

Public

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Amnesty International
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To: Health professionals
From: Health and human rights team
Date: 27 September 2007

STOP CARERS KILLING!

This action accompanies the report *Execution by lethal injection: a quarter century of state poisoning* (ACT 50/007/2007) to be launched on 4 October 2007.

PLEASE NOTE that all public materials associated with this action are embargoed until 4 October. They can then be made public and freely distributed.

Introduction:

AI considers the death penalty to be the ultimate, cruel, inhuman and degrading punishment, and works for an end to executions and the abolition of the death penalty everywhere. This action focuses upon the participation of health professionals in executions, particularly by lethal injection. AI is against the use of the death penalty irrespective of the method of execution, but lethal injection is a method that raises particular concerns.

These concerns include:

- *The promotion of a misunderstanding of the cruel, inhuman or degrading nature of execution.* By focusing on the presumed reduction in pain suffered during the lethal injection execution, proponents of this method disregard the suffering inflicted on prisoners through the entire death penalty process. (For example, the threat of execution is used by torturers to inflict suffering on detainees.)
- *The potential for this method to cause physical suffering.* A number of cases in the USA have been botched and caused visible suffering. In addition, a number of recent court challenges have been based on *inherent* potential problems with the method, notably that the use of a paralysing agent in the lethal mixture could mask any suffering caused to the prisoner during the execution since he or she would be immobilised and unable to signal any discomfort or pain.
- *The involvement of health personnel in executions.* Virtually all codes of professional ethics which consider the death penalty oppose medical or nursing participation. Despite this, many death penalty states have regulations requiring health professionals to be present at executions and in some cases have actually participated in the execution. The medicalization of lethal injection can give the appearance of clinical effectiveness but the only personnel who can limit the risk of botched executions are appropriately trained specialists. These can be unwilling to perform this role and are barred by professional ethics to do so.

The Action:

This action will have two threads. The first is related specifically to the issue of lethal injection executions and the involvement of health professionals.

The second is prompted by the forthcoming vote at the United Nations General Assembly on a resolution calling for a global moratorium on executions. For reasons of strategy and opportunity we are asking network groups to give this aspect of the action priority.

At the 62nd Session of the UN General Assembly (UNGA) the EU-sponsored resolution calling for a global moratorium on execution will be voted upon in the UN Third Committee in early November. Endorsement by the UNGA of a global moratorium on executions would be a significant milestone towards achieving the goal of a death penalty-free world. This health professional action is designed to complement this campaign.

There are five countries which provide for, practice or have practised lethal injection execution and three where the introduction of lethal injection has been discussed recently.

We request that if you are only able to write a limited number of letters, that an appeal to the Thai authorities and medical association be prioritised. Thailand has the use of lethal injection on its statute books and has involved health professionals in executions; and AI considers Thailand to be a country whose support for the UNGA resolution could be secured.

The addresses of authorities in other relevant countries – China, Taiwan, Papua New Guinea and Vietnam - are included for those who have the capacity to send out further appeals.

The USA, as the only country with lethal injection as its chief method of execution will be the focus of an action primarily carried out by members of the HP Net in AIUSA.

Other lethal injection countries not included in this action have been omitted for reasons of strategy.

Background:

Countries where lethal injection is practised or where the use of lethal injection is retained in law:

Thailand

In October 2003, Thailand adopted lethal injection as the humane execution method to replace firing squad. The first executions by lethal injection – of three men convicted of drug offences and one convicted of murder – took place on 12 December 2003. Prison officials were reported in the Thai press to have said that it took nearly an hour to administer the lethal drugs to the first inmate, who was unidentified, because of problems locating his veins. The other three prisoners reportedly took 15 minutes each while doctors, public prosecutors, police and prison officials watched.¹

There have been no further executions as of 31 July 2007. Around 1,000 prisoners are believed to be held under sentence of death and some 125 have had their sentences confirmed – the final step before execution.

China carries out the highest number of executions per year and is expanding its use of lethal injection. Death penalty statistics are not made public so the precise figures are not known.

¹ *Bangkok Post*, 13 December 2003.

In China, lethal injection executions were introduced in 1997 and their use has been increasing in the period since then. Such executions have been facilitated by the introduction of mobile execution vans which can implement an execution shortly after sentencing. The windowless execution chamber at the back of the van contains a metal bed on which the prisoner is strapped down. A doctor attaches a needle - an act which breaches international standards of medical ethics - and a police officer presses a button and an automatic syringe injects the lethal drug into the prisoner's vein. In December 2003, the Supreme People's Court urged all courts throughout China to purchase mobile execution chambers "that can put to death convicted criminals immediately after sentencing".² The proportion of executions carried out by lethal injection, and the composition of lethal chemicals used in executions, are both unknown.

Taiwan, the first country after the USA to introduce lethal injection laws, has not yet executed a prisoner by this method. Whilst high ranking officials have expressed interest in abolishing the death penalty, with the newly-elected President Chen Shui-bian saying in 2000 that the country should move towards abolition, the death penalty remains on the statute. Between 70 and 100 prisoners are believed to be held under sentence of death. When they occur, executions continue to be carried out in the manner described in a recent report published by the FIDH: "the detainee is [placed] on a mattress on the floor, and a medical practitioner marks on his clothing where his heart is. The prisoner is then shot by a gunman at close range."³ The execution is carried out in the presence of "a medical team consisting of a psychiatrist, anaesthesiologist, and a doctor".⁴

In the **USA**, the overwhelming majority of executions carried out are by lethal injection. Of the 53 executions carried out in the USA in 2006 for example, 52 were by lethal injection. Execution by lethal injection was first introduced into US state law nearly 30 years ago and the first execution by this method was in 1982. Since that time more than prisoners have been executed by lethal injection in the USA.

Guatemala has executed three men by lethal injection, with the last judicial execution carried out in 2000. The first execution, of Manuel Martínez Coronado on 10 February 1998 took place in front of television cameras. A photograph taken at the execution showed health personnel dressed in green surgical gowns and face-masks, as if for surgery (see link in 'materials' section below; the photo is reproduced on the cover of the report).

In 2000, the Guatemalan Congress repealed Decree No 159 which gave the President the facility to grant pardons to those on death row. From then on, a de facto moratorium has been in place. A proposed draft piece of legislation currently under discussion in the Congress, if approved could signify the resumption of executions. A coalition of local human rights NGOs has expressed their concerns regarding this proposal.⁵

Due to the current political flux arising from the presidential and parliamentary elections, we suggest that appeals are not directed to the Guatemalan authorities at present. This decision will be reviewed after the electoral runoff in early November. Appeals to the Guatemalan medical and nurses associations, however, are requested.

Possible expansion in the use of lethal injection:

Papua New Guinea, and **Vietnam** have discussed the introduction of lethal injection, in official circles. In 2006 similar discussions took place in India but the debate has now shifted. It is not considered timely to focus attention on lethal injection in India at present.

²"Chinese courts purchasing mobile execution units", AFP, 18 December 2003.

³ FIDH: *The death penalty in Taiwan: towards abolition?* Paris: June 2006, p.35. Available at: <http://www.fidh.org/IMG/pdf/tw450a.pdf>

⁴ *Ibid.*

⁵ Coalition coordinated by the Instituto de Estudios Comparados en Ciencias Penales de Guatemala. <http://www.iccpg.org.gt/inicio.php?idioma=1>

Papua New Guinea (PNG) reintroduced the death penalty in 1991 (having abolished it in 1970) and seven prisoners are currently under sentence of death. The last execution in PNG was more than half a century ago. In recent discussion around the definition of execution procedures in the Criminal Code, the possible introduction of lethal injection was raised.

Vietnam is one of the countries thought to execute relatively high numbers of prisoners, although it is difficult to obtain exact numbers since the government does not make figures public. In February 2006, the Reuters news agency reported that the Police Ministry was discussing the introduction of lethal injections as an execution method, and, in the interim, the replacement of the human firing squad with an automated machine to reduce stress on those carrying out the execution.⁶ In April 2006, the Public Security Ministry was also reported to be examining replacement of the firing squad with either remotely-fired guns or lethal injection to ease the burden on executioners and make for more precise executions.⁷

The professional ethics of lethal injection:

At international and national level, professional organisations have discussed the ethics of medical and nursing participation adopted clear positions against such participation.

The World Medical Association's (WMA) 2000 resolution states that "it is unethical for physicians to participate in capital punishment, in any way, or during any step of the execution process".⁸

The World Psychiatric Association (WPA), in its Declaration of Madrid (1996), states that "Under no circumstances should psychiatrists participate in legally authorized executions nor participate in assessments of competency to be executed."⁹

The International Council of Nurses (ICN) has had a long-standing policy against the death penalty and calls for national nursing associations to work against the use of the death penalty.

The death penalty has been declared an unacceptable form of punishment by regional groupings, such as the Board of the Council of Nordic Medical Associations. Many national health professional associations have adopted position statements on professional participation in executions. In the Philippines and Guatemala the national medical associations have adopted positions against medical participation in executions on the basis of professional ethics.

In 1997 the Guatemalan Doctors' and Surgeon's Association (*Colegio de Médicos y Cirujanos de Guatemala*) 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 executions.

Slowing down the system

In the USA in the two decades from the early 1980s until 2001, the annual percentage of executions carried out by lethal injection rose steadily from 25 per cent of all executions (1984) to virtually 100 per cent (2001-2006). In the USA in the two decades from the early 1980s until 2001, the annual percentage of executions carried out by lethal injection rose

⁶ Reuters news agency, 10 February 2006. Available at: <http://www.thanhniennews.com/politics/?catid=1&newsid=12573>

⁷ Reported by *Thanh Nien News*, 8 April 2006, available at <http://www.thanhniennews.com/politics/?catid=1&newsid=14289>

⁸ WMA. Resolution on Physician Participation in Capital Punishment Adopted by the 34th World Medical Assembly Lisbon, Portugal, September 28 - October 2, 1981, and amended by the 52nd WMA General Assembly in Edinburgh, Scotland during October 2000.

⁹ WPA. Declaration of Madrid. Approved by the WPA General Assembly on 25 August 1996 and amended in Yokohama, Japan, in August 2002. Available at: <http://www.wpanet.org/generalinfo/ethic1.html>

steadily from 25 per cent of all executions (1984) to virtually 100 per cent (2001-2006). In recent years, legal challenges brought against state execution protocols, including the participation of health professionals, have led to executive and judicial decisions in a number of states to suspend executions, at least temporarily.

In December 2006, Angel Diaz was put to death by lethal injection in the state of Florida. It took two injections and 34 minutes for the prisoner to die during which witnesses described him evidently suffering. The Governor of Florida, Jeb Bush, immediately suspended further executions pending a review of the process. The review was presented to the new Governor, Charlie Crist, on 1 March 2007. The protocols under which Angel Diaz was executed were adopted on 16 August 2006, and were subsequently amended on 9 May and 1 August 2007. On 10 September 2007, a Florida judge ruled that “the medical evidence and observations of lay witnesses do not support the allegation that the [Diaz] execution was ‘botched’...Inmate Diaz died within a reasonably short time after chemicals were injected in a manner that the Court finds was painless and humane. It was never intended that the inmate should wake up and go home”. At the time of writing, executions had not resumed in Florida, although Mark Dean Schwab was scheduled to be executed on 15 November 2007.

In a judgement in California in February 2006, Judge Jeremy Fogel ruled that the state of California could only carry out a lethal injection execution if anaesthesiologists were present to ensure a proper level of anaesthesia was achieved. In the event, no doctors could be found to assist and no further executions have been carried out since.

As a result of continuing protests against medical participation in executions, Illinois barred health professionals from participating in executions in 2003.¹⁰ Illinois law had previously defined medical participation in lethal injection executions as not constituting the practice of medicine and therefore outside the scope of the Medical Practice Act. The new law states that “the Department of Corrections shall not request, require, or allow a health care practitioner licensed in Illinois, including but not limited to physicians and nurses . . . to participate in an execution”.¹¹ Illinois does not currently implement the death penalty.

Lethal injection has been the subject of numerous legal challenges over the past two years resulting at one point in temporary suspension of executions in about one third of states practising the death penalty. Considerable attention has focused on the procedures used in implementing lethal injection which, despite appearing to be similar in all jurisdictions, vary from state to state.¹² Court cases are currently proceeding in a number of jurisdictions.

Conclusion:

Amnesty International opposes the death penalty in all circumstances and works for its abolition. The use of lethal injection to bring about the death of a prisoner fails to overcome human rights objections to this punishment and implicates health professionals in the process in a way not previously seen. In some jurisdictions a doctor plays the role of the executioner.

Amnesty International urges all countries to support the UNGA resolution calling for a global moratorium on the death penalty. It calls on all retentionist countries to halt the use of the death penalty, including those countries using lethal injection. It urges countries considering introducing lethal injection to opt instead for abolition.

¹⁰ Illinois Public Act 093-0379 enacted on 24 July 2003. Available at <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=093-0379&GA=093>

¹¹ *Ibid.* In February 2006, California Assembly members introduced a bill, supported by the California Medical Society, which would prohibit physicians from attending or otherwise participating in executions. However it did not get through the required committees and never reached the Assembly.

¹² See Denno DW. The lethal injection quandary: how medicine has dismantled the death penalty (1 May 2007). Fordham Legal Studies Research Paper No. 983732. Available at SSRN: <http://ssrn.com/abstract=983732>.

Materials:

This action accompanies the report. *Execution by lethal injection: a quarter century of state poisoning* ACT 50/007/2007, published 4 October 2007.

- Lethal Injection: The medical technology of execution. AI Index ACT 50/001/1998. <http://web.amnesty.org/library/Index/ENGACT500011998>
- Press release (Appendix 1)
- Questions and answers page – internal (Appendix 2)
- AI Declaration on the Participation of Health Personnel in the Death Penalty (Appendix 3) <http://web.amnesty.org/pages/health-ethicsdpdeclaration-eng>.
- Photos of the execution of Manuel Martinez Coronado, 10 February 1998. Accessible on 'Adam' (AI intranet) at: <https://intranet.amnesty.org/adam/en/v0/search.html?%24node%5E7=coronado&%24node%5E13=0> (You will need a user name and password to access this. Contact your section if you would like to obtain access.)

Key dates:

7 December 1982: Date of the first lethal injection execution (in Texas)

10 December: Human Rights Day

UNGA key dates:

10 October: World Coalition Against the Death Penalty day of action.

12 – 16 November: Vote on the resolution at the Third Committee expected

December: Vote in GA plenary (date to be confirmed later in the year).

Campaigning suggestions:

Letter writing:

To governments where lethal injection is on the statute books or is being contemplated.

To medical associations in target countries

Outreach:

Contacting professional bodies in your own country

Contacting the press

Other campaigning ideas outlined in the Health Professional Network manual (please contact health@amnesty.org) if you would like a copy.

We envisage work on this action running until the end of December 2007

Priorities:

To maximise the impact of our campaigning, we would ask members of the HP Net to prioritise writing to the **Thai** authorities. All network groups should try to ensure this letter is written.

Those with further capacity could write to the other national authorities and professional bodies described in this circular: China, Papua New Guinea, Taiwan, USA, and Vietnam. (AIUSA will organize letter writing to state authorities in the USA.)

Thailand: Please write polite letters in English or your own language:

To the Attorney General: (salutation: 'Dear Minister')

- Explaining that you are a health professional concerned with the use of the death penalty globally and, in particular, the involvement of health professionals in carrying it out
- Strongly express the view that there is no place for health professionals in the carrying out of executions, a position held by the world bodies for doctors, psychiatrists and nurses.
- Noting that no executions have taken place since the first executions by lethal injection in 2003.
- Urging the government to make formal the current de facto moratorium and to move towards abolishing the death penalty.
- Urging the government to support the UNGA resolution on a global moratorium on executions.

To the Thai medical association and nurses association:

- Introduce yourself as a health professional concerned with human rights around the world and explain that you are writing about the practice of lethal injection execution.
- Express sympathy for the position which doctors in the country might find themselves in if requested to participate in an execution.
- Ask for information about any public statements made by the association and any ethical guidance provided to members.
- Ask if the association has discussed adopting a position against the death penalty itself and, if not, to start a discussion within the association on this subject.
- Urge the association to convey its concerns to the government and urge them to vote for the UN General Assembly resolution on a global moratorium on executions, to be discussed in late 2007.

Letters to other governments where lethal injection is practised or where the use of lethal injection is retained in law:

Please write the salutation as 'Dear Minister'

China: Please write polite letters in Chinese, English or your own language to the governments of China and Taiwan.

- Explaining that you are a health professional concerned with the use of the death penalty globally.
- Noting that international professional organisations such as the World Medical Association, the World Psychiatric Association and the International Council of Nurses have adopted clear positions rejecting the participation of health professionals in executions. Explaining that as a health professional you are concerned about the involvement of fellow health professionals in carrying out the death penalty.
- Expressing concern about the widespread use of the death penalty in China

- Urging the government to put in place measures to significantly reduce the use of the death penalty as steps towards full abolition of the death penalty in China. These should include:
- Reducing the number of crimes punishable by death in China, for example by removing non-violent crimes such as economic and drugs offences from the scope of the death penalty;
- Increasing transparency by publishing official annual statistics on the total number of prisoners sentenced to death and executed in China.
- Welcoming the recent re-instatement of Supreme Court review of death sentences, noting that this could be a step towards improving the quality of trials for those facing the death penalty in China and reducing the number of executions – seek assurances that this will be the case.
- Noting that even with this reform, those facing the death penalty are unlikely to receive a fair trial in line with international human rights standards and there will remain no guarantee that the innocent will not be put to death.
- Urging the government to support the UNGA resolution.

Taiwan: Please write polite letters to the government in Chinese, English or your own language.

- Explaining that you are a health professional concerned with the use of the death penalty globally and, in particular, the involvement of health professionals in carrying it out
- Noting that international professional organisations such as the World Medical Association, the World Psychiatric Association and the International Council of Nurses have adopted clear positions rejecting the participation of health professionals in executions. Explaining that as a health professional you are concerned about the involvement of fellow health professionals in carrying out the death penalty.
- Noting the statement of President Chen Shui-bian stating that he would abolish the death penalty
- Urging the government to put this commitment into practice and to end executions
- Urging the government to support the UNGA resolution.

United States of America: Please write polite letters to the US Attorney General (Salutation: Dear Attorney General)

- Explaining that you are a health professional concerned with the use of the death penalty globally and, in particular, the involvement of health professionals in carrying it out
- Express disquiet at the widespread participation of health professionals in the carrying out of executions in breach of professional ethics.
- Strongly expressing the view that there is no place for health professionals in the carrying out of executions, a position held by the world bodies for doctors, psychiatrists and nurses.
- Expressing concern about the use of the death penalty in the USA
- Urging the US government to implement a moratorium on federal executions and to cease pursuing the death penalty in federal prosecutions, and to promote and support efforts in the individual states to stop executions, with a view to abolition.
- Urging the government to support the UNGA resolution for a moratorium on executions.

AIUSA members are invited to organize letters to state governments, particularly in those states in which executions have been carried out in the last 12 months or where an execution is imminent and to state medical societies or associations. See additional recommendations from the AIUSA secretariat. Other HP Net members' appeals should only be directed toward the Federal Attorney General and national professional bodies. You could send a copy of your letter to the Attorney General to the AMA and ANA with a short covering letter or write a

separate letter expressing concern at continuing government and judicial pressure to involve health professionals in judicial execution.

Letters to governments contemplating lethal injection executions

Please write polite letters to the governments of Papua New Guinea, and Vietnam:

- Introducing yourself as a health professional concerned about human rights in general and the death penalty specifically
- Refer to reports that the government is thinking of introducing lethal injection executions
- State that while your objection to the death penalty is not limited to any particular method of execution you are seriously concerned that efforts are being made to make executions more acceptable to the public rather than addressing their inherent inhumanity
- Say that you also are seriously concerned at the potential involvement of health professionals in unethical behaviour inherent in lethal injection executions
- Urge the government to inquire into the death penalty itself and adopt moves to suspend or abolish this punishment
- Urge the government to support the UNGA resolution.

Contact with professional bodies

Your national bodies

Please contact your national medical and nursing organizations.

- If you know that your associations are opposed to medical participation, write one letter on behalf of the group asking them if they have written to their equivalent organization in the five countries permitting lethal injection (or to any other countries) to express concern about medical participation in the death penalty. If they have not written, urge them to do so.
- If you don't know the position of your professional body on participation in executions ask them to send it to you.
- If you know that your association has not adopted a position on professional participation in executions, urge them to adopt one.

Professional bodies in other countries where lethal injection is practised or where the lethal injection is retained in law:

China, Taiwan, and Guatemala (nurses association): please write polite letters to the national medical and nursing organizations.

- Say that you are writing as a health professional concerned with human rights around the world and explain that you are writing about the practice of lethal injection execution.
- Express sympathy for the position which doctors in the country might find themselves in if requested to participate in an execution.
- Ask for information about any public statements made by the association and any ethical guidance provided to members.
- Ask if the association has discussed adopting a position against the death penalty itself and, if not, to start a discussion within the association on this subject.
- Encourage the association to convey its concerns to the government and to urge the government to sign the upcoming UNGA resolution.

Guatemala: please write a polite letter to *medical* association.

- Introducing yourself as a health professional, writing about the practice of lethal injection execution.
- Welcoming the medical association's public opposition to health professionals' participation in executions.
- Urging the medical association to call for the government to support the UNGA resolution calling for a global moratorium on the death penalty.
- Urge the medical association to contact the Guatemalan government to encourage them to sign up to the UNGA resolution on a global moratorium.

Professional bodies in countries considering adopting lethal injection execution

(Papua New Guinea, and Vietnam)

Please write to the addresses provided.

- Say that you are writing as a health professional concerned with human rights around the world and explain that you are writing about the practice of lethal injection execution.
- Express concern at reports that the government has expressed interest in adopting lethal injection as a method of execution rather than examining the use of judicial execution.
- Ask the association if it has adopted any position on professional participation in executions or if it has made any public statement on the issue. Ask for copies of any such statement. If the association does not have a position, urge it to make clear its opposition to professional participation in executions on the grounds that it is unethical.
- Ask if the association has discussed adopting a position against the death penalty itself and, if not, to start a discussion within the association on this subject.
- Urge the association to convey its concerns to the government and to urge the government to sign the upcoming UNGA resolution.

Addresses

China

Government

WU Aiying Buzhang
 Ministry of Justice
 10 Chaoyangmen Nandajie
 Chaoyangqu
 Beijingshi 100020
 People's Republic of China
 Telephone: +86 10 65205114 / 86 10 64 67
 7144
 Fax: +86 10 64729863 or 65292345
 Email: minister@legalinfo.gov.cn or
 pfmaster@legalinfo.gov.cn
 (c/o Ministry of Communications)

Nurses Association

Chinese Nursing Association (CNA)
 No. 42, Dongsixidajie
 Dongcheng District
 Beijing 100710
 People's Republic of China

Medical Association

Chinese Medical Association
 42 Dongsixidajie
 Beijing 100710
 People's Republic of China
 Tel: (86-10) 6524 9989
 Fax: (86-10) 6512 3754
 Web: <http://www.chinamed.com.cn/>
 E-mail: suyunma@cma.org.cn

Guatemala

Medical Association

Colegio de Médicos y Cirujanos de Guatemala
Oficinas Centrales
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5to nivel, Edificio de Colegios Profesionales
info@colmedgua.com
2369-3678, 80 y 82 23693684

Nurses Association

Asociación Guatemalteca de Enfermeras Profesionales
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Fax: +502 251 7265
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Papua New Guinea

Government

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Nurses Association

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Medical Association

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Taiwan

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Web : <http://www.twna.org.tw/english.htm>

Medical Association

Taiwan Medical Association
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Taipei
Taiwan
Tel: (886-2) 2752-7286 #124
Fax: (886-2) 2771-8392
Web: <http://www.med-assn.org.tw/>
E-mail: intl@med-assn.org.tw

Thailand

Government

Charnchai Likitjitta
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Medical Association

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Fax: +66 2 314 6305
Web: <http://www.medassocthai.org/>
E-mail: math@loxinfo.co.th

Nurses Association

Nurses Association of Thailand
12/21 Rang Nam Road
Rajthevi District
Bangkok 10400
Thailand
Tel.: +66 2 247 4463/4
Fax: +66 2 247 4470
Email: tna@bkk2.loxinfo.co.th
Web : <http://www.Thainurses-asso.com>

United States of America

Government

Peter D. Keisler
Acting Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
USA
Email: AskDOJ@usdoj.gov

Medical Association

American Medical Association
515 North State Street
Chicago, Illinois 60610
United States
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Fax: +1-312 464 5973
web: <http://www.ama-assn.org/>

Nurses Association

American Nurses Association
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USA
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Fax: +1 301 628 5001
Web: <http://www.nursingworld.org/>

Vietnam

Government

Ha Hung Cuong
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Ministry of Justice
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Medical Association

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Nurses Association

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Web: <http://www.masean.org/vietnam/>

Appendix 1:

Press release: Medical professionals pressured to break ethical oath with lethal injection

Doctors and nurses should not participate in executions in breach of their ethical oath, said Amnesty International in a new report today.

The report, Execution by lethal injection – a quarter century of state poisoning looks at the legal and ethical implications of the use of the lethal injection across the world.

“Medical professionals are trained to work for patients’ well-being, not to participate in executions ordered by the state. The only way of resolving the ethical dilemmas posed by using doctors and nurses to kill is by abolishing the death penalty,” said Jim Welsh, Amnesty International’s Health and Human Rights coordinator.

Lethal injection is the most widely-used method of execution across the world. Since 1982, at least 1,000 people were executed by lethal injection globally -- three in Guatemala, four in Thailand, seven in the Philippines, more than 900 in the USA and up to several thousand in China, where executions are a state secret.

In lethal injection executions, prisoners are commonly injected with lethal doses of three chemicals: sodium thiopental to rapidly induce unconsciousness, pancuronium bromide to cause muscle paralysis and thus respiratory arrest, and potassium chloride to stop the heart.

Doctors have expressed concern that if inadequate levels of sodium thiopental are administered, the anaesthetic effect can wear off before the prisoner’s heart stops, placing them at risk of experiencing excruciating pain as the chemicals enter the veins producing cardiac arrest. Due to the paralysis induced by pancuronium bromide, they would be unable to communicate their distress to anyone.

For these reasons, these chemicals are not used by veterinary surgeons on animals for euthanasia. In Texas, the biggest user of lethal injection in the USA, the same drugs that are prohibited for use on cats and dogs because of the potential pain they might suffer are being used to execute.

Joseph Clark was executed in Ohio in December 2006. It took 22 minutes for the execution technicians to find a vein to insert the catheter. Shortly after the start of the injection, the vein collapsed and Joseph’s arm began to swell. He raised his head off the stretcher and said five times “it don’t work, it don’t work”. The curtains surrounding the stretcher were then closed while the technicians worked for 30 minutes to find another vein.

“The use of lethal injection does not resolve the problems inherent to the death penalty: its cruelty; its irreversibility; the risk of executing the innocent; its discriminatory and arbitrary application; and its irrelevance to effective crime control,” said Jim Welsh.

“Governments are putting doctors and nurses in an impossible position by asking them to do something that goes against their ethical oath.”

In China, the world’s top executioner, most executions by lethal injection are carried out in mobile vans. The windowless chamber at the back of the vans contains a metal bed on which the prisoner is strapped down. Once the needle is attached by the doctor, a police officer

presses a button and an automatic syringe inserts the lethal drug into the prisoner's vein. The execution can be watched on a video monitor next to the driver's seat and can be videotaped if required.

"There is a global consensus within the medical profession that the involvement of health professionals in carrying out an execution, particularly by a method using the technology and knowledge of medicine, is a breach of medical ethics; yet doctors and nurses are participating in such executions."

"Professional bodies have recently spoken strongly about this abuse of ethics, but governments want to hide the identity of participating doctors to shield them from the scrutiny of professional colleagues," said Jim Welsh.

Amnesty International calls on world leaders to abolish the death penalty and urges them to take the opportunity to begin with a vote for a moratorium at the General Assembly in October.

**A copy of "Execution by lethal injection – a quarter century of state poisoning" will be available from 27 September on:
<http://web.amnesty.org/library/Index/ENGACT500072007>**

Background information

Ethical provisions of the main international professional bodies regarding the participation of doctors and nurses in executions include:

World Medical Association -- www.wma.net

"It is unethical for physicians to participate in capital punishment, in any way, or during any step of the execution process." Resolution on Physician Participation in Capital Punishment adopted by the 34th World Medical Assembly Lisbon, Portugal, 1981 and amended by the 52nd WMA General Assembly in Edinburgh, Scotland in 2000.

World Psychiatric Association -- www.wpanet.org

"Death Penalty: Under no circumstances should psychiatrists participate in legally authorized executions nor participate in assessments of competency to be executed." Declaration on ethical standards for psychiatric practice, approved by the General Assembly on August 1996 and amended by the General Assembly in Yokohama, Japan, in August 2002

International Council of Nurses -- www.icn.ch

"The International Council of Nurses strongly affirms that nurses should play no voluntary role in any deliberate infliction of physical or mental suffering and should not participate, either directly or indirectly, in the preparation for and the implementation of executions. To do otherwise is a clear violation of nursing's ethical code of practice."

END/

Appendix 2:

Execution by lethal injection – a quarter century of state poisoning Q&A

1. Why are you focusing on the use of lethal injection? Isn't the use of the death penalty always wrong?

The death penalty is a breach of human rights whatever method is used. Amnesty International (AI) opposes the death penalty without reservation. However, lethal injection as a method of execution raises particular problems. These include the fact that the method is based on abuse of medical knowledge and skills, the way in which the punishment is falsely portrayed as “humane” and the fact that lethal injection fails to overcome a number of problems associated with the death penalty – its irreversibility, its arbitrariness, its use against minorities, and the suffering associated with a death sentence irrespective of the method used.

2. Isn't the use of lethal injection more humane than other forms of execution, such as hanging?

The death penalty is never humane and it is more than just a few seconds of a mechanical act to end a person's life. It is the process which starts with the arrest on a capital charge, runs through the period of incarceration, trial, conviction, sentencing, holding in a facility of prisoners under sentence of death, appeals and finally execution. For the overwhelming proportion of this period, the method of execution is not the factor which defines “humaneness”.

The debate about humaneness is really a debate about what method is easier for the *witnesses* to bear and for the state to portray as humane rather than what is actually “humane” for the prisoner who is intended to die.

3. Why are you blaming doctors for the use of the death penalty?

AI believes that doctors are allies in the struggle against the death penalty. Because they commit themselves to work for the best interest of the patient they are unlikely servants of the death penalty. Although some doctors (and other health professionals) do participate in executions, many more doctors are very disturbed by this practice. This is reflected in the numerous declarations and policies adopted by professional organizations against medical participation. However, AI does believe that professional bodies could do more to address medical participation in executions by more strongly asserting their principles of medical ethics.

4. Don't you think that without doctors' assistance, executions would be more painful?

Even with doctors' participation executions can be painful and certainly cause immense suffering.

This is particularly the case where the state seeks to involve doctors in carrying out unethical and cruel punishments, such as the death penalty. For this reason, doctors and nurses groups have opposed the medicalizing of female genital mutilation and the involvement of doctors in torture, forced feeding of a competent hunger striker, genocide and in the death penalty. The involvement of doctors and nurses in judicial executions is also opposed by medical and nursing organizations. Evidence suggests that in some cases the prisoner being executed will suffer because of the lack of expertise of the execution team. The answer to this problem is not to involve health personnel but rather not to execute prisoners.

5. You say that executions in China are a state secret, how do you know that lethal injection there is widely used then?

Executions in China are a state secret. Figures used by AI come from statements from government officials, journalists and academics. The information is patchy but suggests that there is a desire on the part of the authorities to increase the use of lethal injection as a method of execution and to carry this out, at least in part, through the use of mobile execution

vans. At the same time, there appears to be a reduction of executions following recent death penalty reforms.

6. Why are you focusing on the death penalty? Surely many more people die across the world from other causes such as killings or diseases.

Lack of food, lack of health care, pollution, accidents and violence all kill large numbers of people each year. By contrast, the death penalty kills people in only a small number of countries. However, each and every one of these executions is intended to happen and the state uses precious resources to make the death happen. Deaths due to violence should be prevented and the perpetrators called to account. But the existence of such deaths should not be used to excuse the executions carried out each year.

7. You are pro-life when it comes to the use of the death penalty but support abortion. How can you explain this?

AI sees no contradiction between its opposition to the death penalty and its policy position on selected aspects of abortion. AI opposes the death penalty as a violation of the right to life and as the ultimate cruel, inhuman and degrading treatment or punishment.

Unsafe and illegal abortion also raises issues of the right to life and cruel, inhuman and degrading treatment or punishment of women. Denying access to safe and legal abortion in case of pregnancy resulting from rape can amount to cruel, inhuman or degrading treatment. Denying medical treatment to a woman who is suffering complications from an abortion (whether legal or not) can amount to cruel, inhuman or degrading treatment and could violate her right to life. Denying access to safe and legal access to abortion when a woman's life or health are at risk because of pregnancy is a grave violation of her right to life and health.

8. Would health professional non-participation in the death penalty paralyse the system?

It is not possible to say in advance what the immediate impact of medical non-participation in the death penalty would be. Since the method is dependent on medical information and skills it would seem likely that refusal to participate might impede the death penalty process. The recent court cases in the USA in which the procedures used were challenged and judges asserted that medical participation was necessary for effective execution led to a renewal of medical opposition to such a role and a de facto moratorium on the carrying out of executions in several states when doctors refused to participate. On the other hand, there may be doctors who would be willing to participate in some way in executions whatever the position of the organized health professions. Moreover, the authorities may wish to compromise with the level of expertise needed and train non-medical staff to carry out the execution without recourse to health professionals. It seems likely that a unified voice by health professionals that medical participation is wrong could represent a strong commentary on the underlying acceptability of the death penalty as such. AI seeks to encourage professional bodies to adopt positions against the death penalty and not just to opposition to professional participation.

9. You say that organs are transplanted from executed prisoners in China. Doesn't lethal injection make organs unsuitable for transplantation?

The main risk of damaging human organs comes from depriving them of oxygen (hypoxia) or through physical trauma to the organ. Lethal injection allows for the avoidance of both these risks. The chemicals of lethal injection – which have neurological and neuromuscular effects – can be flushed through kidneys and not cause irreversible damage. There are concerns that China's introduction of mobile execution vans over recent years - which carry out executions by lethal injection - has facilitated extraction of organs for transplant. However, due to the secrecy attached to executions in China, and in the light of recent changes in the law regulating organ transplants, it is not known if transplants from prisoners executed by lethal injection have actually taken place.

END/

Appendix 3:

Declaration on the Participation of Health Personnel in the Death Penalty

(Amnesty International, 1981, 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 punishment¹³,

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.

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.

¹³ This World Medical Association resolution has since been amended to state, "it is unethical for physicians to participate in capital punishment, in any way, or during any step of the execution process". The WMA 52nd GA, October 2000.