

LETHAL INJECTION:

The medical technology of execution

Introduction

From hanging to electric chair to lethal injection: how much prettier can you make it? Yet the prettier it becomes, the uglier it is.¹

In 1997, China became the first country outside the USA to carry out a judicial execution by lethal injection. Three other countries—Guatemala, Philippines and Taiwan—currently provide for execution by lethal injection but have not yet executed anyone by that method². The introduction of lethal injection in the USA in 1977 provoked a debate in the medical profession and strong opposition to a medical role in such executions. To 30 September 1997, 268 individuals have been executed by lethal injection in the USA since the first such execution in December 1982 (see appendix 2). Reports of lethal injection executions in China, where the method was introduced in 1997, are sketchy but early indications are that there is a potential for massive use of this form of execution. In 1996, Amnesty International recorded more than 4,300 executions by shooting in China. At least 24 lethal injection executions were reported in the Chinese press in 1997 and this can be presumed to be a minimum (and growing) figure since executions are not automatically reported in the Chinese media.

Lethal injection executions depend on medical drugs and procedures and the potential of this kind of execution to involve medical professionals in unethical behaviour, including direct involvement in killing, is clear. Because of this, there has been a long-standing campaign by some individual health professionals and some professional bodies to prohibit medical participation in lethal injection executions. In the USA this has resulted in an unambiguous prohibition of such involvement by the American Medical Association and some state medical societies. Medical participation in executions in the USA nevertheless continues and has led to a conflict between professional ethics and the law in at least one state (Illinois) where doctors are mandated by state law to breach their state medical society's code of medical ethics. Efforts by the state professional body to discipline the doctors involved has been hampered by the protection given to them by the state, including by the introduction of a law to shield their identity from public scrutiny.

¹Comments of Scott Blystone, a death row prisoner in Pennsylvania, USA, November 1997. In 1995, he was moved to a holding cell near the execution chamber in preparation for execution by lethal injection before being returned to death row as a result of legal action.

²Executions in the Philippines may take place from February 1998 and in Guatemala a man currently under sentence of death is having last minute appeals heard; he may be executed by the time this paper is published. Although Taiwan adopted legislation in 1992 to permit lethal injection executions it has not implemented the method and executions continue to be carried out by shooting.

At time of writing, the first lethal injection execution in Guatemala appears imminent and the first such execution in the Philippines has been authorized to take place from February 1998. This spread of a new execution method makes it timely to review its development and re-examine the claims made for execution by needle.

This paper documents the introduction and spread of lethal injection executions, presents the ethical debate about medical participation and opposition to medical participation and summarizes current legislation and international practice. It also presents Amnesty International's opposition to the death penalty irrespective of the method of execution.

Early history

Discussion of lethal injection as a method of execution is a little more than a century old. As a result of persistent and luridly reported botched executions by hanging in New York State in the late nineteenth century, the legislature of that state appointed a committee to study and recommend a more humane form of capital punishment. The committee, which comprised Commodore E.T. Gerry, a counsel for societies against cruelty to animals and to children, Matthew Hall, a "resident" of Albany, and Dr A.P. Southwick, a dentist, took evidence from hangmen, journalists, physicians and others. It also canvassed opinion of judges, sheriffs, district attorneys and doctors through questionnaires. On 17 January 1888, the committee's report was sent to the State Legislature³. It reviewed the historical methods of execution, evaluated the alternatives and made its recommendation. The committee rejected hanging and guillotining, though a proposal for the injection of a lethal dose of prussic acid [cyanide] was regarded favourably until it became clear that the medical profession disapproved. The committee came out in favour of electricity and in 1889 the Electrical Execution Law was introduced. On 6 August 1890, William Kemmler died in the first electrocution which was regarded with approval by Dr Southwick who commented: "we live in a higher civilization from this day"⁴.

The subject of judicial lethal injections was raised again in the context of a Royal Commission into Capital Punishment which took place in the United Kingdom over the period 1949 to 1953. The Royal Commission was charged with examining "whether liability under the criminal law in Great Britain to suffer capital punishment for murder should be limited or

³*Report of the Commission to Investigate and Report the Most Humane and Practical Method of Carrying into Effect the Sentence of Death in Capital Cases*, New York, 17 January 1888. Findings are cited in Beichmann A. The first execution. *Commentary*, May 1963, pp.410-19.

⁴Cited in Beichmann, *ibid*. In fact the execution was mishandled and a doctor is reported to have called out at one point after the first burst of electric current: "Turn on the current instantly. This man is not dead." *ibid*.

modified”⁵ and included in the methods of execution the Commissioners examined was lethal injection. Among those giving evidence was a representative of the British Medical Association (BMA) who submitted to the Royal Commission that:

No medical practitioner should be asked to take part in bringing about the death of a convicted murderer. The Association would be most strongly opposed to any proposal to introduce...a method of execution which would require the services of a medical practitioner, either in carrying out the actual process of killing or in instructing others in the technique of the process.⁶

The BMA representative also rejected execution by lethal injection for practical reasons such as inherent difficulties in giving an intravenous injection to someone who resisted it⁷.

Over the following two decades, the subject occasionally re-surfaced. In 1973 for example, Ronald Reagan, then governor of California, raised the idea of execution by lethal injection by analogy to the killing of wounded animals.

Being a former farmer and horse raiser, I know what it’s like to try to eliminate an injured horse by shooting him. Now you call the veterinarian and the vet gives it a shot [injection] and the horse goes to sleep—that’s it. I myself have wondered if maybe this isn’t part of our problem [with capital punishment], if maybe we should review and see if there aren’t even more humane methods now—the simple shot or tranquillizer.⁸

From 1967, there was an unofficial moratorium on executions in the USA as a result of a number of death penalty appeal cases awaiting decision in the US Supreme Court. On 29 June 1972, the US Supreme Court ruled in the case of *Furman v. Georgia* and related cases, “that the imposition and carrying out of the death penalty in these cases constituted cruel and unusual punishment in violation of the Eighth and Fourteenth Amendments”. As a

⁵*Royal Commission into Capital Punishment, 1949-1953*. Report Cmnd. 8932. London: HMSO, September 1953, reprinted 1973, p.3.

⁶*Ibid.* p.258. The Commission discussed both intramuscular and intravenous administration of chemicals. The most likely candidate for lethal injection execution was, according to the evidence given to the Commission, “probably a barbiturate, such as hexobarbitone or thiopentone” administered intravenously (p.257).

⁷*Ibid.* Not all medical evidence to the Royal Commission was against the use of lethal injection. An anaesthetist who testified thought that lethal injection “should be offered as an alternative, pleasanter, method of execution, [but] should be used only where it has been willingly accepted” (p.258).

⁸Quoted in Schwarzschild H. Homicide by injection, *New York Times*, 23 December 1982; cited in Denno D. Getting to death: are executions constitutional? *Iowa Law Review*, 1997;82:319-464, note 315 (p.374).

result existing death sentences were commuted and existing death penalty legislation was revised. On 2 July 1976, the Supreme Court ruled in *Gregg v. Georgia* that “the punishment of death does not violate the Constitution” provided that “guided discretion” was exercised in imposing the penalty, and the Court allowed capital punishment to resume. In Utah, Gary Gilmore gave up his appeal options and, in January 1977, was executed by firing squad, the first execution in the USA for a decade. Over the ensuing years the pace of executions was slow but gradually accelerated⁹. It was in the context of the resumption of executions and concern about the constitutionality of execution methods that the lethal injection method came back into consideration.

The medical basis for lethal injection

Early discussion on the use of poison as a means of execution focused on prussic acid (cyanide). Its lethal effect was well known and the objections to its use were based on ethics rather than efficacy. It was in part for reasons of medical ethics that the Gerry Commission ruled out injections of prussic acid in their 1888 report to the New York State Government.

When the proposal to use a poison administered by injection first was seriously considered in the USA in the 1970s, several chemicals were considered. Cyanide, which had been in use in gaseous form in US gas execution chambers for more than 50 years, was not seriously considered¹⁰. The three classes of drugs which were finally agreed for use in lethal injections were: (i) an anaesthetic to induce unconsciousness; (ii) a paralysing agent to stop breathing; and (iii) a toxic agent to stop the heart.

*Sodium thiopental*¹¹ [Pentothal] is a barbiturate which induces general anaesthesia when administered intravenously and is also used in hypnosis. It can reach effective clinical concentrations in the brain within 30 seconds. The usual dose to achieve anaesthesia is 100 to 150 mg injected over 10 to 15 seconds¹². Its use is not recommended with the muscle relaxant tubocurarine chloride—one of the other drugs used in lethal executions (see

⁹At the same time the number of prisoners entering death row continued to escalate and each year there is a net increase in those under sentence of death.

¹⁰Potassium cyanide (KCN) has been used in the USA since 1924 for the carrying out of execution by lethal gas. In this form of execution, potassium cyanide pellets are released into a container of sulphuric acid giving rise to a cloud of hydrogen cyanide which is inhaled by the condemned person who is immobilised in a special execution chamber. The cyanide inhibits the enzyme, cytochrome oxidase, preventing cellular respiration and leading to hypoxia and death.

¹¹Also known as thiopentone sodium. The supplier of this chemical to the Texas Department of Corrections, the largest consumer of the drug for the purposes of execution, is Abbott Pharmaceuticals, Pharmaceutical Product Division, North Chicago, IL 60064, USA.

¹²*Martindale: The Extra Pharmacopoeia*. 29th Edition. London: Pharmaceutical Press, p.1126.

below)¹³. In lethal injections sodium thiopental is used at much higher than clinical dosage levels. In California, for example, 5 gm is administered (see appendix 5).

Pancuronium bromide [Pavulon] is a muscle relaxant mainly used as an adjuvant to anaesthesia during surgical operations, assisted ventilation and orthopaedic manipulation. Normal dosage is usually 40 to 100 ug per kg body weight with supplementary doses of 10 to 20 ug/kg. Its effects commence within one to three minutes and last about 45 minutes¹⁴. When given in doses significantly above clinical usage levels, it causes apnoea (cessation of breathing) due to paralysis of the intercostal muscles and diaphragm. Pavulon is used in a number of jurisdictions, including in Texas, the state with the most active program of executions¹⁵. For lethal injection execution, Pavulon is administered in a dose of up to 100 mg (massively higher than during therapeutic usage). *Tubocurarine chloride* has similar properties with its effects beginning to appear within a minute after intravenous injection and with the maximum effect being attained within three to five minutes. Overdose can lead to with cardiovascular collapse and the effects of histamine release¹⁶. *Succinylcholine chloride* is a third alternate muscle relaxant permitted in some jurisdictions.

*Potassium chloride*¹⁷. This salt is usually toxic if given intravenously at levels above 20 milliequivalents/hour and can affect the heart among other organs. During lethal injection executions, a dose of around 50-100 milliequivalents is administered over a short period. Its effect at these concentrations is to upset the electrical signalling essential to regulation of heart function and to induce cardiac arrest.

Adoption and early use of lethal injection in the USA, 1977-1982

Oklahoma became the first state to adopt lethal injection legislation when, on 11 May 1977, a bill was approved to provide for execution to be carried out by injection. The bill was the initiative of an Oklahoma senator, Bill Dawson, who in early 1977 asked the then head of the Oklahoma Medical School's Anaesthesiology Department, Dr Stanley Deutsch, to recommend a method of execution by injection of drugs. His recommendations formed the

¹³The drugs used in lethal injection can precipitate if mixed together. For this reason they are administered sequentially with saline flushes between chemicals. Some executions have been botched because of precipitation and blockage in the catheter.

¹⁴*Martindale*, p.1236-7.

¹⁵Supplied to the Texas Department of Corrections by Organon Pharmaceuticals, 357 Mount Pleasant Avenue, West Orange, NJ 07052, USA.

¹⁶*Martindale*. p. 1241.

¹⁷Potassiumchloride is a readily available chemical. It is supplied to the Texas Department of Corrections by Roxane Laboratories, P.O. Box 16532, Columbus, OH 43216, USA.

basis for the ensuing legislation and procedures¹⁸. The regulation adopted the following year specified that execution should be effected “by means of a continuous, intravenous administration of a lethal quantity of sodium thiopental combined with either tubo-curarine or succinylcholine chloride or potassium chloride which is an ultra short-acting barbiturate combination with a chemical paralytic agent”¹⁹. In an unrelated move, Texas adopted similar legislation the following day, 12 May 1977. Those representatives voting in favour made clear their support was based on dissatisfaction with the then current method, electrocution. The representative who introduced the bill into the Texas House said, for example, that electrocution “is a very scary thing to see” and that he “voted for a more humane treatment because death is pretty final. That’s enough of a penalty”. Another supporter argued that the death penalty “should be swift and sure punishment, not something which takes away the *dignity of the state*”²⁰.

By September 1977, Texan prisoners Howard Lincoln and Kenneth Granviel faced execution by the new method. The Texas Department of Corrections did not decide on the chemicals to use for the first of the scheduled executions (that of Howard Lincoln on 13 September) until 7 September 1977 when the Director of the Department, WJ Estelle Jr, announced that “after consultation with people familiar with lethal substances, the decision has been made to use sodium thiopental in lethal doses”²¹. Neither Lincoln’s nor Granviel’s executions went ahead. Granviel’s execution was stayed pending evaluation of a legal submission that his death sentence should be set aside and the new execution method declared unconstitutional on the ground that it would subject him to cruel and unusual punishment. The court rejected Granviel’s contention of cruelty, stating that any incidental

¹⁸Denno D. Doing to death: are executions constitutional? *Iowa Law Review*, 1997; 82:319-464 (see note 321: pp.374-50).

¹⁹Oklahoma regulations, 12 April 1978, cited in: British Medical Association. *Medicine Betrayed: The Participation of Doctors in Human Rights Abuses*. London: Zed Books, 1992, p.112. Legislation usually does not indicate in detail the procedures to be used in carrying out the lethal injection. In Idaho, for example, the legislation stated simply that “the punishment of death must be inflicted by intravenous injection of a substance or substances in a lethal quantity sufficient to cause death until the defendant is dead”. (Idaho Criminal Procedure 19-2716: Infliction of death penalty).

²⁰Quotations cited in *Criminal Law Bulletin*, Jan-Feb 1979, p.73 (emphasis added). The idea for the Texas bill appears to have arisen in the context of a discussion on the humane killing of animals. Texas State representative Bill Grant told a journalist in 1980: “We had someone from the Humane Society testifying [about animal welfare], and I asked him what he would think if we used electricity to kill a dangerous animal and burn it to death. He said it would be terribly cruel and inhumane, and that they would take it to court and fight it. I said, ‘That’s funny, because that’s just we voted to do that to people.’ I just thought that since we hold the human body sacred, we should be able to do as well by people as we do by dangerous or unwanted animals.” Quoted in Moore R. Doctor as executioner: the argument over death by injection. *New Physician*, September 1980.

²¹*Criminal Law Bulletin*, Jan-Feb 1979, p.74.

pain caused by giving an injection “could be characterized as a possible discomfort or suffering necessary to a method of extinguishing life humanely”. His claim that the new method was unusual was similarly rejected citing an earlier Supreme Court judgment²² which asserted that evaluation of the term *cruel and unusual* “must draw its meaning from the evolving standards of decency that mark the progress of a maturing society”²³. (In the event, Kenneth Granviel survived a further 19 years before being executed by lethal injection on 27 February 1996. Lincoln’s sentence was commuted.)

To the end of the 1970s, no lethal injection executions took place. However the discussion of lethal injection, and the role of health professionals in the process, continued. In 1980, the debate on the ethics of medical participation reached a defining point with the publication of a key article in a leading medical journal which suggested that lethal injection “is a more obvious application of bio-medical knowledge and skills than any other method of execution yet adopted by any other nation in modern history”²⁴ and with the decision of the Council on Judicial and Ethical Affairs of the American Medical Association that a doctor “should not be a participant in a legally authorized execution.”²⁵.

By 1981, five states in the USA had legislation permitting execution by lethal injection. After the earlier blocks and postponements of lethal injection executions, the next condemned man likely to suffer this form of penalty—Thomas “Sonny” Hayes, a black man, in Oklahoma—was scheduled for execution on 9 September 1981. After a court-ordered stay, it was rescheduled for 14 September. The Secretary General of the World Medical Association (WMA), Dr André Wynen, issued a statement opposing medical participation in lethal injection executions. His statement was subsequently incorporated into a WMA resolution against medical participation in executions²⁶. Amnesty International issued an

²²*Trop v. Dulles*, 356 U.S. 86, 1958.

²³*Criminal Law Bulletin*, Jan-Feb 1979, p.76.

²⁴Curran WJ, Casscells W. The ethics of medical participation in capital punishment. *New England Journal of Medicine*, 1980;302:226-30. These authors argued that it would be “ethically improper for physicians to monitor the condemned prisoner’s condition during the drug administration and to carry on this action to pronounce his death....To perform such a continuous role would be so intimately a part of the whole action of killing as to deny any consideration as a separate medical service....It is similar to the physician who examines the prisoner intermittently during torture or prolonged interrogation and pronounces him physically fit to continue his ordeal”.

²⁵Opinion 2.06 of the Council on Ethical and Judicial Affairs of the American Medical Association: Capital Punishment. In: *1992 Code of Ethics: Annotated Current Opinions*. Chicago: AMA, 1992. See below page 22.

²⁶WMA Resolution on Physician Participation in Capital Punishment, 1981. The Secretary General’s statement of 11 September 1981 noted that “Acting as an executioner is not the practice of medicine, and physician services are not required to carry out capital punishment.”.

appeal signed by, among others, two Nobel prize-winners and a former president of the WMA²⁷, and other organizations protested against the proposed use of lethal injection and medical skills in the forthcoming execution.

The Hayes execution was further postponed and subsequently his death sentence commuted, and it was only in the following year, in December 1982, that another black man, Charles Brooks Jr, was strapped to a gurney in Huntsville prison, Texas, and executed by lethal injection, with medical personnel on hand to ensure that the procedure went smoothly. At one point, one of the doctors present to monitor the vital functions of the prisoner was reported to have advised the executioner to continue administering the poison for “a couple more minutes”²⁸. It was the first execution by lethal injection since the introduction of lethal injection legislation in 1977. Since then, a further 266 men and one woman²⁹, have been executed, some with active medical participation.

Present legislation and practice

USA

Today, the lethal injection method has been established in the USA in 21 states³⁰ as the sole method of execution, and a further 12 as one of two alternative forms of execution³¹. In more than half of these states, physicians are required by law to be present at the execution. In a majority of states providing for the death penalty, the state medical society either itself

²⁷Amnesty International press release. ‘Doctors urged to shun execution by lethal injection, Amnesty International reports.’ 23 September 1981.

²⁸Amnesty International. *Execution by lethal injection of Charles Brooks in Huntsville, Texas, 7 December 1982*. AI Index: AMR 51/10/82.

²⁹Velma Barfeld was executed on 2 November 1984 at Central Prison in Raleigh, North Carolina. She was 52-year-old and the first woman to be executed in the USA for 22 years. A further 37 women are currently under sentence of death in the USA including 74-year-old Faye Copeland, the oldest death row inmate in the country.

³⁰In addition to 33 states providing for lethal injection executions, both the US Federal authorities and the US army may execute using lethal injection.

³¹See sample legislation, appendix 4. Some states make different provision for execution according to when the prisoner was convicted and sentenced. Those convicted under the former statute may be sentenced to be executed by the method prevailing at that time or at least given the option of choosing between the former and the current method. In some jurisdictions, the choice of execution method is not made by the prisoner but by others (See: Denno D. Doing to death: are executions constitutional? *Iowa Law Review*, 1997; 82:319-464).

explicitly opposes medical participation in executions or follows the ruling of the AMA against medical participation³².

The procedures used in each state may vary in detail (see appendix 5 for an outline of the framework for lethal injection executions in California) and few accounts of the injection phase have been given by those involved. One such account was given by a doctor working in Potosi Correctional Center, Missouri, to the writer and film-maker, Stephen Trombly:

The inmate walks from the holding cell to the gurney, accompanied by guards. And he is placed in a supine position on the gurney and he is strapped. Legs, abdomen, chest....The arm that takes the IV [intravenous line] is exposed.

The nurse-anesthetist who acts like a nurse consultant, starts the IV. Using a number-sixteen-gauge needle, and a plastic catheter...

[After a signal to begin] they press the button [of the lethal injection machine]. You can see the patient [sic]—I can't see the patient because I am behind a screen looking at the EKG [electrocardiogram]. The first solution, sodium pentothal, goes into the person. He's awake, and then he goes to sleep. [After another minute] the Pavulon...is injected, and it arrests the respiratory muscles. Paralyze the lungs and depress the respiratory center....You see the patient doing an agonal, or terminal, breathing.

During [these phases] the monitor on the EKG is still normal. Normal sinus rhythm, and the heart rate is still normal. ... [Finally] the potassium chloride is given. And it's three times the lethal dose. Then there are changes in the EKG.

He went on to explain that when the prisoner had died and had been certified as such, "the nurse-anesthetist removes the IV. The the mortician comes in and removes him from the gurney to his table, and takes him to the funeral parlor"³³.

When asked what medical attention he gave to prisoner prior to the execution, the doctor replied that he gave the prisoner a "pre-execution physical" on the morning of the execution and doses of Versed (midazolam hydrochloride) four and a half hours before the execution (2.5 mg intramuscularly), a further 2.5 mg of Versed one hour later, and then a third dose (2

³²American College of Physicians, Human Rights Watch, National Coalition to Abolish the Death Penalty, Physicians for Human Rights. *Breach of Trust: Physician Participation in Execution in the United States*. Philadelphia: ACP, 1994.

³³Trombly S. *The Execution Protocol*. London: Century, 1993: 318-321.

mg intravenously) one hour before the execution. The purpose of the high dose was, according to the doctor, to ensure that “the patient has an anxiety-free mind”³⁴.

In recent years a number of states have carried out their first lethal injection executions. For some states carrying out the death penalty, it was merely replacing one execution method (gassing, shooting, hanging or electrocuting) by a newer one (lethal injection) ; in others the state used lethal injection to carry out its first execution after a long period without using the death penalty.

On 12 September 1990, for example, 50-year-old Charles Walker was executed in the state of Illinois by lethal injection. It was the first execution to take place in Illinois for 28 years and led to protest from members of the medical profession following disclosure of the role played by doctors in the execution. The state had hired three un-named physicians to assist following the refusal of prison doctors to participate. Their role was to administer any drugs given prior to execution, to establish the intravenous saline drip line through which lethal chemicals were then delivered, and to monitor the course of the execution by electrocardiogram at a monitor placed in an adjacent “control room”. This was widely believed to be the first time that US doctors had played such an active role in a lethal injection execution by inserting the cannula into the condemned prisoner's arm³⁵.

In the face of medical opposition and to ensure confidentiality for all personnel involved in the execution (and thus to protect participating doctors from peer scrutiny), the state government adopted temporary measures guaranteeing the doctors anonymity. In the following year, a bill was passed by the Illinois legislature requiring doctors to be present at executions and ensuring that their identities would be kept confidential. The bill was widely opposed by medical professionals and human rights groups³⁶.

³⁴*Execution Protocol, op. cit.*. Missouri is not the only to state to give prisoners pre-execution sedation. In Virginia, prisoners are given a mandatory intramuscular injection of Thorazine prior to the execution. Corrections staff apparently report that “the inmate is more relaxed and it is easier for the technician to insert the IV.” (Report of the Florida Corrections Commission; see note 36 below).

³⁵In November 1990, however, an article appeared in the *American Medical Association (AMA) News* which stated that this was not the first such instance and that at least two other executions had taken place in which doctors had played a similar role in the state of Missouri.

³⁶The bill specified that the “execution shall be conducted in the presence of 2 physicians” and that the “identity of executioners and other persons who participate or perform ancillary functions in an execution and information contained in records that would identify those person shall remain confidential”; to maintain confidentiality “the Department may make payments in cash”. (Illinois Code of Criminal Procedure ch.38: 119-5). See: Merz B. Illinois execution bill signed over medical groups’ protests. *American Medical News*, September 23-30, 1991. See also *Breach of Trust, op. cit.* Other states also keep the identities of execution staff confidential. In Oklahoma, this is done by hooding the execution team *Report of the Florida Corrections Commission, 1997*; Chairman, Edgar M. Dunn; their analysis of state practices is

In March 1995, Illinois State Governor Edgar signed into law a bill amending the law to state that the Medical Practice Act “does not apply to persons who carry out or assist in the implementation of a court order effecting the provisions...of the Code of Criminal Procedure”. The bill also amended the Illinois Code of Criminal Procedure to state that “assistance, participation in, or the performance of ancillary or other functions pursuant to this Section, including but not limited to the administration of the lethal substance or substances required by the Section, shall not be construed to constitute the practice of medicine”³⁷. While it is true that executing prisoners is “not the practice of medicine” the intent of this amendment was obviously to remove doctors from the scope and application of medical regulatory law. The Medical Practice Act provides a number of avenues for the discipline of doctors who commit “dishonorable, unethical or unprofessional conduct”. Concerned doctors used this section of the Act to argue in a legal submission in 1994 that medical personnel involved in executions were in breach of the Act and that the Act prohibited physician participation³⁸. The action was lost but an appeal was rendered non-viable as the amended laws allowed no grounds for further action.

In California, William Bonin became the first prisoner to be executed by lethal injection in the state on 23 February 1996. This followed a 1994 ruling by the US District Court for the Northern District of California that execution by lethal gas (then the method of execution) constituted “cruel and unusual punishment” in violation of the Eighth Amendment of the US Constitution and in violation of California’s constitution. This was the first court ruling in the USA that any method of execution constituted cruel and unusual punishment³⁹. In an attempt to circumvent the ban, California introduced a new law allowing inmates to choose to be executed by lethal gas rather than lethal injection. Thirteen Californian doctors are currently undertaking legal action to ensure that doctors do not participate in executions in the state.

On 18 July 1996, Tommie Smith became the first prisoner in Indiana to be executed by lethal injection. The previous execution method was electrocution. His execution took some 80 minutes (see appendix 3). On 6 September 1996, Douglas Wright became the first prisoner to be executed by lethal injection under Oregon’s current death penalty laws; Oregon had last carried out an execution, by hanging, in 1962.

available from <http://florida3.dos.state.fl.us/fgils/agencies/fcc/reports/methods/emstates.html>.

³⁷House Bill 204, amending the Illinois Medical Practice Act, section 4 (exemptions), and the Illinois Code of Criminal Procedures, (sec 119-5 (g)).

³⁸Legal actions by doctors in Illinois and California is discussed below (pages 23-24).

³⁹The judge found that prisoners suffered “excruciating pain for between 15 seconds and several minutes” and that a gas chamber execution violates “evolving standards of human decency and has no place in a civilized society.” (*Fierro v. Gomez*, 1994)

The dominance of lethal injection as a method of execution, as well as the growing pace of executions, are strikingly illustrated by comparing the first 35 executions after the death penalty moratorium ended in 1977 with the 35 executions up to 30 September 1997 (the last 35 executions in the period covered by this report). The moratorium was ended by the execution of Gary Gilmore in Utah by firing squad on 17 January 1977. It took until 11 January 1984 for the next 34 executions to be carried out—a period of nearly seven years⁴⁰. Of these, only five were lethal injection executions. By contrast, the last 35 executions in the period covered by this report—up to that of Johnny Cockrum in Texas on 30 September 1997—took place in the space of less than five months; all but two were carried out by lethal injection.

The introduction of lethal injection was heralded as making executions increasingly humane⁴¹. In practice there have been a number of cases in which it has failed to bring about the quick, painless death of the condemned extolled by its proponents⁴². Examples are given in appendix 3. One particularly grotesque aspect of some of these cases has been the voluntary assistance given by prisoners to assist in their own death. The execution of Antonio James, in Louisiana in March 1996, illustrated this. The Warden of Angola Penitentiary, Burl Cain, described James' execution in a press interview:

“...No matter what method you use, execution's not easy. But the biggest problem is getting them ready to die. He [James] had found Christ, I had got to know him real well: I will not kill a man I don't know...And I promised I would hold his hand from the moment we strapped him down on the table until he died. But it was terrible because we couldn't get the intravenous lines into his arm. He was strapped down but

⁴⁰One of the first 35 executed was Velma Barfield, the only woman of the 414 prisoners (to 30 September 1997) executed since 1977 (see also note 29, above).

⁴¹This was not the only factor in choosing lethal injection as an execution method. The Kentucky Justice Minister, Dan Cherry, noted at the time of a discussion concerning the adoption by the state of lethal injection, that this execution method is easier to administer, is portable, and would allow the authorities to reduce potential unrest among inmates and trauma for the guards who get to know the condemned men held in the sole death row in the state. See *Lexington Herald-Leader*, 15 June 1997.

⁴²As will be discussed below (pp.26ff.) “humaneness” cannot just be adjudged solely from the method of killing itself. Scott Blystone, a death row prisoner in Pennsylvania who himself had come close to execution, told AI's Secretary General, Pierre Sané, during a visit he made to death row in November 1997: “They come to your cell. You know they are bringing a warrant, because they are very polite. They come for you with twelve officers. They handcuff you, belt you, shackle your feet. You can hear your heart beating as they inspect your veins to make sure that they can withstand the size of the needle that will be used to kill you. They measure you for a burial suit. They call your family and tell them where to pick up your dead body.” Mr Sané commented: “Death row in Pennsylvania looks and feels like a morgue. Everything is high-tech, and there is no human being in sight. From the moment that condemned prisoners arrive, the state tries to kill them slowly, mechanically and deliberately—first spiritually, and then physically.” (Amnesty International press release, 25 November 1997, AI Index: AMR 51/76/97.)

they couldn't find a vein. He was lying there for 15 minutes, and I finally had to ask him: 'Antonio, please make a fist, so we can find your vein'. We had to get him to make a fist so we could kill him. Then the doctor got the line in; he used an alcohol swab to sterilise the skin and I said, 'What's the point?' After we got the lines in it took another few minutes...I would not like to execute an inmate without faith because I know I would be sending his soul straight to hell."⁴³

The health professions in the USA as well as some human rights organizations have strongly opposed medical participation in executions, as will be detailed below (see p.21). This opposition has had consistent support from professional associations abroad.

China

In March 1996, China's legislature, the National People's Congress (NPC), passed substantial amendments to the Criminal Procedure Law (CPL)—the basic law governing the criminal justice process in China. The revision of this law was the most significant legal development in China since 1979, when the CPL and the Criminal Law were adopted. The revised CPL, which came into force on 1 January 1997, increases protection for people detained under the criminal justice system though the changes still leave the law far behind international standards.

Until recently, execution in China was solely by shooting and usually carried out at an outdoor execution ground where it was sometimes witnessed by crowds assembled for the purpose⁴⁴. The revised Criminal Procedure Law (CPL) added a new method of execution, lethal injection, and specifies that execution can be carried out at an execution ground or a designated detention site (Article 212). This provision now clearly allows executions to be carried out in prisons. According to Chinese officials and jurists, executions in prison are "fairer, more civilized and more cost effective" because they avoid exposing condemned prisoners to public view, and save on the substantial manpower required to carry out executions at outdoor grounds⁴⁵.

Amnesty International documents executions in China mainly from press reports and information from non-governmental sources. Detailed information about lethal injection executions is even more difficult to obtain.

⁴³Cited in: *USA: Death penalty developments in 1996*. AI Index: AMR 51/01/97, March 1997.

⁴⁴*When the State Kills...* London: Amnesty International Publications, 1989, pp.121-3.

⁴⁵See *Eastern Express*, 19 October 1995, citing a newspaper associated with the Chinese Ministry of Supervision, and Reuter, Beijing, 1 January 1997, citing Chinese jurists.

Nevertheless it seems likely that the addition of lethal injection as a method of execution will risk increasing the involvement of doctors in executions⁴⁶. In addition, it is possible that this method may be used to facilitate the removal of organs from executed prisoners for transplantation—a practice in China which has been well documented under the current execution procedures. Lethal injection can be used to execute a person without damaging key organs which may subsequently be retrieved for transplantation⁴⁷. With the introduction of lethal injection, the current level of medical involvement of doctors in executions will almost certainly be deepened and medical ethics further breached. Transplantation societies have expressed opposition to the use of organs obtained from executed prisoners⁴⁸.

According to a Reuters report (16 July 1997) two Chinese prisoners were executed by lethal injection in July. Citing the *Xinmin Evening News* of the same date, it said that this was the first time China had used lethal injection as an alternative to shooting. The executions were reportedly ordered by the Kunming Intermediate People's Court in southwestern Yunnan province. The newspaper gave no details of the crimes committed nor of the executed prisoners.

However, a later report by Reuters news agency citing the *Liaoning Daily Weekend* (29 September 1997) suggested that lethal injection has been used at least a further 22 times since March 1997 in Yunnan province following sentences imposed by the Kunming Intermediate People's Court.

The Reuters report said that the newspaper revealed, for the first time, experiments and research conducted under a pilot scheme at the Kunming Court Hospital led by hospital director Wang Jun. Wang Jun and his team concocted two lethal preparations of drugs, identified only as 'number one' and 'number two' and by 28 March these were ready for testing. Wang Jun, working with court personnel, picked two death row convicts and personally administered the injections.

The prisoner executed by mixture 'number one' was sitting, took 3 minutes and 45 seconds to die and his face appeared to show expressions of pain, the newspaper said. The second mixture killed the other prisoner, who was lying down, in just 1 minute, according to the paper. He appeared to experience no pain.

⁴⁶One press report suggests that doctors train police to carry out the execution while they stand by to certify death. To what extent this procedure will be followed elsewhere is not known.

⁴⁷Not only is the prisoner executed without damaging organs but the prisoner's execution position is "ideal" for the subsequent surgery. In essence the execution becomes part of a medical procedure.

⁴⁸The position widely supported by transplantation societies was outlined in Guttman R. On the use of organs from executed prisoners. *Transplantation Reviews*, 1992; 6:189-93.

According to the newspaper, Kunming authorities had decided that mixture 'number two' was the more effective type of lethal injection after test executions involving another 20 death row prisoners, aged between 20 and 35, weighing from 50 kg (110 lbs) to 68 kg (150 lbs), well nourished and with no record of cardiac disease.

On 6 August 1997, a group of five death row prisoners was executed by lethal injection. All were transported by stretcher, appeared calm, did not have to be tied up and voluntarily rolled up their sleeves for the needle, it said.

In October 1997, the US television network ABC broadcast a program alleging that kidneys were available for transplantation from Chinese military hospitals following executions. Xinhua (New China) news agency quoted a Foreign Ministry spokesperson, Shen Guofang, as rejecting the program's findings and said that the documentary was a "complete fake created by piecing things together". The executions which led to kidney "donations" were believed to be by shooting. However, the use of lethal injections could lead to an ill-defined boundary between the execution itself and the subsequent resuscitation and removal of organs since medical procedures involved in transplantation of major organs needs to commence while the prisoner is still alive; this threatens to further medicalise an execution method based on medical technology⁴⁹.

The Chinese Ministry of Justice has not, at the time of writing, released any official information on executions carried out by lethal injection in the People's Republic of China. No statistics or detailed analysis of the death penalty is made public by the Chinese government which continues to treat such information as a state secret.

Taiwan

Taiwan was the first country after the USA to legislate for lethal injection executions, though executions continue to be carried out by shooting.

In July 1989, the daily English-language newspaper, the *China Post*, reported that some hospital doctors were urging that executions take place in a way which would allow the use of the heart of the executed prisoner for transplantation. In April 1990, a doctor from the National Taiwan hospital was again quoted as arguing for execution by shooting in the head with immediate transfer of the body to a life support system until the body organs could be utilized. The *China Post* of 16 August 1990 reported that the Ministry of Justice approved a change in execution methods to preserve the executed prisoner's heart for transplant

⁴⁹Reports of harvesting of organs from executed prisoners elsewhere (in Taiwan) in the early 1990s suggested that some of the procedures used for this goal, such as intubation and medication, were commenced before the prisoner was shot. See Amnesty International. *Further information on executions and organ transplantation*. AI Index: ASA 38/05/92, 1992.

provided that consent had been given. Prisoners who did not give consent were to be executed by a shot through the heart as previously. Arguments were subsequently made that lethal injection could be administered in a such a way as to maximize the “harvest” of organs from the executed prisoner. The botching of executions by shooting may also have been a factor in prompting this discussion⁵⁰, though it was not a primary one.

With the introduction of legislation allowing the use of executed prisoners’ organs, the Ministry of Justice announced that an executed prisoner who was to donate organs must be declared brain dead by a coroner and a doctor appointed by the National Health Administration. According to regulations governing the transplantation of the organs of executed prisoners, certification of death could be made while they are comatose and 12 hours after the shooting; a second certification of death was required to be made four hours later. What exactly happens, and the precise timing of events, over those 16 hours was not clear from press reports.

After the botched two-stage execution of Huang Chia-ching (see note 50), the *China Post* quoted Vice Justice Minister Lin Hsi-hu as saying that hospitals would not be held legally responsible for failing to attempt to maintain life in a condemned prisoner who had been subjected to a failed attempt at execution. The following day, 18 April 1991, the *China Post* reported that the Ministry of Justice was to meet to consider alternative methods of execution and on 24 April 1991 it was reported that draft legislation was being considered which would allow execution by hanging or lethal injection.

Following the Justice Ministry's comments on alternative methods of execution, the *China Post* reported on 25 April 1991 that Hung Tzu-pei, director of the National Taiwan University Hospital's Department of General Medicine, had stated that lethal injection would render organs unsuitable for transplant. However, Wei Cheng, surgical director of the Tri-Service General Hospital is reported in the article to have argued in favour of such a proposal, stating that death by lethal injection would allow doctors to remove organs very

⁵⁰In April 1991, an “executed” prisoner was found not to be dead on arrival at the hospital where his organs were to be removed. The prisoner, Huang Chia-ching, had agreed to organ donation and was taken to a place of execution on 15 April 1991 where he received a single shot to the head. According to a *China Post* article of 17 April 1991, Huang Chia-ching had been declared brain dead at the place of execution and his body then transferred to the Veterans General Hospital in Taipei where the organs were to be removed. Hospital doctors, however, were reported to have found that he had a heart beat, could breathe unaided and showed other vital signs, including a weak pupil response. He was transferred to an intensive care unit by hospital doctors. However, 34 hours after the attempted execution, the Justice Ministry ordered that he be taken from the hospital back to the place of execution to receive a second bullet to the head. According to the *China Post*, there were other instances where the initial shot did not bring about death and further shots had to be ordered after signs of life persisted; the newspaper cited reports that in at least one case, five bullets were fired during the execution.

promptly after execution. He is further reported to have stated that if lethal injection were to be introduced, the Justice Ministry would have to allow an operating theatre to be set up at the place of execution so that organs could be immediately removed and used with a minimum of delay.

It is not known how many condemned prisoners in Taiwan have consented to organ donation, nor how many instances of organ use have occurred. A report in the *China Post* of 29 March 1991 reported that three of four people executed the previous day had “donated their organs to medical science”. Citing a report from the *China Times Express*, it added that three of those executed had had hearts, kidneys, livers, corneas and bones removed.

On 19 October 1992, Taiwan’s Legislative Assembly (*Yuan*) introduced execution by injection of lethal chemicals as an alternate method to shooting. Other methods, including hanging, electrocution and poisonous gas, were considered but ruled out by the parliament. Justice Minister Lu You-wen reportedly commented that lethal injection was a “humane” way of executing prisoners⁵¹. On 22 July 1993, Vice-Minister Lin Shyi-hwu was reported to say that executions by lethal injection had not yet been carried out and that they might not be used in future as medical doctors may be unwilling to participate⁵². Amnesty International knows of no execution yet carried out by lethal injection in Taiwan.

Philippines

The last execution to take place in the Philippines, by electrocution, was in 1976. The death penalty was abolished by the 1987 Constitution, but restored in December 1993 (by Republic Act No. 7659) in response to rising crime rates in the face of opposition by human rights groups and the Roman Catholic Church. It can be imposed for 13 “heinous” crimes, including murder, rape, drug offences, kidnapping and arson. In certain aggravated circumstances a mandatory death penalty is stipulated.

Between January 1994 and September 1997, more than 410 people were sentenced to death in the Philippines, mostly for rape, murder or drugs offences. The rate of new death sentences imposed has steadily increased. Male prisoners under sentence of death are held in extremely cramped conditions in the National Penitentiary at Muntlupa City, Metro Manila. Female death row inmates are held at the Women’s Correctional Institute, Mandaluyong City, Metro Manila.

⁵¹Cited in: *Taiwan: Ill-treatment on death row*. AI Index: ASA 38/02/93, 1993.

⁵²AI News Service. *Taiwan (Republic of China): AI stands by its report that death row prisoners are ill-treated*. 13 August 1993.

According to the death penalty law, death sentences are automatically reviewed by the Supreme Court. The vast majority of those sentenced to death are waiting for the Supreme Court to review their cases. Those sentenced to death since the passage of the law may also submit a petition for clemency to the President of the Philippines. By September 1997, the Supreme Court had confirmed six death sentences, acquitted four people, commuted seven sentences to prison terms and sent one other case back to the lower courts for re-trial. There has been increasing public pressure for the Supreme Court to speed up the processing of cases so that the first executions can be carried out.

One obstacle to the carrying out of executions arose because the original death penalty law stipulated execution by electrocution until a gas chamber could be built. The country's only electric chair was not available as it had been destroyed by fire. However, on 20 March 1996 President Fidel Ramos signed into law Republic Act No. 8177 which provides for execution by lethal injection⁵³. The new law stipulates that executions are to be carried out no earlier than one year and no later than 18 months following confirmation of a death sentence by the Supreme Court. During the signing ceremony President Ramos is reported to have said: "Let the criminals beware. The state will continue to pursue criminals without let-up and will not hesitate to execute those upon whom the death sentence has been imposed."

On 25 June 1996, the Philippine Supreme Court confirmed the death sentence passed on Leo Pilo Echegaray. He had been sentenced to death in September 1994 by the Quezon City Regional Trial Court for the rape of his 10-year-old step-daughter. This was the first sentence to be confirmed by the Supreme Court since the Philippines re-introduced the death penalty. Two months later the Free Legal Assistance Group (FLAG)—a leading association of human rights lawyers—filed a supplementary appeal against the sentence. FLAG argued that Leo Echegaray's alleged crime had not been proved beyond reasonable doubt, that his trial was unfair, and that he had been prevented from preparing his defence properly. FLAG also argued that the death penalty law is unconstitutional as it constitutes a cruel and unusual punishment and is an excessive and disproportionate punishment for rape and other crimes which do not lead to the death of the victim.

In February 1997, the Supreme Court rejected FLAG's arguments and confirmed Leo Echegaray's sentence "with finality", thereby closing all further legal avenues for appeal. The Supreme Court subsequently ruled that, in accordance with the provisions of the death

⁵³See Appendix 7 for the text of this Act. Press reports suggest that the execution room will be equipped with a bed and an injection machine, and that the prisoner will be strapped down by technical staff wearing surgical gowns and masks. A needle will be inserted into the prisoner's vein and a succession of three drugs—sodium thiopental, pancuronium bromide and potassium chloride—injected from the machine.

penalty law, Leo Echegaray could be executed after 27 February 1998, and that the execution should take place before 28 August 1998. Fears that the execution may go ahead earlier in this period have been heightened by announcements by President Ramos' supporters that the President wants the first execution to be carried out before his term of office ends in June 1998. Five other prisoners have had their sentences confirmed by the Supreme Court and are also at risk of execution in 1998.

A lethal injection chamber has now been completed at the National Penitentiary at Muntinlupa. The unit is believed to consist of two 60-ft metal cargo containers, joined together and adapted to contain five small rooms. In one of these the prisoner will be executed; others will provide facilities for others such as technicians, government officers, religious figures and witnesses.

Guatemala

The Guatemalan Penal Code provides for the death penalty for aggravated homicide of the President or the Vice-President, for the murder of a member of the perpetrator's immediate family, for killing a kidnap victim or for the rape of a girl under 10. The death penalty was made optional for homicide, but mandatory for rape and kidnapping when death results and the victim was under the age of 10. A death sentence can be imposed only after all appeals are exhausted.

The last executions in Guatemala (prior to two which were carried out on the same day in 1996) took place in 1982-1983 in a context of a declared 'state of siege' and at the height of the then military government's counter-insurgency campaign. Special Military Tribunals were empowered to try prisoners, many of them political, without juries, lawyers or the right of appeal. The decree establishing them was rescinded after the government of General Efraín Ríos Montt was overthrown in August 1983.

In the years since then, several death sentences were passed for common crimes, but later commuted. However, as fear of rising crime rates has increasingly gripped Guatemala, there have been increasing expressions of support for the death penalty from many sectors of Guatemalan society. In March 1995, the Guatemalan Congress approved Decree 14-95, which extended the application of the death penalty to anyone convicted of kidnapping, including, in certain cases, accomplices and those who attempt to cover up such crimes. The legislation went into effect by default as the then president, Ramiro de León Carpio, did not reject it within the limit specified by the law. In July 1995, Decree 48-95 extended the death penalty to cover extrajudicial executions by members of the security forces of persons under 12 or over 60, as well as "disappearances" resulting in serious injuries, permanent psychological trauma or death. These measures were in violation of Guatemala's obligations under Article 4 (2) of the American Convention on Human Rights which it ratified in 1978.

Article 4 (2) states that “the application of the [death penalty] shall not be extended to crimes to which it does not presently [at the time of signing] apply.”

Then, in September 1996, the first executions in 13 years took place when Pedro Castillo Mendoza and Roberto Girón were executed by firing squad for the rape and murder of a 4-year-old girl in Escuintla Department. The two men appear to have been deprived of due process guarantees, particularly as they had been without lawyers for a period after their initial detention, and had later been defended by inexperienced law students.

The September executions were televised throughout the country, and viewers saw the leader of the execution squad deliver the *coup de grace* to Pedro Castillo, who had not died from the original volley of shots from the firing squad. Following criticism expressed both abroad and from certain sectors in Guatemala at the macabre spectacle of the televised executions, the Guatemalan Congress approved a measure providing for future executions to be carried out by lethal injection.

A “*módulo letal*” (lethal injection chamber) has been constructed within the *Granja de Rehabilitación de Pavón* (Pavón Rehabilitation Prison), southeast of Guatemala City, and was officially opened by the Deputy Interior Minister, Salvador Gándara, on 28 July 1997. According to a report in the Guatemalan newspaper, *Prensa Libre* (29 July 1997), Sr Gándara said that the chamber had an extension in which the condemned prisoner could spend time with his family before the execution. The building contained bathing and toilet facilities. In an ante-room there was space for family and friends of the condemned, legal authorities, judges and the press. In addition, there was an area where the condemned prisoner could talk with a priest or pastor if he wished.

Sr Gándara said that the necessary chemicals had been acquired and that one or more executioners had been recruited. He gave no details of numbers or qualifications of those to be involved in carrying out the execution. Reports have described them alternately as “paramedical” or as “medical” staff. A report by the Spanish press agency, EFE (26 July 1997), quoted a judge, Juan Fernando Godínez, as suggesting that five paramedics would elect one of their number to carry out the execution. A report from *Prensa Libre* (28 July 1997) spoke of an “air-conditioned clinic with a special medical team [in which] the doctor and his assistants will promptly carry out the orders of the judge” [*“la clínica acondicionada con equipo médico [donde] el médico y sus asistentes prestos a cumplir la orden del ejecutor”*]. The chemicals to be used were described as including thiopental, pancuronium bromide, potassium chloride, dextrose and serum. Some 15 minutes before the execution commenced, the prisoner would be given a muscle relaxant.

The government’s stated intention of introducing lethal injection is to make executions “more humane”, more “modern” and to avoid repeating the spectacle of the kind of botched execution seen in 1996.

The first execution by lethal injection, that of Manuel Martínez Coronado, was scheduled for 21 November 1997 but was stayed after a series of last minute-appeals by Martínez's lawyer. Lawyers are arguing that there were due process concerns in his conviction. At the time of writing the execution has not been carried out.

Opposition by the health professions

Amnesty International opposes the death penalty without reservation but is additionally concerned by any attempt to involve health professionals in carrying out executions. The organization's *Declaration on the Participation of Health Personnel in the Death Penalty*—adopted by the organization in response to the impending application in the USA of lethal injection in 1981—holds that the participation of health personnel in executions is a violation of professional ethics and calls upon health personnel not to participate in executions; it urges organizations of health professionals:

- to protect health personnel who refuse to participate in executions,
- to adopt resolutions to these ends, and
- to promote worldwide adherence to these standards⁵⁴.

Several doctors' and nurses' organizations have clear ethical policies opposing such participation. The World Medical Association, for example, has stated that "it is unethical for physicians to participate in capital punishment"⁵⁵. The International Council of Nurses has resolved that it "considers participation by nurses, either directly or indirectly, in the immediate preparation for and the carrying out of state authorized executions to be a violation of nursing's ethical code"⁵⁶. A number of national associations have also indicated opposition to medical participation in executions in general⁵⁷ or to lethal injections in particular.

In three of the five countries in which lethal injection has been made a legal method of execution—USA, Philippines and Guatemala—medical associations have indicated their opposition to medical participation. The American Medical Association (AMA) first adopted a position in 1980 when the Council on Ethical and Judicial Affairs decided that:

⁵⁴The full text of the declaration is appended as Appendix 1.

⁵⁵World Medical Association. Resolution on physician participation in capital punishment, 1981. In: Amnesty International. *Ethical Codes and Declarations Relevant to the Health Professions*, London, 1994.

⁵⁶International Council of Nurses. The death penalty and participation by nurses in executions (1989). In: Amnesty International. *Codes and Declarations Relevant to the Health Professions*. London, 1994.

⁵⁷Amnesty International. *Health professionals and the death penalty*. AI Index: ACT 50/03/89, 1989.

An individual's opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution. A physician may make a determination or certification of death as currently provided by law in any situation.⁵⁸

More than a decade after this position had been adopted the AMA looked again at the subject of medical participation in executions and this time spelled out specifically what they considered to be participation and what was not acceptable behaviour for a physician in the context of an execution. Unethical activities included:

- C selecting lethal injection sites,
- C starting intravenous lines to serve as ports for lethal injections,
- C inspecting, testing or maintaining lethal injection devices,
- C consulting with or supervising lethal injection personnel.

State medical societies have also spoken against medical participation in executions. In the early period following the introduction of lethal injection, medical societies in the states having lethal injection legislation adopted positions against medical participation in such executions. As the method of execution spread, so other medical societies were confronted with the problem.

Legal action by physicians

As far back as the early 1980s, physicians were involved in cases of legal action against lethal injection executions. In 1981, eight death row inmates in Texas and Oklahoma—all sentenced to death by lethal injection—filed a petition with the US Food and Drug Administration (FDA) asserting that the use of drugs in executions without FDA approval violated the Food, Drug and Cosmetics Act. The core of the inmates' case was that the FDA was required to investigate the safety and effectiveness of the drugs used for human execution and that, moreover, the drugs in question were about to be used for an unapproved purpose (execution, rather than their normal medical uses). The FDA refused to act and this refusal was litigated in the US District Court for the District of Columbia and subsequently appealed in the US Supreme Court⁵⁹. The appeal to the Supreme Court was supported by an *amicus curiae* brief from health personnel. The Supreme Court ruled, on 20 March 1985,

⁵⁸Opinion 2.06 of the Council on Ethical and Judicial Affairs of the American Medical Association: Capital Punishment. In: *1992 Code of Ethics: Annotated Current Opinions*. Chicago: AMA, 1992.

⁵⁹*Heckler v. Chaney*. 105 S. Ct. 1949, 1985.

that the FDA's refusal to act was beyond judicial review as the Administration had broad discretion of action in its conduct⁶⁰.

The Illinois State Medical Society spoke out against the involvement of doctors in executions at the time of the introduction by the Illinois legislature of laws institutionalizing medical involvement in the carrying out of the death penalty⁶¹. Individual doctors went further and took action against the Illinois authorities. In 1994, four doctors and the human rights organization, Physicians for Human Rights, sought injunctive relief against Howard Peters (the Director of the Illinois Department of Corrections), Salvador Godinez (the Warden of the Stateville Correctional Center), Nikki Zollar (the Director of the Department of Professional Regulations) and five physician members of the Illinois State Medical Disciplinary Board. The plaintiffs sought four objectives:

- C that the court declare that participation by a licensed physician in executions of condemned criminals is a violation of the Medical Practice Act;
- C that the court grant an injunction against Mr Peters and Mr Godinez requiring them to prohibit a physician from participating in any execution by pronouncing death as required by the Execution Statute;
- C that the court grant an injunction against Mr Peters and Mr Godinez requiring them to disclose the names of any physician who would participate in the execution of John Wayne Gacy on May 10, 1994;
- C that the court review Ms Zollar's dismissal of a complaint filed by the plaintiffs with the Department of Professional Regulations. The complaint had requested that the Disciplinary Board and the Department investigate "the misconduct that will occur on May 10 [i.e. Gacy's execution with medical participation] ...and to take all reasonable steps to advise Illinois physicians that participation in the execution will violate the [Medical Practice] Act".

The authorities sought dismissal of the plaintiffs' case on the grounds that they had no standing before the court [i.e. they were not directly liable to harm from the execution]. Gacy was executed on 10 May 1994 as scheduled, and subsequently in March 1995, after an earlier decision in their favour on the issue of legal standing, the appellate court ruled against the plaintiffs.

⁶⁰This case is discussed in: Stolls M. *Hecker v. Chaney*: Judicial and administrative regulation of capital punishment by lethal injection. *American Journal of Law and Medicine*, 1985; 11(2):251-77.

⁶¹Merz B. Illinois execution bill signed over medical groups' protests. *American Medical News*, 23-30 September 1991.

The current position in Illinois law is that doctors can participate in executions contrary to state, national and international medical ethics, are protected by law from being identified and disciplined by professional associations, and are declared to be non-doctors for the purposes of the Illinois Medical Practice Act whenever they assist in executions.

On 18 April 1996, 13 physicians licensed to practise medicine in California undertook legal action against the state Department of Corrections, its director, the warden of San Quentin Prison, three named prison physicians and twenty other physicians who worked for, or with, the prison administration in carrying out executions at San Quentin prison. The plaintiffs stated the objective of their action in the following terms:

The California Medical Practices Act prohibits unprofessional conduct by physicians. The participation by physicians in the execution of condemned inmates is recognized as unprofessional and unethical by the American Medical Association, California Medical Association, World Medical Association, the American College of Physicians and American Public Health Association, as well as leading medical ethicists. Plaintiffs ask this Court to enjoin defendants, their agents, successors and employees from any and all participation in the execution of condemned inmates.⁶²

The complaint was dismissed before trial on 16 July 1996 without a written opinion and the plaintiffs then gave notice of appeal on 1 October 1996, following denial of reconsideration of their complaint. The appeal was supported by an *amicus curiae* brief submitted by Professor George Annas on behalf of 35 eminent medical ethics scholars who “urge[d] this Court to remand this case for trial to resolve the conflict between medical ethics and the [San Quentin] Warden’s rules and regulations”⁶³.

Most recently, the Kentucky Medical Association's house of delegates voted for a measure that said it is unethical for a physician to participate in an execution, “except to certify cause of death.” This would mean that a doctor in Kentucky could not have a role in the actual execution, such as by administering a lethal injection. Currently, the method of execution in the state is by use of the electric chair, but legislation was under consideration to change the method to lethal injection⁶⁴.

⁶²Civil Complaint for Injunctive Relief in the Superior Court for the State of California. *Thorburn et al v. California Department of Corrections*, County of San Francisco No.977660, 18 April 1996.

⁶³Brief of Medical Ethics Scholars as *Amicus Curiae* in support of Plaintiffs-Appellants. *Thorburn et al v. California Department of Corrections*, Court of Appeal for the First District, State of California, Division Three No. A076423, County of San Francisco. Undated [1997]

⁶⁴*Louisville Courier-Journal*, 1 October 1997. The first execution in Kentucky in 35 years occurred on 1 July 1997 when Harold McQueen was electrocuted. He had been under sentence of death for 16 years.

The Philippines Medical Association responded to the introduction of lethal injection legislation in 1996 by issuing a public statement that it opposed medical involvement in the practice. (At the time of writing it is not clear who will carry out lethal injection execution in that country.)

The *Colegio de Médicos y Cirujanos de Guatemala* (Guatemalan Doctors' and Surgeons' Association) published a public notice in the Guatemalan daily paper, *Prensa Libre*, in response to reports that executions may take place in Guatemalan hospitals. The notice made clear their opposition to medical involvement in executions⁶⁵. Subsequently the potential division between doctors and government which was seen in Illinois became apparent in Guatemala. The president of the *Colegio de Médicos y Cirujanos*, Dr Manuel Humberto Solares, was quoted by *Prensa Libre* (4 November 1997) as saying that the "Hippocratic Oath committed the doctor to preserve life, not to take it" and that "no doctor belonging to the Colegio could allow himself [*se puede prestar*] to apply lethal injections". In response, the President of the Guatemalan Congress, Arabella Castro Quiñones said that to refuse to participate would mean that doctors were disobeying a legal mandate. A former senior judge, Gustavo Gaytán, was quoted as saying that, from an ethical viewpoint, nothing could oblige a doctor to participate in lethal injections. On 8 November 1997, the government announced that paramedics would carry out lethal injection executions.

In Taiwan, there were expressions of concern by doctors about the use of organs from executed prisoners following international pressure and the Neurology Society of Taiwan declared that neurologists would no longer certify brain death in executed prisoners, effectively ending the use of their organs⁶⁶.

There is no information available to Amnesty International about the attitude of the medical association in the People's Republic of China to participation of medical personnel in lethal injection.

How lethal injection fails

[Capital punishment] is a cruel, barbaric, brutal, useless act that fails to deter crime. It is state-sanctioned vengeance, and even the worst murderer does not release the state from its obligation to respect the dignity of life, for the state does not honor the victim by emulating the killer. Capital punishment is, at its

⁶⁵Statement of the Directorate and Honorary Tribunal of the Colegio de Médicos y Cirujanos de Guatemala. *Prensa Libre*, 11 July 1997.

⁶⁶Amnesty International. *Executions and organ transplantation—Taiwan*. AI Index: ASA 38/06/92, 1992.

*essence, different from all other forms of punishment by being ultimate, completely irrevocable, irreparable, and final. It is beyond correction*⁶⁷.

Amnesty International opposes the death penalty irrespective of the methods used. Executing prisoners by any means fails to address a number of objections to state-ordered killing⁶⁸ but the potential for lethal injection executions to “medicalize” the death penalty and render it more palatable to legislators and the public is a significant and worrying development. Apart from this objection, lethal injection fails to overcome the following:

Right to life. Executions represent a denial of the right to life embodied in the Universal Declaration of Human Rights and other international human rights standards. The execution of prisoners, even on charges of murder, appear to suggest that killing is acceptable as long as it is the state which carries out the killing.

Execution of the innocent. In several countries, judicial inquiries or investigations by reputable researchers have shown that individuals innocent of the crime for which they were convicted have been executed. Radelet *et al*⁶⁹ estimate that more than 400 men and women were erroneously convicted of capital or potentially capital crimes between 1900 and 1991; some were executed⁷⁰. Moreover, in USA and in the United Kingdom, a number of men and women who were convicted of actual or potential capital crimes were subsequently found to be innocent. For example, in the period since 1990, while Illinois has executed eight men, it has been forced to free nine men from death row after they were finally proven innocent (some by DNA testing)⁷¹. In Britain, over the past decade at least 15 men and women convicted of terrorist acts, which under the now-abolished death penalty legislation would have merited execution, had their convictions overturned and were released.

In many countries, the standards for a fair trial are not met and it is difficult to avoid the conclusion that innocent people are executed as a result. In addition, some law enforcement and judicial practices, such as the use of torture to extract confessions, may result in wrong convictions in death penalty cases. In China, examples of innocent people who were

⁶⁷Greenspan EL. Preface. In: Engel H. *Lord High Executioner*. London: Robson Books, 1997, p.8.

⁶⁸For more detailed discussion of these issues see: Amnesty International. *When the State Kills....* London: AI Publications, 1989.

⁶⁹Radelet M, Bedau H, Putnam C. *In Spite of Innocence: Erroneous Convictions in Capital Cases*. Boston: Northeastern University Press, 1992.

⁷⁰Radelet *et al* present the cases of 27 men who came within 72 hours of execution before being reprieved and subsequently exonerated. The number of innocent men or women who have been executed is unknown. These authors include 23 cases which they believe were executions of the innocent but no legal investigation is likely to establish the facts.

⁷¹Protest D, Warden R. Nine lives. *Chicago Tribune*, 10 August 1997.

executed have occasionally been cited by the press. For instance, in 1995 Li Xiuwu was declared innocent seven years after he was executed on conviction of murdering a farmer and stealing. Another man, Wei Liguang, was then executed for the same crime after being turned in to the police by associates⁷².

Arbitrary and biased application of the death penalty. There is considerable evidence to show that the death penalty is applied in a capricious way in which racial and social minorities are over-represented as victims. Those with wealth or power, or who belong to the ruling caste or race, are far less likely to suffer execution.

Inappropriate application of the death penalty. In many countries the death penalty is applied for offences which fail to meet the threshold specified in the UN standards that, in countries which have not abolished the death penalty, it should be imposed only for the “most serious crimes”—those with “lethal or other extremely grave consequences”⁷³. In the Philippines, for example, Adoracion Sevilla, a 52-year-old woman, was sentenced to death with her male business partner, Joel Gaspar, in February 1996 for possession of four kilos of marijuana leaves. The trial judge is reported to have said that the court had no other alternative than to impose the death penalty to serve as a deterrent to others.⁷⁴ Abe Valdez y de la Cruz, a 25-year-old farmer was sentenced to death in February 1997 under the Dangerous Drugs Act for planting seven marijuana plants. He claimed that he was unaware he was breaking the law and that the plants were intended to be used for herbal medicines⁷⁵.

In China, among those executed in 1996 (prior to lethal injection legislation being in place) were Hou Zhijiang and Wei Xuemeng, who were executed in Shanghai on 25 June 1996 for stealing pens and badminton racquets valued at US\$7,000, and Chen Zhong and two other men who were executed in Sichuan on 26 June for attempting to steal value added tax (VAT) receipts from a tax office. Wang Hongjun was sentenced to death in Sichuan on 10 December for stealing a cultural artefact which he sold for US\$36. He had no defence

⁷²Amnesty International. *China: No One is Safe*. London: AI Publications, 1996.

⁷³United Nations Economic and Social Council (ECOSOC) Resolution 1984/50, annex. Safeguards Guaranteeing Protection of the Rights of those Facing the Death Penalty (1984).

⁷⁴The Philippines’ Death Penalty Law provides for the death penalty as an optional punishment for the unauthorized importation, sale, administration, transportation, manufacture possession or use of drugs where the quantity of drugs involved is 40 grams or more of opium, morphine, heroin or cocaine; 50 grams or more of marijuana resin; 750 grams or more of marijuana; and 200 grams or more of ‘shabu’ (methyl amphetamine hydrochloride). Death can also be imposed on those who cultivate marijuana or opium poppy. The death penalty is mandatory regardless of the quantity of the drugs if the victim of the offence is a minor, or if the offender is a government official or member of the armed forces or police.

⁷⁵These and other cases are described in: *Philippines—The Death Penalty: Criminality, Justice and Human Rights*, AI Index: ASA 35/09/97, 1997; and *Philippines—The Death Penalty: Some Questions and Answers and Appeal Cases*, AI Index: ASA 35/10/97.

lawyer at his trial. Lu Qigang a worker at a horticultural farm, was sentenced to death for inflicting what appears to be relatively minor assault⁷⁶. He reportedly stuck thorns and pointed sticks or needles into the buttocks of female cyclists in the local area. He was executed with six others, all charged with hooliganism and related offences.

Cruelty of death row and waiting for death. One element of the cruelty of the death penalty is the wait for death, often prolonged, which each condemned prisoner must face. The fact that death threats and mock executions are used in various countries as forms of torture makes clear the psychological impact this can be expected to have on the individual. The condemned prisoner is not the only person to suffer the psychological stress of awaiting death; the members of the family of the condemned are also forced to stand by while the law inexorably takes their loved one, turning the wife into a widow and leaving the children fatherless⁷⁷.

The failure of execution to act as a unique deterrent. There has been much research examining the role of the death penalty as a unique deterrent to capital crimes. Evaluation of this evidence has proven difficult because of the complexity of the data and the number of factors to be accounted for. However, an authoritative analysis of the data has led to the conclusion that:

Research has failed to provide scientific proof that executions have a greater deterrent effect than life imprisonment and such proof is unlikely to be forthcoming. The evidence as a whole still gives no positive support to the deterrence hypothesis and, in any case, still has to be weighed against other objections to the death penalty, such as the risk of wrongful conviction, arbitrariness and discrimination in its enforcement, and the suffering it causes⁷⁸.

The use of execution as a political distraction from implementing effective measures to address crime. As long as political and community leaders champion the death penalty as the answer to rising crime rates, there is a risk that they will neglect developing and pursuing policies which may have a real effect on crime rates. In some countries the debate about serious crime is dominated by arguments about “tough” responses and the death penalty is regarded as the ultimate tough response⁷⁹. While it may be tough, evidence does not suggest

⁷⁶While this activity may have carried some small risks of infection to the victims, the charge appeared to categorize it as anti-social in nature rather than as assault with potentially serious consequences.

⁷⁷While precise statistical evidence is not available, it is clear that the majority of those executed are male.

⁷⁸Hood R. *The Death Penalty: A World-wide Perspective*. Revised and Updated Edition. Oxford: Oxford University Press, 1996, p.238.

⁷⁹For discussion of the politicization of the death penalty in the USA see: Death Penalty Information Center. *Killing for Votes: Politicizing the Death Penalty Process*. Washington DC: DPIC, 1996. See also:

that it acts as a greater deterrent than other penalties (see above), while it does appear to encourage a belief in violent action in response to violent crime and may have a brutalizing effect on the community⁸⁰.

Additional concerns. Using lethal injection as a means of execution introduces some additional concerns. The first of these is the effect lethal injection has on the role of medical technology and medical skills with respect to prisoners. Amnesty International believes that involving medical knowledge and skills in executions is in direct breach of internationally accepted standards of medical ethics. It represents a perversion of medicine. In addition, it encourages a false belief that lethal injection represents a “humane” form of execution and, to this extent, can act as a barrier to reform of the death penalty. In some jurisdictions there has been discussion of using lethal injection as a means to allow more effective use of organs from executed prisoners⁸¹. To date there is little evidence to suggest that this is happening following lethal injection executions but the spread of this form of execution to China, where organ retrieval from executed prisoners is a common (and profitable) activity⁸², suggests that it may soon happen.

Amnesty International is calling on governments to end the use of the death penalty as a means of controlling crime and is urging medical professional organizations to speak out against the misuse of medical procedures and physicians’ skills to bring about the death of prisoners. Such a role is incompatible with medical ethics.

Conclusion

In common with other execution methods, lethal injection overcomes none of the fundamental objections to the death penalty. Its much promoted “humane” qualities are of marginal benefit to the prisoner who ends up dead and who has, in some cases, spent years awaiting execution and then varying periods up to an hour while a suitable vein is found, the needle inserted and the lethal chemicals injected. The search to perfect the “ideal” way to kill people is hardly a sign of a humane society.

United States of America: Death penalty developments in 1996, AI Index: AMR 51/01/97.

⁸⁰Some writers have suggested that executions encourage violence. For such an argument see: Bowers WJ. The effect of executions is brutalization, not deterrence. In: Haas KC, Inciardi JA (eds.) *Challenging Capital Punishment*. Newbury Park: Sage, 1988, pp.49-89.

⁸¹The use of organs from executed prisoners has itself been rejected by responsible international medical bodies which argue that consent by the prisoner is not possible in an inherently coercive environment. See Guttman R. On the use of organs from executed prisoners. *Transplantation Reviews*, 1992; 6:189-93.

⁸²Amnesty International. *China: The use of organs from executed prisoners*. AI Index: ASA 17/01/95, 1995; Human Rights Watch Asia. Organ procurement and judicial execution in China. *Newsletter* 6(9), August 1994.

Experience in the USA has shown that lethal injection has a corrosive effect on the medical profession which finds itself reluctantly conscripted to play a role in state-sponsored executions. In some states, laws are in conflict with medical ethics, encouraging doctors to infringe their ethical obligations to assist the state in its lethal objective. Even in states where medical participation has been excluded by statute, regulation or practice, the fact remains that someone plays the role of executioner and that that person has to apply medical knowledge and have some medical training in order to carry out the task.

The use of lethal injection fails to address the numerous arguments adduced against the death penalty. It should be consigned to the museum along with earlier methods which have been dispensed with—burning at the stake, crushing, drowning, garrotting—and those still in use which are increasingly seen as “inhumane”—electrocution, gassing, beheading, stoning, shooting and hanging.

The medical profession should continue to press its argument that it is not the role of the medical personnel to participate in the state-ordered killing of an individual, irrespective of the crime for which that individual was convicted and sentenced to death. Professional associations should ensure that their membership is informed of the standards of medical ethics applicable in such situations. Health professionals can and should contribute to the goal of a more just and humane society by working for an end to executions.

Appendix 1: Declaration on the Participation of Health Personnel in the Death Penalty

(Amnesty International, 1988)

Amnesty International,

Recalling that the spirit of the Hippocratic Oath enjoins doctors to practice 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 World Medical Association, meeting in Lisbon in 1981, resolved that it is unethical for physicians to participate in capital punishment,

Noting

that the United Nations' Principles of Medical Ethics enjoin health personnel, particularly physicians, to refuse to enter into any relationship with a prisoner other than one directed at evaluating, protecting or improving their physical and mental health,

Conscious of

the ethical dilemmas posed for health personnel called on to treat or testify about the condition of prisoners facing capital charges or sentenced to death, where actions by such personnel could help save the prisoner's life but could also result in the prisoner's execution,

Mindful

that health personnel can be called on to participate in executions by, *inter alia*:

- * determining mental and physical fitness for execution,
- * preparing, administering, supervising or advising others on any procedure related to execution,

- * making medical examinations during executions, so that an execution can continue if the prisoner is not yet dead,

Declares

that the participation of health personnel in executions is a violation of professional ethics;

Calls upon

health personnel not to participate in executions;

Further calls upon

organizations of health professionals:

- * to protect health personnel who refuse to participate in executions
- * to adopt resolutions to these ends, and
- * to promote worldwide adherence to these standards.

--oOo--

This declaration was formulated by the Medical Advisory Board of Amnesty International in 1981 and revised in 1988 in the light of developments on the issue.

Appendix 2. Lethal injection in the USA

1977 to 30 September 1997

Lethal injection executions	268
[Other methods of execution comprise:	
Electrocution	132
Gas Chamber	9
Hanging	3
Firing Squad	2]
Total:	414

Jurisdictions with Death Penalty Statutes: 38 States and 2 Federal

Alabama*, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida*~, Georgia*, Idaho, Illinois, Indiana, Kansas+, Kentucky*, Louisiana, Maryland, Mississippi, Missouri, Montana, Nebraska*, Nevada, New Hampshire+, New Jersey, New Mexico, New York+, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee*~, Texas, Utah, Virginia, Washington, Wyoming+, US Government, US Military.

* *States not using lethal injection as the sole or as an alternative execution method.*

+ *States having death penalty statutes but in which no death sentences have been imposed post-1977)*

~ *In Florida and Tennessee, both states which currently use the electric chair, legislation is proposed to allow for execution by lethal injection as an alternative execution method.*

Appendix 3. Flawed lethal injection executions, USA, 1982-1997⁸³

Prisoner	Date of execution	Details
Charles Brooks Jr (black, 40)	7 December 1982, Huntsville, Texas	First execution by lethal injection. Executioner had difficulty finding vein. Death pronounced after seven minutes. Two doctors present.
James D Autry (white, 29)	14 March 1984, Texas	Autry complained of pain during the execution which lasted 10 minutes
Stephen P Morin (white, 37)	13 March 1985, Texas	Technicians took more than 40 minutes to insert needle. Morin died 11 minutes after insertion of needle
Randy L Woolls (white, 36)	20 August 1986, Texas	Reported to have assisted executioners to find a vein. Died 17 minutes after insertion of needle.
Elliott R Johnson (black, 28)	24 June 1987, Texas	35 minutes required to insert needle
Raymond Landry (black, 39)	13 December 1988, Texas	Search for a vein took 40 min. Two minutes after starting execution, the needle came out of Landry's arm spraying chemicals around the room. Catheter was reinserted and Landry was pronounced dead 24 min. after drugs first given.

⁸³This table is drawn from Radelet M: Post-Furman botched executions (updated by the Death Penalty Information Center); available at <http://www.essential.org/dpic/botched.html>, and Denno D. Doing to death: are executions constitutional? *Iowa Law Review*, 1997; 82:319-464 (appendix 2). Details of the race of the executed man are given since race is an important determinant of outcome in capital cases in the USA.

Prisoner	Date of execution	Details
Stephen McCoy (White, 40)	24 May 1989, Texas	McCoy reacted to injection by choking and heaving. A witness fainted.
George "Tiny" Mercer (white, 44)	6 January 1989, Missouri	First lethal injection execution in Missouri. Doctor performed a venous cutdown on Mercer's groin to allow execution.
Charles T Coleman (white, 43)	10 September 1990, Oklahoma	First lethal injection execution in Oklahoma. Took 10 minutes to find vein.
Charles Walker (white, 50)	12 September 1990, Illinois	Three physicians participated though they inserted the IV line improperly and execution took 11 minutes.
Maurice Byrd (black, 36)	23 August 1991, Missouri	One of the syringes in the automatic injection machine malfunctioned and had to be operated manually.
Rickey Ray Rector (black, 40)	24 January 1992, Arkansas	Rector had brain injury resulting from self-inflicted gunshot wound. Eight staff searched for a vein for almost an hour and Rector assisted. Injection was administered through hand.
Robin Lee Parks (black, 37)	10 March 1992, Oklahoma	Accounts suggest prisoner gagged, gasped, groaned and bucked. Parks died within 11 minutes of drug administration.
Billy Wayne White (black, 34)	23 April 1992, Texas	Execution took 47 minutes, including 9 minutes between injection and death. White assisted the executioner to find a vein in the hand (cf Rector case above)

Prisoner	Date of execution	Details
Justin Lee May (white, 46)	7 May 1992, Texas	Death occurred about nine minutes after injection started. May was reported to have “gaspd, coughed, reared against...restraints” and coughed again.
John Wayne Gacy (white, 52)	10 May 1994, Illinois	Execution lasted 18 minutes after one of the IV lines clogged.
Emmitt Foster (black, 43)	3 May 1995, Missouri	Death was pronounced 29 min. after start of injection due to collapsed veins and overtight leather strap around his arm.
Ronald K Allridge (black, 34)	8 June 1995, Texas	Personnel inserted needle into his right arm after failing to find a suitable site on his left arm. Death was pronounced after nine minutes.
Richard Townes Jr (black, 45)	23 January 1996, Virginia	After a 22 minute delay Townes had a needle inserted in his right foot.
Antonio James (black, 42)	March 1996, Louisiana,	After delays, James assisted in inserting the catheter to bring about his own death
Tommie Smith (black, 41)	18 July 1996, Indiana	Smith was pronounced dead 80 minutes after the execution began. The execution team had to insert an angio-catheter into his heart, a procedure that took 35 minutes. Smith remained conscious during that procedure.

Prisoner	Date of execution	Details
Luis M. Mata (hispanic, 45)	22 August 1996, Arizona	Mata was held strapped to the gurney with a needle in his arm for 70 minutes while his case was argued in the Arizona Supreme Court. He lost.
Scott Carpenter (native American, 22)	8 May 1997, Oklahoma	2 minutes after the lethal chemicals began flowing at 12:11 a.m., he began to make noises, his stomach and chest began pulsing, and his jaw clenched. In total, his body made 18 violent convulsions, followed by 8 milder ones. He was officially pronounced dead at 12:22a.m.
Michael Elkins (white)	13 June 1997, South Carolina.	Execution was delayed for 40 minutes while numerous attempts were made to insert IV needles. Because of Elkins' poor physical condition, the first needle was finally inserted in his neck (attempts to use his arms, legs, feet were not successful) and the second needle was not used.

Appendix 4: Legislation providing the prisoner with a “choice” of execution method in South Carolina (USA)

AN ACT TO AMEND SECTION 24-3-530, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO CAPITAL PUNISHMENT BY ELECTROCUTION, SO AS TO REQUIRE CAPITAL PUNISHMENT BY ELECTROCUTION OR LETHAL INJECTION UNDER CERTAIN CIRCUMSTANCES.

Be it enacted by the General Assembly of the State of South Carolina:

Capital punishment; electrocution or lethal injection

SECTION 1. Section 24-3-530 of the 1976 Code, as last amended by Section 420, Act 181 of 1993, is further amended to read:

“Section 24-3-530. (A) A person convicted of a capital crime and having imposed upon him the sentence of death shall suffer the penalty by electrocution or, at the election of the person, lethal injection under the direction of the Director of the Department of Corrections. The election for death by electrocution or lethal injection must be made in writing fourteen days before the execution date or it is waived. If the person waives the right of election, then the penalty must be administered by lethal injection.

(B) A person convicted of a capital crime and sentenced to death by electrocution prior to the effective date of this section must be administered death by electrocution unless the person elects death by lethal injection in writing fourteen days before the execution date.

(C) If execution by lethal injection under this section is held to be unconstitutional by an appellate court of competent jurisdiction, then the manner of inflicting a death sentence must be by electrocution.”

Time effective

SECTION 2. This act takes effect upon approval by the Governor and applies to all executions administered on and after the effective date of this act, irrespective of the date the sentence was imposed.

Approved the 8th day of June, 1995.

Appendix 5: Procedures for the carrying out of lethal injection execution in California (USA) — extracts [Issued 1 October 1992; revised 4 January 1996]⁸⁴

The following extract from San Quentin Institution Procedure No. 770 outlines the procedures to be followed in carrying out the execution. Only extracts of particular relevance to health personnel are included here.

“2. Facility:

(1) The lethal injection chamber for the State of California is a self-contained unit located at the California State Prison at San Quentin. The chamber area consist of the witness area, two (2) holding cells, the chemical rook, kitchen/officers’ area, anteroom and execution chamber. It can accomplish either lethal gas or lethal injection.

[...]

(3) Execution Chamber Maintenance:

[...] To prevent corrosion there is a natural draft to exhaust stack which keeps the chamber dry and free of any drain odor.

Total body fluid precautions will be instituted for infection control.

4. Lethal Injection Execution:

a. Chemicals needed for execution:

- 1) Sodium Pentothal
- 2) Normal Saline
- 3) Pancuronium Bromide
- 4) Potassium Chloride, 50 cc.

[...]

5. DAY OF THE SCHEDULED EXECUTION:

...

(a) *Approximately 3 hours prior to the execution:*

(1) The state employee spiritual advisor may arrive at the overnight cell and, if requested to do so by the condemned inmate, remains until after the execution. On other occasions, he may

⁸⁴A summary of Californian procedures is available at <http://www.cdc.state.ca.us/capital4.htm>

give communion and then return 1 hour prior to the execution to remain until after the execution.

(b) Approximately two hours prior to the execution, the following procedure will be followed:

(1) Members of the injection team shall enter the injection room and immediately reinventory the supplies and equipment to insure that all is in readiness, and if applicable, obtain replacement items.

(2) The Lieutenant [in charge of the Chamber] checks the log sheet kept by the watch officers and dispatches one of the officers to the Warden's office with same. The remaining watch officer then starts a continuation of the log sheet.

(3) The chamber operator and chemical operator arrange the necessary chemicals for the execution and commence with the final preliminary tests of the execution chamber.

(c) Approximately 1 hour prior to execution, the following procedure will be followed:

The IV setup

The syringes containing the drugs shall be prepared and loaded in the following order:

(a) Two 35-cc syringes, each containing 20 cc of sterile Normal Saline. Label syringes "NS".

(b) Three 35-cc syringes, each containing 50 milliequivalents of Potassium Chloride in 50 cc [sic]. Label syringes "3".

(c) Three 35-cc syringes, each containing 50 mgm of pancuronium bromide in 50 cc [sic]. Label syringes "2".

(d) One 35-cc syringe containing 5.0 Grams of Sodium Thiopental. (Kit contents to be dissolved in 20-25 cc of the accompanying diluent to attain complete, clear suspension.) The Sodium Thiopental, being a Federally controlled drug, shall be prepared last, when it appears it shall actually be used. Label syringe "1".

Chamber operator calls outside telephone operator [number given] for time check and sets clock.

(d) Approximately 45 minutes prior to execution, the following procedure will be followed:

(1) The Warden, Associate Warden, Unit III and two (2) physicians arrive at the execution chamber via the outside entrance. The Warden talks briefly with the condemned inmate.

(2) At the Warden's signal, the Lieutenant in Charge of the chamber unlocks the inmate's cell and asks the inmate to *remove all of his clothing*, including socks. One of the overnight officers, on signal of the Lieutenant, brings to the cell a new pair of blue jeans and a blue shirt only. In the event the condemned is a female, final clothing consists of brassiere, panties and dress. When the inmate has put on only the blue jeans, the heart monitor is fitted to the condemned inmate, under direction of one of the attending physicians.

(3) The condemned inmate is then assisted in put on the blue shirt, the trousers' waistband is adjusted and the trousers' legs rolled up, if necessary. The condemned man is now ready for the chamber. The condemned inmate remains in the cell, accompanied by the spiritual adviser, until signaled by the Warden that the appointed time has arrived.

(4)The inmate is then moved into the execution chamber and secured into the chair. The heart monitor equipment is then connected to the monitor. The physician will verify the heart beat can be heard.

(5) The following execution procedure is started:

The angiocath shall be inserted into a usable vein by a person qualified, trained, or otherwise authorized by law to initiate such a procedure. The flow of Normal Saline shall be started and administered at a slow rate of flow.

The above procedure shall be repeated on a secondary location on the inmate. This line shall be held in reserve as a contingency line in case of malfunction or blockage in the first line.

NOTE: At this point, the administration sets shall be running at a slow rate of flow, and ready for the injection of syringes containing the injection agents. Observation of both set-ups to insure that the rate of flow is uninterrupted shall be maintained. *NO FURTHER ACTION* shall be taken until the prearranged signal to start the injection of lethal agents is given by the Warden.

After the IV is started, injection team members vacate the chamber.

(e) Approximately 10 minutes prior to execution, when the saline solution is flowing, the following procedure will be followed:

(1) All officers vacate the chamber, the door is closed by the chamber operator and sealed by the Lieutenant.

(2) Witnesses to the execution shall be brought in *ONLY AFTER* the Normal Saline IV's have been started and are running properly.

(3) The execution staff shall report or signal to the Warden that everything is ready. At the verbal command of the Warden, the execution will begin by administering the lethal agents which will continue by intravenous infusion until the inmate is pronounced dead by the physician. During this period, the prison authorities and the recorder will observe and record as necessary. The physician should advise the Warden when the prisoner has expired and the Warden should instruct the recorders to communicate the expiration of the inmate to the witnesses in the witness room via the port in the anteroom door.

6. Post execution procedure:

Under the supervision of the Lieutenant in Charge of the chamber, the body shall be removed with care and dignity and placed on a guerny [sic]. The guerny shall remain in the chamber area pending removal as pre-arranged with San Quentin's contract mortuary.

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Appendix 6: Lethal injection legislation in China

Criminal Procedure Law (1996)

The Criminal Procedure Law (CPL) came into force on 1 January 1997. It provides for the execution by “shooting or injection” but does not give any details of procedures; detailed regulations are likely to remain secret though press reports suggest that some form of experiment has been undertaken to develop a method (see text, pp.13-15) . The extracts from the CPL that follow have been edited to omit material not relevant to the death penalty. This translation is by Xinhua news agency.

Execution of sentences

Article 208. Judgments and orders are to be executed after they become legally effective.

The following judgements and orders have become legally effective: [...]

(3) Judgments of the death penalty approved by the Supreme People’s Court and judgments of the death penalty with a two-year suspension of execution approved by the high people’s courts.

[...]

Article 211. After receiving an order to execute the death sentence from the Supreme People’s Court, the people’s court at lower levels shall, within seven days, deliver the criminal for execution of the sentence. However, if any of the following circumstances is discovered, the execution of the sentence shall be suspended and the matter immediately reported to the Supreme People’s Court for an order:

- (1) If before the execution of the sentence it is discovered that the judgment may contain error;
- (2) If a revision of the judgment may be necessary because the criminal has exposed facts about major crimes or rendered other major meritorious services; or
- (3) If the criminal is pregnant.

After elimination of the first and second reasons of the preceding paragraph for suspension of execution sentence, before the sentence may be executed the matter must be submitted to the president of the Supreme People’s Court to be signed again and for the issue of an order to execute the death sentence; in cases where the execution of the sentence is suspended for

the third reason in the preceding paragraph, the matter shall be submitted to the Supreme People's Court for revision of the judgment in accordance with the law.

Article 212. Before a people's court delivers a criminal for execution of the death sentence, it shall notify the people's procuratorate at the same level to send personnel to be present at the scene to supervise. Death sentences shall be executed by means of shooting or lethal injection.

Death sentences may be executed at the execution ground or designated detention site.

The adjudication personnel directing the execution of the sentence shall verify the identity of the criminal, ask if they have last words or letters, and then deliver him to the execution personnel for execution of the death sentence. Before the execution of the sentence, if it is discovered that there may be an error, the execution of the sentence shall be suspended and the matter submitted to the Supreme People's Court for an order.

Execution of death sentences shall be publicly announced but shall not take place in public view.

After execution of the death sentence the court clerk on the scene shall make a transcript of it. The people's court that delivered the criminal for execution of the sentence shall report the circumstances of the execution of the death sentence to the Supreme People's Court.

After execution of the death sentence, the people's court that delivered the criminal for execution of the sentence shall notify the family of the criminal.

Appendix 7: Lethal injection legislation in Philippines

Republic of the Philippines Republic Act No. 8177

AN ACT DESIGNATING DEATH BY LETHAL INJECTION AS
THE METHOD OF CARRYING OUT CAPITAL
PUNISHMENT, AMENDING FOR THE PURPOSE ARTICLE
81 OF THE REVISED PENAL CODE, AS AMENDED BY
SECTION 24 OF REPUBLIC ACT NO. 7659

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. Article 81 of the Revised Penal Code, as amended by Section 24 of Republic Act No. 7659 is hereby further amended to read as follows:

“Art. 81. *When and how the death penalty is to be executed.* - The death sentence shall be executed with preference to any other penalty and shall consist in putting the person under the sentence to death by lethal injection. The death sentence shall be executed under the authority of the Director of the Bureau of Corrections, endeavoring so far as possible to mitigate the sufferings of the person under the sentence during the lethal injection as well as during the proceedings prior to the execution.

The Director of the Bureau of Corrections shall take steps to ensure that the lethal injection to be administered is sufficient to cause the instantaneous death of the convict.

Pursuant to this, all personnel involved in the administration of lethal injection shall be trained prior to the performance of such task.

The authorized physician of the Bureau of Corrections, after thorough examination, shall officially make a pronouncement of the convict’s death and shall certify thereto in the records of the Bureau of Corrections.

The death sentence shall be carried out not earlier than one (1) year nor later than eighteen (18) months after the judgment has become final and executory without prejudice to the exercise by the President of his executive clemency powers at all times.”

SEC.2. Persons already sentenced by judgment, which has become final and executory, who are waiting to undergo the death penalty by electrocution or gas poisoning shall be under the

coverage of the provisions of this Act upon its effectivity. Their sentences shall be automatically modified for this purpose.

SEC.3. *Implementing Rules.* - The Secretary of Justice in coordination with the Secretary of Health and the Bureau of Corrections shall, within thirty (30) days from the effectivity of this Act, promulgate the rules to implement its provisions.

SEC. 4. *Repealing Clause.* - All laws, presidential decrees and issuances, executive orders, rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 5. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in at least two (2) national newspapers of general circulation, whichever comes earlier. Publication shall not be later than ten (10) days after the approval thereof.

Approved

[signed]

Jose de Venecia, Speaker of the House of Representatives
Neptali A. Gonzalez, President of the Senate

This Act, which is a consolidation of Senate Bill No. 436 and House Bill No.6147 was finally passed by the Senate and the House of Representatives on March 5, 1996.

[signed]

Camilo L. Sabio, Secretary General, House of Representatives
Hezel P. Gacutan, Secretary of the Senate

Approved: 20 March 1996

[signed]

Fidel V. Ramos, President of the Philippines

Appendix 8: Lethal injection legislation in Guatemala

The following decree, adopted on 30 October 1996, sets out the legislative framework for lethal injection executions in Guatemala. An English translation follows.

Decreto Número 100-96

EL CONGRESO DE LA REPÚBLICA DE GUATEMALA

Considerando

Que en la actualidad existe regulado en Guatemala un procedimiento para la ejecución de la pena de muerte, conocido como sistema de fusilamiento o de ejecución por arma de fuego,

Considerando

Que mientras en Guatemala esté vigente la pena de muerte, la ejecución de la misma debe realizarse de la manera más humanitaria posible, no sólo para el reo que la sufre sino que también para la sociedad que, en una u otra forma, es espectadora,

Considerando

Que las corrientes modernas de la Medicina Forense recomiendan para la ejecución de la pena capital el uso del procedimiento de inyección letal, que auna en su haber la garantía de su efectividad en un lapso muy corto, con el mínimo de sufrimiento de parte de la persona a quien se destina, motivo por el cual es aconsejable su adopción en el sistema de ejecución procesal penal guatemalteco, para lo cual se deben emitir las normas correspondientes para su regulación,

Por Tanto

En ejercicio de las atribuciones que le confiere la literal a) del artículo 171 de la Constitución Política de la República,

Decreta

Lo siguiente:

LEY QUE ESTABLECE EL PROCEDIMIENTO PARA LA EJECUCIÓN DE LA PENA DE MUERTE

Artículo 1. Quienes hayan sido condenados a muerte por órgano jurisdiccional competente y agotado todos los recursos ordinarios y extraordinarios que contempla la legislación guatemalteca, serán ejecutados mediante los métodos y procedimientos que establece la presente ley.

Artículo 2. Pasado el plazo para interponer el recurso de gracia sin que se hubiere hecho uso de él o luego de notificarse al reo su denegatoria y no estuviere pendiente de resolver ninguna

acción de Amparo, el juez executor señalará día y hora para el cumplimiento de la pena capital, notificándose dicha resolución a los sujetos procesales debiendo ser la última notificación la correspondiente al reo.

Artículo 3. La ejecución de la pena de muerte se realizará en forma privada en el interior del presidio que corresponda pudiendo estar presentes únicamente, el juez executor, el fiscal del Ministerio Público, el Director del Presidio, el defensor, el Médico Forense, el personal paramédico que se estime necesario, el Capellán Mayor, un Ministro de Religión o Culto que profese el reo, su esposa o conviviente y sus familiares dentro de los grados de ley, así como los representantes de la prensa hablada, escrita y televisada.

Artículo 4. Se suspenderá la ejecución de la pena capital cuando el reo se hallare privado de la razón o padeciendo una enfermedad grave, previo informe médico legal y únicamente por el tiempo estrictamente necesario para la recuperación de la normalidad, lo que también se acreditará con el informe del facultativo.

Artículo 5. Inmediatamente después de la notificación del auto en que se mande el cumplimiento de la pena capital, el juez executor pondrá al reo bajo custodia en un apartamento especial del presidio, en donde podrá recibir visitas de familiares y amigos en el orden y turno que disponga el Director del Presidio y se le permitirá el otorgamiento de actos y contratos notariales necesarios para el arreglo de sus negocios y la asistencia espiritual permanente que desee. Las visitas serán retiradas una hora antes de la ejecución.

Artículo 6. Llegada la hora dispuesta para la ejecución de la pena capital, el Director del Centro Penitenciario conducirá al reo al lugar destinado para el efecto. El secretario del Tribunal de Ejecución o el Oficial encargado del trámite del proceso, leerá al reo la sentencia y la resolución judicial en la que se ordene el cumplimiento de la pena.

Artículo 7. Después de la lectura de las resoluciones a que se refiere el artículo anterior se procederá a ejecutar la pena de muerte mediante el procedimiento de la inyección letal que se describe a continuación:

1. Una persona especializada y designada por el Juez Executor será quien ejecute la resolución correspondiente de la pena de muerte al reo. A esta persona se le llamará El Executor.
2. Primero se colocará al reo en la camilla respectiva con las seguridades necesarias del caso.
3. En un cuarto contiguo, el juez executor y El Executor, serán quienes lleven a cabo el procedimiento, el primero será quien dará la orden de ejecución.

4. Seguidamente El Ejecutor introducirá en el sistema circulatorio del reo la aguja respectiva por donde pasarán las sustancias que darán muerte al reo.
5. Después de recibida la orden del juez ejecutor, El Ejecutor será quien deberá proceder a accionar el aparato electrónico que contiene las sustancias relajantes, paralizantes y tóxicas que serán introducidas en el organismo del reo, oprimiendo las botones uno en pos de otro, que harán llegar al organismo del reo las sustancias que producirán la muerte.
6. Concluido lo anterior, el médico forense examinará al ajusticiado a efecto de certificar su muerte.

Terminados los pasos anteriores, y habiendo sido ejecutado el reo se ordenará dar sepultura al cadáver o se entregará a sus parientes que lo hubieren solicitado.

Artículo 8. Cuando varios reos debieren ser ejecutados dentro de un mismo proceso, la ejecución se realizará una en pos de la otra, siguiendo el procedimiento establecido en el artículo anterior.

Artículo 9. De la diligencia de ejecución, se levantará el acta correspondiente, la cual se agregará al proceso.

Artículo 10. El Ministerio de Gobernación queda encargado de realizar las obras de infraestructura necesarias, en los centros penitenciarios del país, que estime conveniente, así como la adquisición del equipo adecuado para la efectiva aplicación de la presente ley y dentro de un plazo no mayor de sesenta días.

Artículo 11. El Organismo Ejecutivo deberá emitir el reglamento de la presente ley dentro de un plazo de sesenta días.

Artículo 12. Se deroga el Decreto Número 234 del Congreso de la República, de fecha diez de mayo de mil novecientos cuarenta y seis.

Artículo 13. El presente decreto entrará en vigencia el día siguiente de su publicación en el diario oficial.

PASE AL ORGANISMO EJECUTIVO PARA SU SANCIÓN, PROMULGACIÓN Y PUBLICACIÓN.

DADO EN EL PALACIO DEL ORGANISMO LEGISLATIVO, EN LA CIUDAD DE GUATEMALA, A LOS TREINTA DÍAS DEL MES DE OCTUBRE DE MIL NOVECIENTOS NOVENTA Y SEIS.

[English translation by Amnesty International]

Decree number 100-96

THE CONGRESS OF THE REPUBLIC OF GUATEMALA

Considering

that there is currently in Guatemala a law regulating the procedure for execution of the death penalty known as execution by firing squad,

Considering

that while capital punishment is in effect in Guatemala its execution must be carried out in the most humane way possible, not only for the condemned man but also for society which, in one way or another, is a spectator,

Considering

that modern trends in forensic medicine recommend for the execution of the death penalty the use of a lethal injection, which combines, to its credit, the guarantee of its effectiveness in a very short space of time with the minimum amount of suffering for the person subjected to it, for which reason the adoption of this method is advisable in the implementation of the Guatemalan code of criminal procedures and for which relevant legislation must be put in place,

Therefore

in the exercise of the powers bestowed on it by Article 171 of the Constitution of the Republic,

Decrees

the following:

LAW ESTABLISHING THE PROCEDURE FOR THE EXECUTION OF THE DEATH PENALTY

Article 1. After exhausting all ordinary and extraordinary options provided by Guatemalan legislation, those who have been condemned to death by a competent jurisdiction will be executed according to the methods and procedures established by this law.

Article 2. Once the time limit to lodge an appeal has elapsed and no use of it has been made or after notifying the condemned man of its rejection and no action of defence is pending, the judge will indicate the date and time for the capital punishment to be carried out. Such a decision will be notified to the people involved in the procedure, the prisoner being the last to be informed.

Article 3. The execution of the death penalty will take place in private within the confines of the prison concerned, only being allowed to be present the judge, the public prosecutor, the prison director, the forensic surgeon, the paramedic personnel considered to be necessary, the head chaplain, a minister of the religion or worship professed by the prisoner, his spouse or partner and his relatives, as recognized by the law, as well as the representatives of the press - spoken, written or televised.

Article 4. The execution of the capital punishment will be stopped if the prisoner is found to be insane or suffering from any dangerous illness, following a legal medical report, and only for the period strictly necessary for recovery which will also be certified by a medical report.

Article 5. Immediately after the notification of the order of execution, the judge will put the prisoner under custody in a special apartment of the prison, where he will be able to receive visits from relatives and friends in the order and rotation decided by the prison director. He will also be allowed the granting of Acts (Deeds) and notarial contracts necessary for the settlement of his affairs as well as the permanent spiritual assistance he may desire. Visits will be stopped one hour before execution.

Article 6. When the time set for the execution has come, the prison director will take the prisoner to the place assigned for the execution. The secretary of the Tribunal of Execution or the officer in charge of the proceedings will read to the prisoner the sentence and the judicial decision in which the death penalty is ordered.

Article 7. After the reading of the resolutions to which the above article refers, the execution will proceed by means of the lethal injection described as follows:

1. A particular person designated by the competent judge to carry out the execution will be called The Executioner.
2. The prisoner will first be placed on the stretcher with the necessary security measures.
3. In an adjoining room, the judge and The Executioner will carry out the proceedings, the former giving the order of execution.
4. The Executioner will then introduce into the circulatory system of the prisoner the needle through which the substances causing the death of the prisoner will pass.
5. After receiving the order from the judge, the Executioner will activate the electronic apparatus which contains the sedating [*relajantes*], paralyzing and toxic substances which will be introduced into the prisoner's body by pressing one by one the buttons which will introduce into the prisoner the substances which will cause his death.
6. The previous procedure having been concluded, the forensic doctor will examine the executed man to certify his death.

When the above proceedings are over, the order will be given to bury the body or it will be handed over to his family if they have so requested.

Article 8. When several prisoners from the same trial are to be executed, the execution shall take place sequentially following the process established under the previous article.

Article 9. After the execution has taken place, the relevant Act will be drawn up and added to the trial record.

Article 10. The Ministry of the Interior has responsibility for carrying out any changes it deems necessary to the infrastructure of the country's prisons, as well as the acquisition of the appropriate equipment for the effective implementation of this law. This shall be carried out within a period of no more than sixty days.

Article 11. The government [*organismo ejecutivo*] shall publish the regulations of the present law within sixty days.

Article 12. Decree Number 234 of the Congress of the Republic of Guatemala, dated the tenth of May, nineteen forty-six, is no longer in effect.

Article 13. The present decree will enter into effect on the day following its publication in the official gazette.

FOR APPROVAL, PROMULGATION AND PUBLICATION BY THE
GOVERNMENT

VOTED AND APPROVED IN THE LEGISLATIVE PALACE, IN THE CITY OF
GUATEMALA, ON THE THIRTIETH DAY OF OCTOBER, NINETEEN NINETY-
SIX.