

Torture, Psychiatric Abuse and Health Professionals

r raghav

The Breaking of Bodies and Minds: Torture, Psychiatric Abuse and the Health Professionals Edited by Eric Stover and Elena Nightingale, The American Association for the Advancement of Science/WH Freeman and Co., New York, 1985; pp 320.

THE book is a result of a symposium sponsored by the Committee on Scientific Freedom and Responsibility (CSFR) of the American Association for Advancement of Science (AAAS) in January 1981 on the subject. Through case history and analysis, the contributors examine the role of health professionals, (HPs) in the use and prevention of torture and psychiatric abuse (TPA) "in the context of the political, social and ethical forces that guide their actions". It addresses itself to such questions as—how and why HPs participate in serious violations of human right; what are the conditions under which such violations occur; and what can organisations of HPs, scientists and others do to check the trend.

As the book notes, "violations of human rights have become so well-organised, so systematic, so efficient, that it is now a kind of industry". Through careful documentation of abuse and lucid insights into the dilemmas of HPs and others working under repressive governments the book presents a clear delineation of the ethical issues involved. In the final chapter, the editors suggest organised monitoring, protest and action through professional associations to counter state-sanctioned routinisation of TPA for political purposes. To quote from the foreward, "It is now more urgent than ever that we use the extraordinary human capacity for learning, communications, and attachment to one another to foster the bonds of mutual respect".

Apart from sporadic misuse of authority or isolated abuses resulting from poor practice/lack of proper resources, TPA as a systematic means of political control are prevalent in at least 66 (nearly one-third) of the world's nations, notes the book. In this, HPs are collaborators in misuse of medicine, mis-certification of victims and other forms of flagrant and deliberate abuse of professional ethics. Alarming, "These collaborators in abuse are not simply mad doctors... satisfying their own sadistic desires; they include apparently normal HPs".

Extent definitions of torture are reviewed and their common features noted. In essence, torture is the deliberate infliction of pain by one person on another to break down the will of the victim. The degree of abuse that constitutes 'torture' sometimes needs clarification—for example, solitary confinement, in itself, is not torture under international law. TPA may include physical, psychological and

pharmacological and psychiatric abuse forms. However, all torture invariably produces psychological distress in the victim.

Some Testimonies

"I realised that pain can always increase without end. To have that feeling is devastating for the mind. Absolute loneliness and endless time are abstract ideas... but when experiencing them, the desperation is hard to describe".

"The entire affective world... collapses with a kick in the father's genitals, a smack on the mother's face, an obscene insult of the sister, or the sexual violation of a daughter. Suddenly an entire culture based on familial love, devotion, the capacity for mutual sacrifice, collapses. Nothing is possible in such a universe, and that is precisely what the tortures know".

"It is hard to be a survivor. It is hard to remember and tell this story, but I reappeared because people worked... Now I cannot let the others down".

Widespread Prevalence

Apart from its routine employment in war, torture is now being increasingly sanctioned by governments against peacetime 'subversion'. This form of official sanction is often combined with suspension of basic human rights and legal procedures; or else executed through quasi-governmental 'intelligence' groups over which direct government responsibility is disclaimed. Another alarming factor is the emergence of clear military/police training programmes on 'interrogation techniques', such as at the International Police Academy of the Agency for International Development at Washington, DC.

The book mentions cases of torture reported from the Algerian War (French), Vietnam War (by all parties), El Salvador, Guatemala, Indonesia; 'disappearances' and torture are reported from Afghanistan, Argentina, Bolivia, Burundi, Cambodia, Central African Empire, Chile, East Timor, Ethiopia, Iran, Peru, Philippines, Syria and Uganda. References to psychiatric abuse (PA) in Rumania, Uruguay, USA, Japan and USSR (which has been particularly indiated) are included; as well as documented involvement of HPs in abuse in Rome, Japan, Chile, Mauritania, Portugal, Sudan, Iran, Greece, USA and

USSR. Cases of conflict between HPs and governments and the issue of putting to practice codes of medical ethics have been considered from Chile, Uruguay, Brazil and South Africa. The book, however, distinctly focuses on physical abuse in Latin America and psychiatric abuse in USSR... because abuse is particularly widespread, systematic and well-documented in them".

Compiled evidence indicates that the role of HPs may include: Medical examinations at various stages: Attendance at torture sessions to intervene when the victim's life is threatened; treatment and 'patch-up' of injuries; development/refining of torture techniques and sometimes, administration of torture; and false certification of subjects for various reasons.

The participation of HPs in TPA clearly violates three basic tenets of medical ethics: (1) To do more good than harm; (2) To intervene only when the patient is willing and (3) To render treatment regardless of political or other considerations. This disregard of medical ethics cannot be justified in moral terms as serving any higher social purpose, as the book clearly shows through consideration of the commonly applied principles of justice, benevolence and autonomy.

The utilitarian argument for torture sanctions its limited use if it produces more good than evil; such as, say, against terrorists who may destroy hundreds of innocent lives. Such a position is difficult to achieve in practise, as its inefficiency and inefficacy have been regularly remarked up on. The 'good' result is a hypothetical probability, often not realised. More importantly, the applicability of such a rule is not clear. Known terrorists must be tortured. Can we torture their family, friends, neighbours, uncertain acquaintances? Clearly, the good that may be achieved is dwarfed by the evils imposed by a state-sanctioned system, which brutalises many ordinary people wielding some power—army, police, 'intelligence' people; associated medical and legal people, administrators—and corrodes the roots of civilised society.

One argument the book seems to have missed is regarding the context in which such a utilitarian argument is propounded—as a dubious means towards unworthy ends. 'Subversion', 'dissent', 'terrorism', 'war'—these are usually the result of an unsatisfactory political system—and the right thing to address would be the correction of this cause, rather than the sanction of a new evil in support of the one existing.

Research indicates that some torture victims suffer symptoms similar to concentration camp survivors and prisoners of war (POWs): long-term physical and emotional trauma—heightened anxiety, recurrent nightmares, phobias that sometimes require counseling and treatment. It is also apparent that emotional problems increase on the torture victims emigrating to a new country and culture. Accounts of torture victims remind us that brutali-

ty can never be comprehended or measured in the abstract. It is a succession of personal tragedies, disabling to the individuals involved and destructive to humankind.

HPs, employers and other persons who interact with victims of torture need to be aware of and understand the consequences of TPA on the life of victims who will otherwise continue to be victims of misdiagnosis, inappropriate medical and psychiatric care, of preventable job stress and discrimination, of marital and family disruption, and of avoidable suicide.

The book outlines two studies on former torture victims—one covering 44 persons now settled in seven cities of the USA, the other 41 people in Toronto. Standard research protocols for physical and psychological evaluation were established. Those, and other similar studies, indicate a broadly consistent range of after effects in the majority of victims; objective evidence of physical damage in inverse proportion to the period of time elapsed; more widespread long-term psychological disturbance ranging from nervousness to post-traumatic stress disorder. Therefore, many psychologists argue for the establishment of specific diagnostic criteria for a 'torture syndrome'. While this will prevent the overlooking of the psychological difficulties of the victims, other psychologists argue that this might also result in labelling and stigmatisation of victims, particularly those who have come to terms with their experiences.

The book outlines criteria for provision of appropriate psychiatric service—underscoring the importance of rebuilding trust in human values, expunging 'situational guilt', assisting in the victims 'struggle for meaning', and cushioning the effects of rehabilitation into a new society and culture.

Psychiatric Abuse in USSR

Doubtless, PA is employed by intelligence agencies, particularly military, the world over. The book examines in detail the various factors (and the capability of HPs) that have led to the existence of a seemingly institutionalised system in the USSR.

Psychiatric internment for political purposes in Russia started somewhere in the 1930s. It gathered political sanction during the Khrushchev period. A series of scandals in the 1970s resulted in worldwide concern and debate, culminating in the bowing out of the Soviet body, the All-union Society, from the World Psychiatric Association (WPA) in January 1983. (The society has recently been re-admitted to the WPA). However, there has been concern that while admitting maladministration of psychiatric care, the USSR has detracted attention from its political misuse, which is probably bound to continue. While many political victims have been freed from psychiatric prisons and there has been an announcement that all other political prisoners would be released from jail (*Indian Post*

October 27 1988, p 1) there is evidence of new cases of internment during the past two years.

Some psychologically healthy dissenters and human rights (HR) activists in the USSR are labelled mentally ill and subject to compulsory hospitalisation and 'treatment'. It is argued that the Soviet approach to psychiatric diagnosis, particularly the concept of schizophrenia, is a critical factor in labelling dissent as mental illness. Such activity is not simply conformance to the prevailing political system by one sympathetic part of the health bureaucracy. It would appear that psychiatric theory and practise have been systematically bent in the USSR for this purpose—a large-scale, cross-cultural WHO study showed that Soviet psychiatrists have a broader concept of schizophrenia and a unique system of categorisation that differs from that of other psychiatrists worldwide. The Soviettinevsky school which dominates Soviet psychiatry is "... characterised by extremely broad diagnostic criteria, extreme schematism in classification and overwhelming pessimism in prognosis". It postulates that schizophrenia is genetic in origin, irreversible and deep-seated.

The forensic (legal) implications of the Soviet view are also far-reaching. It states that "schizophrenia is a disease in which patients are, with rare exceptions, deemed not responsible (for their behaviour)". Further, with the extremely broad conception of the disease; it is possible that the defendant, who is normal on examination, is still harbouring severe illness.

State-sanctioned torture can become a malignancy of the body-politic. The political system, professional group, public opinion and individual values—these establish norms of conduct, and normally these norms do not conflict. The fact that professionals face dilemmas when conflict occurs underscores the importance of developing ethical standards. An epidemiological approach, such as exists in the form of a national network in the US to study the social 'causation' and medico-social implications of murder, is suggested.

Since the people who stand to benefit from TPA are usually those in political positions to sustain it; preventive strategies must be aimed at those in power. Protection of human right is based on three methods: pressure by the international community; actions by national judicial system; and enforcement by international or regional bodies (such as the UNHCR).

Governments bear the 'shame of exposure'. Systematic collection of information by national groups is important. The International Committee of the Red Cross (ICRC) has probably the most detailed information worldwide; visiting prisoners worldwide to check on detention conditions as specified in the Geneva Convention. The International Medical Commission for Health in Human Rights (Geneva) could probably coordinate a data network

on epidemiology, suggest the editors in their concluding chapter.

Research on how and why reasonably normal people get co-opted into perverse practises is also important. R.J. Lifton has suggested that one of the key concepts underlying Nazi medical killings was belief in the legitimacy of destroying 'life unworthy of life'. Lifton suggests that the Auschwitz doctors sometimes experienced ethical conflicts but were able to resolve them through a process of 'doubling'—creating an 'Auschwitz self' as well as a humane-husband father self—even as they killed, they held on to the idea that they were healers.

Medicine has become part of society's explicit political response to the general predicament of humans. Medicine is now an institutionalised social instrument employed for the general political purposes of the community—regulating birth and mortality rates, controlling epidemics, etc. In the circumstances, HPs have a positive duty to protect its ethical tenets. As the book states—we are now technically capable of treating bodies and minds effectively on a large scale. To put Orwell's fears of 1984 behind us, we must put medical ethics and internationally defined human right in front of us.

R. Raghav
12/379B, TPS III,
15th Road, Bandra W.
Bombay-400 050

(Cont. from page 67)

Concerning the erroneous demand of 'loyalty', in Rafael Bielsa's book *La funcion publica*, (Ed, Depalma, Buenos Aires, 1960, p. 34.) (Public duties) we read as follows: "The meaning of collaborating in public administration is not that of a partnership where everything must be accepted and legitimised. On the contrary, it implies checking, revision, objections, observations, and even well-founded opposition to any illegal or inappropriate act contrary to public interest." All professions should have a certain autonomy enabling them to resist pressures from the political systems in which they operate.

Finally, let us be united in our intentions and as physicians recall this statement from the Declaration of Geneva: "I will maintain the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity."

Let this be poignantly rooted in our consciences so that society and all its institutions and organs can not accept the practice of torture in their midst ever to happen again. Likewise, let it no longer be allowed that physicians alienated from their medical standards act as unconscious robots for the military in power. *Let us under no circumstances whatsoever permit the existence of statutes, enclaves, or hierarchies that engender possibilities for such barbarity.*