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MEDICAL CONCERN

①PARTICIPATION OF DOCTORS IN EXECUTIONS USA

On 12 September 1990, 50-year-old Charles Walker was executed in 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. 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 arm.

In 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. Both were in the state of Missouri. Five executions, all by lethal injection, have taken place in Missouri since January 1989, the date of the first execution there in 23 years. According to the *AMA News* article, physicians had been used in at least two of these cases to install intravenous lines to carry the lethal drugs dispensed by the execution machine. A mixture of sodium pentathol, pancuronium bromide and potassium chloride was used to bring about death. The executions took place on 6 January 1989 (George Mercer), 18 January 1990 (Gerald Smith), 11 May 1990 (Winford Stokes), 17 May 1990 (Leonard Laws) and 31 August 1990 (George Gilmore). A further execution was scheduled to take place in Missouri on 20 March 1991 - that of 41-year-old Doyle Williams. He received a stay of execution on 19 March.

In contrast to the involvement in the Illinois execution, it appears that doctors' involvement in Missouri did not provoke the same level of protest or debate. Until the recent *AMA News* report, the US press was citing the Illinois execution as the first instance in which doctors had been employed to insert the cannula.

The advent of lethal injection as a means of execution in 1977 led the American Medical Association (AMA) to consider the implications that this might have for doctors and in 1980 the AMA adopted a resolution on doctors' involvement in capital punishment. This stated that "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." The resolution added that a doctor could "make a determination or certification of death as currently provided by law".

The use of physicians in Charles Walker's execution led various medical bodies and groups of doctors to protest such involvement and to make representations to state authorities and to the AMA.

A resolution was put to the AMA by the American College of Physicians and in December 1990 the AMA adopted the following resolution:

"Resolution on physician involvement in capital punishment

Whereas, existing policies of the American Medical Association, American College of Physicians, American Psychiatric Association, American Association for the Advancement of Science, World Medical Association, British Medical Association and other professional medical organizations condemn physician participation in legally authorized executions as unethical behavior, except to make a determination of certification of death; and

Whereas, Thirty-six states in the United States provide for the death penalty under certain circumstances, and 17 permit the use of lethal injections, and

Whereas, It is a violation of the fundamental concept of "primum non nocere" (above all, do no harm) for a physician to assist, administer, monitor, consult, supervise or otherwise participate in an execution by lethal injection; therefore be it

RESOLVED, That the American Medical Association reaffirm, clarify and publicize its position that it is unethical for physicians, regardless of their personal views on capital punishment, to participate in legally authorized executions, except to determine or certify death; and be it further

RESOLVED, That the AMA inform state medical licensure boards and certification and recertification agencies that physician participation in supervising or administering lethal injections is a serious violation of the ethical standards of the medical profession; and be it further

RESOLVED, That the AMA notify all state medical licensure authorities and, in particular, all physician members of state licensure boards of this position."

The importance of the new AMA resolution lies in the decision to clarify and publicize its statement that it is unethical for physicians to participate in an execution, beyond the determination or certification of death. Although recent attention in the US has focussed on the role played by doctors in lethal injection, there have been several instances in past years of doctors playing various roles in the execution process. In the case of lethal injection, this has included identifying suitable veins for use and monitoring the execution. With other forms of execution, however, similar involvement has occurred: by determining that a convicted prisoner is fit for execution, providing technical advice, attending the execution and monitoring the prisoner's heart beat and, in the case of electrocution, directing that further jolts of electricity be administered before a prisoner could be pronounced dead. 145 executions have taken place in the USA since the death penalty was reintroduced following a Supreme Court decision in 1976 that executions were not in violation of the US Constitution.

In 1981 Amnesty International formulated a declaration on the participation of health personnel in the death penalty, which was revised in 1988 in the light of developments on the issue. This states the organization's position regarding medical involvement in executions and notes that involvement could take any of the following forms:

- " - determining mental and physical fitness for execution
- giving technical advice
- prescribing, preparing, administering and supervising doses of poison in jurisdictions where this method is used
- making medical examinations during executions, so that an execution can continue if the prisoner is not yet dead....."

There are currently 2,412 prisoners known to be on death row in the USA, with 36 of the 51 states providing for capital punishment. Execution is by electrocution, gas, lethal injection or firing squad, each state determining the method of execution to be employed. In Missouri and Illinois, the two states where the active involvement of physicians has recently been identified, there are at present 74 and 133 prisoners respectively under sentence of death. In neither state has the identity of the doctors who attended the executions been revealed.

The American Medical Association was scheduled to discuss the matter of physician involvement in capital punishment further at a meeting of its Council on Ethical and Judicial Affairs in February 1991.

EXTERNAL

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To: Medical professionals
 From: Medical Office / Research Department - Americas
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MEDICAL LETTER WRITING ACTION
PARTICIPATION OF DOCTORS IN EXECUTIONS
USA

Keywords

Theme: Death penalty/medical involvement in the death penalty

Profession/association: American Medical Association/American College of Physicians

Summary

In September 1990 in the state of Illinois three doctors were involved in the execution of condemned prisoner Charles Walker by, *inter alia*, inserting the cannula via which lethal drugs were then administered. This led the American Medical Association to adopt a resolution in December 1990 reaffirming their position that any participation of a doctor in an execution was an abuse of medical ethics. Charles Walker's execution was thought at the time to be the first instance of execution by lethal injection which had involved doctors so directly in the execution process. It has since been reported in the US medical press, however, that at least two previous instances of similar involvement have taken place in the state of Missouri.

Recommended Actions

Letters are requested from medical professionals to the Medical Association of Missouri:

- expressing concern at reports that the state has in the past employed physicians to insert the cannula used to deliver lethal drugs in executions
- drawing attention to the recent AMA resolution which resulted from controversy around the same use of physicians in the state of Illinois in September 1990
- asking the Association whether it has adopted any formal resolution on the ethical questions surrounding physician attendance at and participation in executions and, if so, what their policy is and whether there has been any investigation by the Medical Association into the role and conduct of the doctors who have assisted in executions in Missouri over the past two years
- urging the Association to clarify the situation as a matter of priority and to make their ethical position public

Further letters are also requested to the Medical Association of Illinois raising the same concerns

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You are also asked to bring this matter to the attention of your own national Medical Association to seek their views and possible intervention.

If you are able to arrange for articles in the medical press, please send copies of any published articles to the IS.

A limited number of appeals should also be copied to the World Medical Association

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