

# Participation of Doctors in Torture

## Report from Pakistan

mahboob mehdi

*Under the dictatorship of the late Zia ul Haq, the state legalised and actively used torture as a form of punishment in Pakistan. Invoking Islam and its so-called laws, the medieval practices of flogging, amputation, stoning and so on were put to widespread use. Although the government has changed, these laws have not been repealed, nor have those who practised them, including the medical profession who colluded in these acts been punished. This paper was circulated at the at the AI's conference on 'Medicine at Risk'.*

TORTURE has never been taken seriously in the official medical circles of Pakistan. The teaching of health professionals in various institutions of Pakistan does not bring into consideration the question of torture and how health professionals should react to it. The code of medical ethics of the Pakistan Medical and Dental Council does not mention anything about torture. Doctors who take part in torture do not face any disciplinary action by the Pakistan Medical and Dental Council. In Pakistan the participation of doctors in the process of torture is usually legal and has been made part of the duties of the doctors.

The following types of the medical participation in the process of torture is seen in Pakistan.

(1) Under the execution of the punishment of the whipping ordinance of 1979—before the execution of the punishment commences, the convict shall be medically examined by the authorised medical officer so as to ensure that the execution of punishment will not cause the death of the convict. If the convict is ill the execution of the punishment shall be postponed until the convict is certified by the authorised medical officer to be physically fit to undergo the punishment. The punishment shall be executed in the presence of the authorised medical officer at such public places as the Provincial Government may appoint for the purpose. If after the punishment has commenced the authorised medical officer is of the opinion that there is apprehension of the death of the convict, the execution of the punishment shall be postponed until the authorised medical officer certifies him physically fit to undergo the remainder of the punishment.

(2) In many interrogation centres, the person to be interrogated is examined by the doctor and declared fit for interrogation.

(3) The conduct of the prison medical officer in most of the cases is very unethical and falls very short of the United Nation's declarations and codes of conduct. Instead of providing the standard and best available treatment to the prisoners, the prison medical officers usually behave as part of the prison administration and take part in torture.

(4) Cover-up activities by some doctors such as providing false death certificates or false clinical records of the victims of torture is very common.

(5) If the court orders amputation of a hand or a foot as punishment then according to the law it will be carried out only by an authorised medical officer personally.

(6) I have interviewed men and women who were tortured in different torture chambers and prisons of Pakistan. These victims have given evidences about the participation of doctors in the process of torture. One of the victims interviewed is a doctor and he faced his own class fellow-doctor in the torture chamber.

Usually the doctors:

(a) Advise the torturers about the actual condition of the victim's health.

(b) Revive the victims sufficiently to undergo further torture.

For the first time in the history of Pakistan, we in the Voice Against Torture (VAT) have systematically raised the question of medical ethics in relation to torture. In a three-day seminar held in Islamabad one full session was devoted to medical ethics in relation to torture, corporal punishment and other forms of cruel, inhuman or degrading punishments. We appealed to the Pakistan Medical and Dental Council to incorporate in its ethical code a clause against torture in line with the Declaration of Tokyo. In this session we declared that nobody in the world is medically fit for flogging. So doctors must not declare anyone fit for flogging. After the intervention of VAT in the medical scene of Pakistan more and more doctors have responded to the problem of torture. Thus recently at the 7th International Psychiatric Conference held in Karachi, different aspects of torture were discussed in a seminar attended by a good number of doctors. VAT fully cooperates in all such activities with its experience and documentary resources.

Torture was always endemic in Pakistan but during the last decade it reached epidemic proportions. Authorities often try to legitimise many crimes of torture by taking cover under religion. Due to this reason we are using the Declaration of Kuwait along with the Declaration of Tokyo. The Declaration of Kuwait is a good document relevant to the Muslim societies. It says:

The medical profession shall not permit its technical, scientific or other resources to be utilised in any sort of harm or destruction or infliction upon man of physical, psychological, moral or other damage... regardless of all political or military considerations.

Voice Against Torture has been organised to achieve the following aims in Pakistan:

(1) To disseminate information among the people about the methods and purposes of all forms of torture prevalent here.

(2) To mobilise public opinion for the eradication of all forms of torture.

(3) To make the doctors realise that torture is a serious challenge to the medical profession.

(4) To make efforts that knowledge of torture and knowledge of the methods of treatment of people who have been tortured is incorporated in the teaching courses of doctors, physiotherapists, nurses, psychologists and social workers.

(5) To mobilise the opinion of the doctors in favour of the 1975 World Medical Association's Declaration of Tokyo.

(6) To make representation to Pakistan Medical and Dental Council to put the clauses against torture in its code of medical ethics.

(7) To ensure that doctors do not participate in any procedure of torture. i.e.,

(a) They do not take part in cover-up activities such as providing false death certificates or false clinical records of victims of torture.

(b) They do not monitor torture by remaining present during any act of torture or by declaring any person fit for torture or by advising how far the tortures may proceed or by reviving victims sufficiently to undergo another bout of torture.

(c) They should not use their professional skill to extract information, control the prisoner or simply on punishment.

(d) They should strive to provide the best quality treatment to prisoners and people in detention; and should not have a biased attitude with them.

(8) To give all the support to the doctors who refuse to participate in the acts of torture, so that they and their families are not victimised by the different agencies of the state.

(9) To collect evidences against the doctors who have chosen to become instruments in the procedure of torture. To present these cases to the Pakistan Medical and Dental Council for necessary action; and to take these cases to the court so that the doctors may be tried for their criminal acts; and to expose them widely in the public and media.

(10) To mobilise opinion among the community of scientists in such a way that they should refuse to make instruments which could be used in the process of inflicting torture.

(11) To do research on all forms of torture, their effects

and methods of treatment including rehabilitation.

(12) To provide free medical facilities for the treatment of victims of torture.

(13) To provide necessary specialised professional information to doctors who are treating victims of torture.

(14) To establish a specialised centre where victims of torture of any type could be referred from anywhere for treatment and rehabilitation.

(15) To keep cordial relationship with other anti-groups in the world. To exchange experiences with them and to participate in joint activities and seminars etc., with them.

(16) To cooperate with other human rights organisations nationally and internationally. To join hands with them for the struggle to eradicate torture throughout the world.

One important point to consider is that it is torture which has produced the struggle against torture. Geographically torture is not limited to few places. Irrespective of faith and ideology torturers are united internationally. They cooperate with one another. They exchange experience and technology. They do not like the struggle against torture. Those struggling against torture are in danger of becoming their victims themselves. It is, therefore, very important that those struggling against torture must also unite internationally irrespective of faith and learn from one another. They should exchange experiences and technology of the struggle against torture. They should plan measures for the protection of persons involved in anti-torture work in high risk areas.

Those involved in the struggle against torture and engaged in the task of treatment and rehabilitation of torture victims in high risk areas like Pakistan and many other third-world countries need protection to ensure smooth, efficient and safe functioning. The following steps may serve this purpose:

(1) Recognition by the U.N. and relevant affiliated organisations.

(2) Support by Amnesty International.

(3) Support by different anti-torture organisations of the world.

(4) Support by different human rights organisations of the world.

(5) Participation in international seminars etc.

(6) Wide coverage in the international media.

**Dr. Mahboob Mehdi,**  
Voice Against Torture,  
Po. Box No: 2428,  
Islamabad (Pakistan).