given to them in fulfilling their responsibilities. Free passage should be granted whenever their assistance is required. They should be afforded complete professional independence.

3. The fulfillment of medical duties and responsibilities shall in no circumstances be considered an offence. The physician must never be prosecuted for observing professional secrecy. In fulfilling their professional duties, the medical and auxiliary professions will be identified by the distinctive emblem of a red serpent and staff on a white field. The use of this emblem is governed by special regulation.

Declaration of Tokyo

The Declaration of Tokyo has, since its adoption in 1975, been the most comprehensive statement produced by the medical profession on the question of the torture and cruel, inhuman or degrading treatment of detainees. It was adopted by the 29th World Medical Assembly, Tokyo, Japan.

The rest is as follows:

It is the privilege of the medical doctor to practise medicine in the service of humanity, to preserve and restore bodily and mental health without distinction as to persons, to comfort and to ease the suffering of his or her patients. The utmost respect for human life is to be maintained even under threat, and no use made of any medical knowledge contrary to the laws of humanity.

For the purpose of this Declaration, torture is defined as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason.

1. The doctor shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedures is suspected, accused or guilty, and whatever the victim's beliefs or motives, and in all situations, including armed conflict and civil strife.

2. The doctor shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other

forms of cruel, inhuman or degrading treatment or to diminish the ability of the victim to resist such treatment.

3. The doctor shall not be present during any procedure during which torture or other forms of cruel, inhuman or degrading treatment is used or threatened.

4. A doctor must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The doctor's fundamental role is to alleviate the distress of his or her fellow men, and no motive whether personal, collective or political shall prevail against this higher purpose.

5. Where a prisoner refuses nourishment and is considered by the doctor as capable of forming an unimpaired and rational judgment concerning the consequences of such a voluntary refusal of nourishment, he or she shall not be fed artificially. The decision as to the capacity of the prisoner to form such a judgment should be confirmed by at least one other independent doctor. The consequences of the refusal of nourishment shall be explained by the doctor to the prisoner.

6. The World Medical Association will support, and should encourage the international community, the national medical associations and fellow doctors, to support the doctor and his or her family in the face of threats or reprisals resulting from a refusal to condone the use of torture or other forms of cruel, inhuman or degrading treatment.

(ii) World Psychiatric Association (WPA)

Declaration of Hawaii

In early 1976 work commenced on the drafting of an international code of ethics for psychiatrists which was subsequently adopted in 1977 at the VI World Congress of Psychiatry in Honolulu, Hawaii. At the same meeting the WPA committed itself to receive and investigate allegations of the abuse of psychiatry for political purposes; in 1979 the establishment of the Review Committee was finalised and it first met in Paris in February 1980.

The constitutional status of the Review Committee was changed at the VII Congress in Vienna in July 1983 when it was made permanent and had its remit widened.

Minor amendments to the text of the Declaration were agreed at the July 1983 Congress. The text, as amended, reads as follows:

Ever since the dawn of culture, ethics has been an essential part of the healing art. It is the view of the World Psychiatric Association that due to conflicting loyalties and expectations of both physicians and patients in contemporary society and the delicate nature of the therapist-patient relationship, high ethical standards are especially important for those involved in the science and practice of psychiatry as a medical specialty. These guidelines have been delineated in order to promote close adherence to those standards and to prevent misuse of psychiatric concepts, knowledge and technology.

Since the psychiatrist is a member of society as well as a practitioner of medicine, he or she must consider the ethical implications specific to psychiatry as well as ethical demands on all physicians and the social responsibility of every man and woman.

Even though ethical behaviour is based on the individual psychiatrist's conscience and personal judgment, written guidelines are needed to clarify the profession's ethical implications.

Therefore, the General Assembly of the World Psychiatric Association has approved these ethical guidelines for psychiatrists, having in mind the great differences in cultural background, and in legal, social and economic conditions which exist in the various countries of the world. It should be understood that the World Psychiatric Association views these guidelines to be requirements for ethical standards of the psychiatric profession.

The aim of psychiatry is to treat mental illness and to promote mental health. To the best of his or her ability, consistent with accepted scientific knowledge and ethical principles, the psychiatrist shall serve the best interests of the patient and be also concerned

for the common good and a just allocation of health resources. To fulfil these aims requires continuous research and continual education of health care personnel, patients and the public.

2. Every psychiatrist should offer to the patient the best available therapy to his knowledge and if accepted must treat him or her with the solicitude and respect due to the dignity of all human beings. When the psychiatrist is responsible for treatment given by others he owes them competent supervision and education. Whenever there is a need, or whenever a reasonable request is forthcoming from the patient, the psychiatrist should seek the help of another colleague.

3. The psychiatrist aspires for a therapeutic relationship that is founded on mutual agreement. At its optimum it requires trust, confidentiality, co-operation and mutual responsibility. Such a relationship may not be possible to establish with some patients. In that case, contact should be established with a relative or other person close to the patient. If and when a relationship is established for purposes other than therapeutic such as in forensic psychiatry, its nature must be thoroughly explained to the person concerned.

4. The psychiatrist should inform the patient of the nature of the condition, therapeutic procedures, including possible alternatives, and of the possible outcome. This information must be offered in a considerate way and the patient must be given the opportunity to choose between appropriate and available methods.

5. No procedure shall be performed nor treatment given against or independent of a patient's own will, unless, because of mental illness, the patient cannot form a judgement as to what is in his or her best interest and without which treatment serious impairment is likely to occur to the patient or others.

6. As soon as the conditions for compulsory treatment no longer apply, the psychiatrist should release the patient from the compulsory nature of the treatment and if further therapy is necessary should obtain voluntary consent. The psychiatrist should inform the patient and/or relatives or meaningful others, of the existence of mechanisms of appeal for the detention and for any other complaints related to his or her well-being.

7. The psychiatrist must never use his professional possibilities to violate the dignity or human rights of any individual or group and should never let inappropriate personal desires, feelings, prejudices or beliefs interfere with the treatment. The psychiatrist must on no account utilize the tools of his profession, once the absence of psychiatric illness has been established. If a patient or some third party demands actions contrary to scientific knowledge or ethical principles the psychiatrist must refuse to cooperate.

8. Whatever the psychiatrist has been told by the patient, or has noted during examination or treatment, must be kept confidential unless the patient relieves the psychiatrist from this obligation, or to prevent serious harm to self or others makes disclosure necessary. In these cases, however, the patient should be informed of the breach of confidentiality.

9. To increase and propagate psychiatric knowledge and skill requires participation of the patients. Informed consent must, however, be obtained before presenting a patient to a class and, if possible, also when a case-history is released for scientific publication, whereby all reasonable measures must be taken to preserve the dignity and anonymity of the patient and to safeguard the personal reputation of the subject. The patient's participation must be voluntary, after full information has been given of the aim, procedures, risks and inconveniences of a research project and there must always be a reasonable relationship between calculated risks or inconveniences and the benefit of the study. In clinical research every subject must retain and exert all his rights as a patient. For children and other patients who cannot themselves give informed consent, this should be obtained from the legal next-of-kin. Every patient or research subject is free to withdraw for any reason at any time from any voluntary treatment and from any teaching or research programme in which he or she participates. This withdrawal, as well as any refusal to enter a programme, must never influence the

psychiatrist's efforts to help the patient or subject.

10. The psychiatrist should stop all therapeutic, teaching or research programmes that may evolve contrary to the principles of this Declaration.

(iii) *The International Council of Nurses (ICN)*

Role of Nurse in Care of Detainees and Prisoners

At the meeting of the Council of National Representatives of the International Council of Nurses in Singapore in August 1975, the following statement was adopted:

Whereas the ICN Code for Nurses specifically states that:

1. "The fundamental responsibility of the nurse is fourfold: to promote health, to prevent illness, to restore health and to alleviate suffering.
 2. "The nurse's primary responsibility is to those people who require nursing care.
 3. "The nurse when acting in a professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.
 4. "The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other persons,"
- and

WHEREAS in 1973 ICN reaffirmed support for the Red Cross Rights and Duties of Nurses under the Geneva Conventions of 1949, which specifically state that, in case of armed conflict of international as well as national character (i.e. internal disorders, civil wars, armed rebellions):

1. Members of the armed forces, prisoners and persons taking no active part in the hostilities

- (a) Shall be entitled to protection and care if wounded or sick,
- (b) Shall be treated humanely, that is:
 - they may not be subjected to physical mutilation, or to medical or scientific experiments of any kind which are not justified by the medical, dental or hospital treatment of the prisoner concerned and carried out in his interest,
 - they shall not be wilfully left without medical assistance and care, nor shall conditions exposing them to contagion or infection be created,
 - they shall be treated humanely and cared for by the Party in conflict in whose power they may be, without adverse distinction founded on sex, nationality, religion, political opinion, or any other similar criteria.

2. The following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the above mentioned persons:

- (a) violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture;
- (b) outrages upon personal dignity, in particular humiliating, and degrading treatment.

WHEREAS in 1971 ICN endorsed the United Nations Universal Declaration of Human Rights and, hence, accepted that:

1. "Everyone is entitled to all the rights and freedoms, set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status (Art.2).
2. "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment (Art.5)"; and

WHEREAS in relation to detainees and prisoners of conscience, interrogation procedures are increasingly being employed which result in ill effects, often permanent, on the person's mental and physical health;

THEREFORE BE IT RESOLVED that ICN condemns the use of all such procedures harmful to the mental and physical health of prisoners and detainees; and

FURTHER BE IT RESOLVED that nurses having knowledge of physical or mental ill-treatment of detainees and prisoners take appropriate action including reporting the matter to appropriate na-

tional and/or international bodies; and

FURTHER BE IT RESOLVED that nurses participate in clinical research out on prisoners, only if the freely given consent of the patient has been secured after a complete explanation and understanding by the patient of the nature and risk of the research; and

FINALLY BE IT RESOLVED that the nurse's first responsibility is towards her patients, notwithstanding considerations of national security and interest.

Nurse's Role in Safeguarding Human Rights

Responding to requests from national member associations for guidance on the protection of human rights of both nurses and those for whom they care, the Council of National Representatives of the International Council of Nurses adopted the statement given below at its meeting in Brasilia in June 1983.

This document has been developed in response to the requests of national nurses associations for guidance in assisting nurses to safeguard their own human rights and those for whom they have professional responsibility. It is meant to be used in conjunction with the ICN Code for Nurses and resolution relevant to human rights. Nurses should also be familiar with the Geneva Conventions and the additional protocols as they relate to the responsibilities of nurses.

The current world situation is such that there are innumerable circumstances in which a nurse may become involved that require action on her/his part to safeguard human rights. Nurses are accountable for their own professional actions and must therefore be clear as to what is expected of them in such situations.

Also conflict situations have increased in number and often include internal political upheaval, and strife, or international war. The nature of war is changing. Increasingly nurses find themselves having to act or respond in complex situations to which there seems to be no clear cut solution.

Changes in the field of communications also have increased the awareness and sensitivity of all groups to those conflict situations.

The need for nursing actions to safeguard human rights is not restricted to times of political upheaval and war. It can also arise in prisons or in the normal work situation of any nurse where abuse of patients, nurses, or others is witnessed or suspected. Nurses have a responsibility in each of these situations to take action to safeguard the rights of those involved. Physical abuse and mental abuse are equally of concern to the nurse. Over or under-treatment is another area to be watched. There may be pressures applied to use one's knowledge and skills in ways that are not beneficial to patients or others.

Scientific discoveries have brought about more sophisticated forms of torture and methods of resuscitation so that those being tortured can be kept alive for repeated sessions. It is in such circumstances that nurses must be clear about what actions they must take as in no way can they participate in such torture, or torture techniques.

Nurses have individual responsibility but often they can be more effective if they approach human rights issues as a group. The national nurses associations need to ensure that their structure provides a realistic mechanism through which nurses can seek confidential advice, counsel, support and assistance in dealing with these difficult situations. Verification of the facts reported will be an important first step in any particular situation.

At times it will be appropriate for the NNA to become a spokesman for the nurses involved. They may also be required to negotiate for them. It is essential that confidentiality be maintained. In rare cases the personal judgment of the nurse may be such that other actions seem more appropriate than approaching the association.

The nurse initiating the actions requires knowledge of her own and other's human rights, moral courage, a well thought through plan of action and commitment and determination to see that the

necessary follow-up does occur. Personal risk is a factor that has to be considered and each person must use her/his best judgment in the situation.

Rights of Those in Need of Care

Health care is a right of all individuals. Everyone should have access to health care regardless of financial, political, geographic, racial or religious considerations. The nurse should seek to ensure such impartial treatment.

Nurses must ensure that adequate treatment is provided—within available resources—and in accord with nursing ethics (ICN Code) to all those in need of care.

A patient/prisoner has the right to refuse to eat or to refuse treatments. The nurse may need to verify that the patient/prisoner understands the implications of such action but she should not participate in the administration of food or medications to such patients.

Rights and Duties of Nurses

When considering the rights and duties of nursing personnel it needs to be remembered that both action and lack of action can have a detrimental effect and the nursing personnel must be considered on both counts.

Nurses have a right to practise within the code of ethics and nursing legislation of the country in which they practice. Personal safety—freedom from abuse, threat or intimidation—are the rights of every nurse.

National nurses associations have a responsibility to participate in development of health and social legislation relative to patient's rights and all related topics.

It is a duty to have informed consent of patients relative to having research done on them and in receiving treatments such as blood transfusions, anesthesia, grafts etc. Such informed consent is a patient's right and must be ensured.

(iv) Psychologist:

Statement by International Union of Psychological Science

In July 1976, the Assembly of the International Union of Psychological Science unanimously approved the statement of the Executive Committee of the International Union of Psychological Science made in July 1974.

The text is as follows:

The International Union of Psychological Science

which includes national psychological societies of 42 nations from all over the world;

which thus speaks in the name of over 70,000 professional psychologists who, because the subject of their science is behaviour, are particularly concerned with any acts by which individuals in a systematic and deliberate way infringe upon the inviolable rights of human beings, regardless of race, religion or ideology, these rights being guaranteed by the Charter of the United Nations;

and which is concerned with strict observance of professional standards of ethics in the practice of psychology, therefore makes the following declarations:

It proclaims that no psychologist, in the exercise of his or her professional functions, should accept instructions or motivations that are inspired by considerations that are foreign to the profession; It protests solemnly against any use of scientific data or of professional methods of psychology that impair the above-mentioned rights;

It formally condemns any collaboration by psychologists—whether actively or passively, directly or indirectly—with the above-mentioned abuses, and it urges its members to oppose any abuses of this sort;

It requests each member-society to make certain that it has enacted a code of ethics and to take those actions required by its code against any member guilty of such abuses against human rights; It declares

that the Executive Committee of IPUS is ready to support, with all means at its disposal, any action undertaken by a member-society in order to carry out the terms of the present resolution; It recalls the following statement made by its Executive Committee on July 27 1974: "The Executive Committee wishes to make clear that the International Union of Psychological Science denounces vigorously all practices that are contrary to the high level of morality that must regulate the scientific and professional roles assumed by psychologists in modern society."

It welcomes the United Nation's Resolution, adopted by the General Assembly (Third Committee; A/10408; 243rd plenary meeting, December 9, 1975) on the Protection of All Persons from being subjected to Inhuman Treatment.

B. United Nations Declarations and Codes Principles of Medical Ethics

The principles are elaborated within the text of Resolution 37/194 adopted by the United Nations General Assembly, 18 December 1982.

The General Assembly...

Desirous of setting further standards in this field which ought to be implemented by health personnel, particularly physicians, and by government officials,

1. ADOPTS the Principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment set forth in the annex to the present resolution;
2. CALLS UPON all governments to give the Principles of Medical Ethics, together with the present resolution, the widest possible distribution, in particular among medical and paramedical associations and institutions of detention or imprisonment in an official language of the State;
3. INVITES all relevant inter-governmental organisations, in particular the World Health Organisation, and non-governmental organisations concerned to bring the Principles of Medical Ethics to the attention of the widest possible group of individuals, especially those active in the medical and paramedical field.

Principles of Medical Ethics Relevant to Role of Health Personnel, Particularly Physicians, in Protection of Prisoners and Detainees Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Principle 1

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

Principle 2

It is a gross contravention of medical ethics, as well as an offence under applicable international instruments, for health personnel, particularly physicians, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment.

Principle 3

It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners or detainees the purpose of which is not solely to evaluate, protect or improve their physical and mental health.

Principle 4

It is a contravention of medical ethics for health personnel, particularly physicians:

- a) to apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental health or condition of such prisoners or detainees and which is not in accordance with the relevant international instruments;²
- b) To certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health and which is not in accordance with the relevant international instruments, or to participate in any way in the infliction of any such treatment or punishment which is not in accordance with the relevant international instruments.

Principle 5

It is a contravention of medical ethics for health personnel, particularly physicians, to participate in any procedure for restraining a prisoner or detainee unless such a procedure is determined in accordance with purely medical criteria as being necessary for the protection of the physical or mental health or the safety of the prisoner or detainee himself, or his fellow prisoners or detainees, or of his guardians, and present no hazard to his physical or mental health.

Principle 6

There may be no derogation from the foregoing principles on any grounds whatsoever, including public emergency.

Notes

- 1) See the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (General Assembly Resolution 3452 (XXX), annex), article 1 of which states:
1. "For the purpose of this declaration, torture means any act by which severe pain or suffering, whether physical or mental, is internationally inflicted by or at the instigation of a public official on a person for such purposes as obtaining from him 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 incidental to, lawful sanctions to the extent consistent with the Standard Minimum Rules for the Treatment of Prisoners.
2. "Torture constitutes an aggravated and deliberate form of cruel, inhuman or degrading treatment or punishment."
- Article 7 of the Declaration States:
- "Each State shall ensure that all acts of torture as defined in article 1 are offences under its criminal law. The sale shall apply in regard to acts which constitute participation in, complicity in, incitement to or an attempt to commit torture."
- 2) Particularly the Universal Declaration of Human Rights (General Assembly resolution 217 A (III)), the International Covenants on Human Rights (General Assembly resolution 2200 A (XXI), annex), the Declaration on the Protection of all Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (General Assembly resolution 3452 (XXX), annex) and the Standard Minimum Rules for the Treatment of Prisoners (First United Nations Congress on the Prevention of Crime and the Treatment of Offenders: report by the Secretariat (United Nations publication, Sales No. 1956, IV.4), annex I.A).

C. Amnesty International Declarations

Declaration on Participation of Doctors in Death Penalty 1981

Amnesty International,
Recalling
that the spirit of the Hippocratic Oath enjoins doctors to practise for the good of their patients and never to do harm,
Considering
that the Declaration of Tokyo of the World Medical Association provides that "the utmost respect for human life is to be maintained even under threat, and no use made of any medical knowledge contrary to the laws of humanity",

Further Considering That
the same Declaration forbids the participation of doctors in torture or other cruel, inhuman or degrading treatments,

Noting
the United Nations Secretariat has stated that the death penalty violates the right to life and that it constitutes cruel, inhuman or degrading treatment,

Mindful
that doctors can be called on to participate in executions by, *inter alia*,

- determining mental and physical fitness for execution,
- giving technical advice,
- prescribing, preparing, administering and supervising doses of poison in jurisdictions where this method is used,
- making medical examinations during executions, so that an execution can continue if the prisoner is not yet dead,

Declares
that the participation of doctors in executions is a violation of medical ethics;

Calls Upon
medical doctors not to participate in executions;
Further Calls Upon
medical organisations to protect doctors who refuse to participate in executions, and to adopt resolutions to these ends.

This declaration was formulated by the Medical Advisory Board of Amnesty International and was adopted by Amnesty International's International Executive Committee on March 12, 1981.

Conference on Abolition of Death Penalty Declaration of Stockholm

The Stockholm Conference on the Abolition of the Death Penalty, composed of more than 200 delegates and participants from Africa, Asia, Europe, the Middle East, North and South America and the Caribbean region,

Recalls That:
The death penalty is the ultimate cruel, inhuman and degrading punishment and violates the right to life.

Considers that:
—The death penalty is frequently used as an instrument of repression against opposition, racial, ethnic religious and underprivileged groups,
—Execution is an act of violence, and violence tends to provoke violence,

—The imposition and infliction of the death penalty is brutalising to all who are involved in the process,
—The death penalty has never been shown to have a special deterrent effect,

—The death penalty is increasingly taking the form of unexplained disappearances, extra-judicial executions and political murders,
—Execution is irrevocable and can be inflicted on the innocent.

Affirms that:
—It is the duty of the state to protect the life of all persons within its jurisdiction without exception,

—Executions for the purposes of political coercion, whether by government agencies or others, are equally unacceptable,
—Abolition of the death penalty is imperative for the achievement of declared international standards.

Declares:
—Its total and unconditional opposition to the death penalty,
—Its condemnation of all executions, in whatever form, committed or condoned by government,
—Its commitment to work for the universal abolition of the death penalty.

Calls upon:
—Non-governmental organisations, both national and international, to work collectively and individually to provide public information materials directed towards the abolition of the death penalty,

—All governments to bring about the immediate and total abolition of the death penalty,

—The United Nations unambiguously to declare that the death penalty is contrary to international law.

Why don't you write for us ?

This periodical is a collective effort of many individuals active or interested in the field of health or interested in health issues. The chief aim of the journal is to provide a forum for exchange of ideas and for generating a debate on practical and theoretical issues in health from a **radical or Marxist** perspective. We believe that only through such interaction can a coherent radical and marxist critique of health and health care be evolved.

Each issue of the journal highlights one theme, but it also publishes (i) Discussions on articles published in earlier issues (ii) Commentaries, reports, shorter contributions outside the main theme.

Our forthcoming issues will focus on : Medical Technology, Agricultural Development and Health, Health in People's Movements.

If you wish to write on any of these issues do let us know immediately. We have to work three months ahead of the date of publication which means that the issue on Medical Technology is already being worked on. A full length article should not exceed 6,000 words and the number of references in the article should not exceed 50. Unless otherwise stated author's names in the case of joint authorship will be printed in alphabetical order. You will appreciate that we have a broad editorial policy on the basis of which articles will be accepted.

We have an author's style-sheet and will send it to you on request. Please note that the spellings and referencing of reprint articles are as in the original and are NOT as per our style.

We would also like to receive shorter articles, commentaries, views or reports. This need not be on the themes we have mentioned. These articles should not exceed 2,000 words. Please do write and tell us what you think of this issue.

All articles should be sent in duplicate. They should be neatly typed in double spacing on one side of the sheet. This is necessary because we do not have office facilities here and the press requires all material to be typed. But if it's impossible for you to get the material typed, do not let it stop you from sending us your contributions in a **neat handwriting** on one side of the paper. Send us two copies of the article written in a legible handwriting with words and sentences liberally spaced.

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Declaration Against Torture

The Declaration on the Protection of all Persons from Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (Declaration against Torture) was adopted without a vote by the United Nations General Assembly on 9 December 1975. It calls upon states to take effective measures to prevent torture and lists some of the most important safeguards and remedies to be provided. It is one of the most important international documents on torture.

Declaration on Protection of All Persons From Torture and Other Cruel, inhuman or Degrading Treatment or Punishment

The United Nations General Assembly adopted on December 9, 1975 a declaration condemning any act of torture or other cruel, inhuman or degrading treatment as "an offence to human dignity". Under its terms, no state may permit or tolerate torture or other inhuman or degrading treatment, and each state is requested to take effective measures to prevent such treatment from being practised within its jurisdiction.

The Declaration was first adopted and referred to the Assembly by the Fifth United Nations Congress on the Prevention of Crime and Treatment of Offenders, held in Geneva in September 1975. In adopting the Declaration without a vote, the Assembly noted that the Universal Declaration of Human Rights and the International Covenant on Civil Political Rights provide that no one may be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

The Assembly has recommended that the Declaration serve as a guideline for all states and other entities exercising effective power. The text of the Declaration follows:

Article 1

1. For the purpose of this Declaration, torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted by or at the instigation of a public official on a person for such purposes as obtaining from him 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 incidental to, lawful sanctions to the extent consistent with the Standard Minimum Rules for the Treatment of Prisoners.

2. Torture constitutes an aggravated and deliberate form of cruel, inhuman or degrading treatment or punishment.

Article 2

Any act of torture or other cruel, inhuman or degrading treatment or punishment is an offence to human dignity and shall be condemned as a denial of the purposes of the Charter of the United Nations and as a violation of the human rights and fundamental freedoms proclaimed in the Universal Declaration of Human Rights.

Article 3

No state may permit or tolerate torture or other cruel, inhuman or degrading treatment or punishment. Exceptional circumstances such as a state of war or a threat of war, internal political instability or any other public emergency may not be invoked as a justification of torture or other cruel, inhuman or degrading treatment or punishment.

Article 4

Each State shall, in accordance with the provisions of this Declaration, take effective measures to prevent torture and other cruel, inhuman or degrading treatment or punishment from being practised within its jurisdiction.

Article 5

The training of law enforcement personnel and of other public officials who may be responsible for persons deprived of their liberty shall ensure that full account is taken of the prohibition against torture and other cruel, inhuman or degrading treatment or punishment. This prohibition shall also, where appropriate, be included in such general rules or instructions as are issued in regard to the duties and functions of anyone who may be involved in the custody or treatment of such persons.

Article 6

Each state shall keep under systematic review interrogation methods and practices as well as arrangements for the custody and treatment of persons deprived of their liberty in its territory, with a view to preventing any cases of torture or other cruel, inhuman or degrading treatment or punishment.

Article 7

Each state shall ensure that all acts of torture as defined in article 1 are offences under its criminal law. The same shall apply in regard to acts which constitute participation in, complicity in, incitement to or an attempt to commit torture.

Article 8

Any person who alleges that he has been subjected to torture or other cruel, inhuman or degrading treatment or punishment by or the instigation of a public official shall have the right to complain to, and to have his case impartially examined by, the competent authorities of the state concerned.

Article 9

Wherever there is reasonable ground to believe that an act of torture as defined in article 1 has been committed, the competent authorities of the state concerned shall promptly proceed to an impartial investigation even if there has been no formal complaint.

Article 10

If an investigation under article 8 or article 9 establishes that an act of torture as defined in article 1 appears to have been committed, criminal proceedings shall be instituted against the alleged offender or offenders in accordance with national law. If an allegation of other forms of cruel, inhuman or degrading treatment or punishment is considered to be well founded, the alleged offender or offenders shall be subject to criminal, disciplinary or other appropriate proceedings.

Article 11

Where it is proved that an act of torture or other cruel, inhuman or degrading treatment or punishment has been committed by or at the instigation of a public official, the victim shall be afforded redress and compensation in accordance with national law.

Article 12

Any statement which is established to have been made as a result of torture or other cruel inhuman or degrading treatment may not be invoked as evidence against the person concerned or against any other person in any proceedings.