

Book Review

MEDICINE BETRAYED:
The Participation of Doctors in Human
Rights Abuses

*By British Medical Association,
Zed Books, London, 1992. 234 pp.*

Reviewed by Jennifer Leaning, MD

1996 is the 50th anniversary of the International Medical Trials (1946-47), held before an international tribunal in Nuremberg, where 23 physicians and scientists who cooperated in the eugenics programs, medical experiments, and exterminations of the Third Reich were tried for war crimes and crimes against humanity. The concluding section of the judgment of the tribunal, enshrined since as the Nuremberg Code, was a simple but unequivocal ten-point statement of the terms under which physicians could ethically conduct experiments on their patients. The code, implicitly grounded on the Hippocratic injunction, *primum non nocere*, provides the fundamental elements of what we now call the doctrine of informed consent. In the years since Nuremberg, there have been several important documents in medical ethics and international human rights law that have built upon this foundation, in particular the Declaration of Geneva (1948), the Declaration of Helsinki (1964) and the Declaration of Tokyo (1975), all developed by the World Medical Association (WMA). Taken together, these documents define the broad ethical and legal limits of physician interaction with other human beings. Failure to abide by the precepts contained in these

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documents leads physicians down the path toward torture and other gross violations of human rights, medical ethics, and international law. Yet despite the starkness of historical example and the richness of international standards, there are still physicians throughout the world who continue to comply with governments in supporting the use of torture or other inhumane punishment as a means of exercising state control, repression, or terror.

Responding to a growing burden of concern about this persistent issue, the British Medical Association (BMA) published *The Torture Report* in 1986. This was the first attempt by a national medical society to look at the problem of physician participation in torture, wherever it was found to be used by governments as "a routine instrument of repression." The report, two years in the making, found "incontrovertible evidence of doctors' involvement in planning and assisting in torture, not only under duress, but also voluntarily as an exercise of the doctor's free will." This report committed the BMA to a policy agenda on this subject that it has affirmed in a range of activities relating to education and advocacy, both domestically and overseas. In that mode, the BMA noted in 1989 that the involvement of physicians in human rights abuses appeared to be continuing in many parts of the world, and it directed that another Working Party be formed and charged it with writing a follow-up to the 1986 document. This report, *Medicine Betrayed: The Participation of Doctors in Human Rights Abuses*, was published in 1992.

The report is dedicated to the memory of Dr. John Dawson, the head of the BMA's International Division and the force behind the Working Parties that wrote both the 1986 and the 1992 report. A visionary physician whose spirited intelligence and informed social conscience powered many of the BMA's reports and investigations during the 1980s (including influential texts on the medical consequences of nuclear weapons and nuclear war), Dr. Dawson, despite his untimely death from cancer in 1990, has continued to exert influence on the moral direction of this prominent medical society.

Medicine Betrayed is very well organized by main subject topics in the sequence a rational reader would wish: an overview of ethics and law relating to torture, a discussion of the use of evidence, an analysis of physician motivation, and then a review of major issues, such as abuse of psychiatry, corporal punish-

ment, capital punishment and treatment of hunger strikers. The report also devotes considerable attention to the oppression of physicians who refuse to comply with orders that violate recognized tenets of medical ethics and international law. In deference to its status as a follow-up report, frequent reference is made to changes which have occurred since the 1986 assessment, including the expansion of information now available from Eastern Europe and the former Soviet Union. A major change since 1986 is the increased number of human rights organizations now active in the field, whose separate sources of information provided the Working Party with a much richer database than had been available to it for the earlier report. The index is good and the bibliography and extensive notes are responsibly detailed.

The text could have been enlivened by better use of tables, graphs, and photographs. The reportorial nature of the text (written by committee, reviewing individual allegations and rebuttals) packs the book with anecdote but makes it hard to read at one sitting and prevents easy ascertainment of overall trends. As the report is organized by topic, and not by country, it is difficult to assess medical practice relating to torture and inhumane treatment in any particular country.

The report is uniquely effective in its discussion of the role of various national medical societies in combatting the forces within their countries that compel physician participation in torture, and documenting inadequacies in Argentina, the former Soviet Union, and Syria, while noting some progress in Brazil, Chile, Pakistan, and Turkey. The report begins this section by stating that it is "invidious to single out associations for particular praise or criticism" but in fact that is what is necessary and what, in some instances, the Working Party found itself required to do.

Written by physicians and jurists, and directed at the physician community worldwide, the report is temperate, wise, and empathetic in its analysis of why doctors, who begin usually by seeking to do the right thing, can, through circumstance, conditioning, fear, ignorance, or extreme coercion commit gross violations of human rights. Uncompromising in tone and content, the report succeeds in outlining the major ways in which medical educators, governments, and national societies can institutionalize the supports that are needed to prevent the excesses that are now taking place.

Thus the most powerful and enduring feature of the report is its concluding section with its list of 46 recommendations. Coming after the thoughtful and detailed discussion of affidavits, testimony, and anecdote, sifted soberly in the context of evidentiary standards, medical ethics, and international law, these recommendations carry much authority. They are phrased as clear instructions to the physician community and to governments throughout the world, and are organized according to the following categories: involvement of doctors in torture; provision of medical care to prisoners and torture victims; treatment of hunger-strikers; doctors working in the armed forces, prisons, and other non-civilian institutions; support for doctors entering the prison service and armed forces; strengthening medical ethics; action by national medical associations; doctors and the death penalty; whipping and amputations; the role of forensic medicine; protection of health professionals; care for victims of human rights violations; other issues; and further actions.

These recommendations are eminently practical and useful, not only to those physicians whose work in prisons or the military might place them in immediate jeopardy, but to all who practice medicine and see the need to remain alert to ethical boundaries. As further action, the BMA in accepting this report has pledged to engage in a review of physician involvement in human rights abuses every five years. It is most encouraging to know that the BMA will continue to play its acclaimed international watchdog role in this arena, where it is increasingly clear that while vigilance may not suffice, it is essential.