



The Involvement of Psychiatrists in Coercive Interrogation and Torture

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Background

Psychiatrists have been uniquely positioned to deal with the consequences and victims of torture and interrogation. Many have devoted their careers to the eradication of torture and to the treatment of the victims of torture. However the potential to engage in the practice of torture and interrogation also exists. While the Canadian Psychiatric Association is not aware of any situation in which Canadian psychiatrists are or have been asked to participate in torture or coercive interrogation, geopolitical events suggest a need for a position statement on this matter.

As Canadian psychiatrists we practice our profession in an ever-changing global environment, where political events can shape the circumstances and imperatives of our work. Medicine and psychiatry have not been immune to destructive political forces and have at times been partners in what was later to become acknowledged as unethical behaviour. When psychiatrists lose sight of their duty of care to their patients, other forces can distort the healing nature of the profession.

Our position with respect to torture and coercive interrogation is guided by the Code of Ethics of the Canadian Medical Association,¹ which states that physicians should “refuse to participate in or support practices that violate basic human rights.” We are also guided by the statements and codes of other professional organizations, as well as the Canadian Charter of Rights and Freedoms² and the United Nations (UN)³. The Charter sets out our “right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice” (section 7) and the “right not to be arbitrarily detained or imprisoned” (section 9). The United Nations 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 Punishment³ and The World Medical Association (WMA) Declaration of Tokyo⁴ are clear in their position.

The UN Principles indicate:

It is a gross contravention of medical ethics, as well as an offence under applicable international

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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.

In addition,

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.

The WMA also states that:

The physician shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offense 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. The physician 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. The physician shall not be present during any procedure during which torture or any other forms of cruel, inhuman or degrading treatment is used or threatened.

The Canadian Psychiatric Association has endorsed the World Psychiatric Association's Madrid Declaration on Ethical Standards for Psychiatric Patients that includes a statement on torture that indicates "Psychiatrists shall not take part in any process of mental or physical torture, even when authorities attempt to force their involvement in such cases".⁵ The American Psychiatric Association and the American Psychological Association have also spoken out against torture and other cruel treatments.⁶

Recommendations

As physicians we take the position that torture is both morally and ethically abhorrent in any circumstance. Although a distinction has been made between torture and coercive interrogation, that distinction has little application for the participation of psychiatrists as their involvement is unacceptable in any circumstance.

The Canadian Psychiatric Association opposes the use of torture for whatever reasons by whatever individuals in whatever location. We are bound by the Code of Ethics of the Canadian Medical Association⁶ to "Treat all patients with respect; do not exploit them for personal advantage, whether physical, sexual, emotional, religious or financial, or for any other reason" and to "Refuse to participate in or support practices that violate basic human rights." Psychiatrists should not engage in, assist or observe torture, coercive interrogation or any other form of ill treatment of prisoners or detainees.

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5. The World Psychiatric Association Declaration on the Ethical Standards for Psychiatric Patients. Approved by the General Assembly on 25th August 1996 and amended by the General Assembly August 2002; Yokohama, Japan.
6. Against torture. Joint resolution of the American Psychiatric Association and the American Psychological Association. Position statement. Approved by the Board of Trustees, December 1985. APA Document Reference No. 850006.