

INTERNAL

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To: Medical professionals
From: Medical Office / Research Department - Americas
Date: 21 September 1990

MEDICAL LETTER WRITING ACTION

Execution of Charles WALKER
UNITED STATES OF AMERICA

KEYWORDS

Theme: death penalty/execution/lethal injection/medical ethics

Profession/association: doctor

SUMMARY

Charles Walker was executed by lethal injection on 12 September 1990. It was reported that immediately before the execution three physicians established the intravenous line used to deliver the lethal chemicals. While physicians have previously played various roles during lethal injections, such as evaluating the veins of the condemned and monitoring the execution process, this is believed to be the first time that doctors have assisted so directly in delivering the lethal solution to the prisoner. The American Medical Association and the World Medical Association have both declared that medical involvement in the execution of a prisoner is unethical.

RECOMMENDED ACTIONS

Letter-writing

Letters from medical professionals, ideally written in English, otherwise in your own language, should be sent to some or all of the addresses below:

To the Illinois State Governor and Attorney General

- expressing regret at the carrying out of the execution of Charles Walker and stating your opposition to the use of the death penalty
- seeking urgent clarification of reports that three physicians were involved in the execution - by fitting an intravenous line to the restrained prisoner - in breach of the prevailing medical ethical standards of the profession; seek details of the reasons why physicians were required to be involved
- stating that any physician involvement would have profound implications for the role of the physician as healer and seeking assurances that the state of Illinois will not in future require physicians to violate basic principles of medical ethics

To US Medical Associations

- noting with extreme concern the reported participation by three unidentified physicians in the execution of Charles Walker on 12 September 1990
- [to Illinois] seeking assurances that the Illinois State Medical Society will investigate this action which, if confirmed, breaches both AMA and international medical ethical codes
OR
- [to AMA] seeking assurances that this reported breach of AMA ethics will be fully investigated
- urging that the Association(s) take appropriate action with respect to the physicians involved, to reiterate the ethical standards on this subject and to discuss with the state government the question of the ethics of medical involvement in executions

Publicity

Groups are asked to organize publicity concerning this case. Copies of any letters or articles published could be sent to the US Embassy in your country with a short covering letter expressing concern about executions with medical participation.

Approaches to your medical association

Please send a copy of the external information attached to your medical association asking them to take up the issue of medical involvement in executions with the American and Illinois associations.

ADDRESSES

Governor

The Hon. James Thompson
Governor of Illinois
207 Statehouse
SPRINGFIELD, IL 62706
USA

Attorney General

The Hon. Neil F. Hartigan
Attorney-General
500 S. Second Street
SPRINGFIELD, IL 62706
USA

Illinois State Medical Society

Alexander Learner MD
President
Illinois State Medical Society
20 North Michigan
Suite 700
CHICAGO, IL 60602
USA

American Medical Association

James Podd MD
President
American Medical Association
535 North Dearborn Street
CHICAGO, IL 60610
USA

Copies to:

Illinois Coalition Against the Death Penalty
20 E Jackson, Suite 1600
CHICAGO, IL 60604
USA

American Civil Liberties Union
132 W 43rd Street
NEW YORK, NY 10036
USA

EXTERNAL

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MEDICAL CONCERN

Execution of Charles WALKER
 UNITED STATES OF AMERICA

Charles Walker, a 50-year-old white man, was executed by lethal injection at Statesville Prison, Illinois, and was pronounced dead at 12 minutes past midnight on 12 September 1990. Mr Walker, who spent 24 years of his life in prison, was sentenced to death in 1955 for the murder of a young engaged couple. He gave up his appeal process in 1988, allowing his execution to be scheduled and carried out. Attempts by opponents of the death penalty and fellow inmates to challenge the sentence in the courts were rejected and the Governor of Illinois, James Thompson, refused to commute the sentence.

According to representatives of the Illinois Department of Corrections (commenting prior to the execution), licensed physicians were consulted concerning the types and amounts of drugs to be utilized in the execution and three Illinois physicians were to assist in administering any medication required before the execution and in establishing an intravenous saline drip line to allow non-medical staff to later administer the lethal substance to the prisoner. Although physicians have previously been involved in executions in the USA by, for example, examining the veins of the condemned for their suitability for injection and monitoring the execution process, this is believed to be the first time that doctors have carried out an intravenous catheterization to allow the delivery of the lethal substances to the condemned prisoner. The ethical guidelines of both the American Medical Association and the World Medical Association explicitly oppose such a role for physicians. Dr Nancy Dickzy, a board member of the AMA, reiterated this opposition to medical involvement the day before the execution.

Background

Execution by lethal injection was introduced into two state legislatures in 1977, though the first such execution - that of Charlie Brooks in Texas - did not take place till December 1982 by which time five states had introduced the method as the sole or optional form of execution. The legislature of Illinois passed a bill providing for execution by lethal injection in 1982 but it was vetoed by the then Governor. Currently 36 states provide for the death penalty of which 17 permit the use of lethal injection.

The response of the medical profession in the USA to legislation calling for the involvement of medical personnel in the lethal injection process was negative though it was not until 1980 that the Judicial Council of the American Medical Association formally stated its position on doctors and the death penalty. The AMA statement concluded 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 [but] may make a determination or certification of death as currently provided by law ...".

¹ *Report of the Judicial Council to the AMA House of Delegates, adopted July 1980.*

Concern that the introduction of lethal injection legislation threatened to involve doctors directly in the process of execution also led the World Medical Association to adopt, in 1981, the position that "no physician should be required to be a participant [in capital punishment]". A statement by the organization's Secretary-General - later endorsed by the WMA annual Assembly - stated uncompromisingly that:

"Acting as an executioner is not the practice of medicine and physician services are not required to carry out capital punishment.... A physician's only role would be to certify death once the State had carried out the capital punishment."²

Pressure from the medical profession did lead some states to amend their statutes to remove the legal requirement that the lethal drugs be administered by a physician and, in all executions by lethal injection up to now, the insertion of the cannula has been carried out by paramedical personnel.

While not obliged by law to actively initiate the execution, doctors at the Brooks execution, and those present in the execution chambers since, have been doing more than solely certifying death. For example, during the execution of Charlie Brooks, two doctors advised the executioner during the administration of the lethal solution, one advising that "a couple more minutes" of infusion were required. In several executions by electrocution, doctors have advised the executioner that further jolts of electricity were required to bring about the death of the prisoner.

However, the execution of Charles Walker in Illinois is believed to be the first example in the USA of the direct use of physicians to insert a cannula with the intent to execute a prisoner and is in direct violation of both US and international medical ethics. Physicians at the Walker execution were also reported to have administered (or supervised the administration of) an antihistamine just prior to the execution and to have monitored the course of the execution by electrocardiogram at a monitor in an adjacent "control room".

Amnesty International opposes the death penalty unreservedly but is particularly disturbed that medical skills have apparently been used to bring about the death of a prisoner. The organization's opposition to medical involvement in the death penalty is set out in its Declaration on the Participation of Health Personnel in the Death Penalty which is attached here as an appendix.

² Press release of WMA Secretary-General, Dr André Wynen, 11 September 1981; this press release was endorsed by resolution of the World Medical Assembly meeting in Lisbon, 29 September 1981.