

EXTERNAL

AI Index: AMR 51/110/95

Distrib: PG/SC

Date: 23 August 1995

MEDICAL LETTER WRITING ACTION

Robert Brzechzen
USA (Oklahoma)

Keywords

Theme: death penalty/executions/medical ethics

Summary

Robert Brzechzen, a 40 year old white prisoner, was executed by lethal injection in the Oklahoma State Penitentiary in the early hours of 11 August 1995. Only a few hours before his execution he had received emergency medical treatment in McAlester Regional Hospital, Oklahoma City, in which he was revived from unconsciousness following a suspected drug overdose. Please see the attached details.

Recommended Actions

Letters from medical professionals (in your personal professional capacity, with or without mention of Amnesty International), preferably written in English, otherwise your own language, should be sent to the addresses below. Please use fax or express letter where possible.

Letters to 'The Oklahoman':

- (1) Expressing deep concern at the execution of Robert Brzechzen
- (2) Expressing extreme disgust and distaste at the linkage between urgent hospital medical care to counteract a drug overdose and the application of the same medical knowledge hours later to execute the recipient of the emergency medical care.

Appeals to Governor Keating: The above points, plus:

- (3) Ask to be kept informed of investigations into the case.

Appeals to the Oklahoma State Bureau of Investigation: The above points, plus:

- (3) Asking to be kept informed as to the progress of the Oklahoma State Bureau of Investigation's enquiries into the events surrounding the execution of Robert Brzechzen.

Addresses

Governor
 The Honourable Frank Keating
 Governor of Oklahoma
 State Capital
 Oklahoma City, OK 83105
 USA
 Telephone: +1 405 521 2342
 Faxes: +1 405 523 4224
 Telegrams: Governor Keating, Oklahoma, USA
 E-mail: governor@mhs1.oklaosf.state.ok.us
 Salutation: Dear Governor

Oklahoma State Bureau of Investigation
 6600 North Harbey
 Oklahoma City, OK 73116
 USA
 Telephone: +1 405 848 6724
 Faxes: +1 405 843 3804
 Salutation: Dear Sir

The Oklahoman Newspaper
 The Letters Editor
The Oklahoman
 500 North Broadway
 Box 25125
 Oklahoma City, OK 73125, USA
 Faxes: +1 405 475 3183

Copies to:

Oklahoma State Medical Society
 601 North-West Expressway,
 Oklahoma City, OK 73118
 USA
 Telephone: +1 405 843 9571
 Faxes: +1 405 842 1834

American Medical Association
 535 North State Street
 Chicago, IL 60610
 USA

World Medical Association
 avenue des Alpes 28
 01210 Ferny-Voltaire
 France

and to diplomatic representatives of the USA accredited to your country.

EXTERNAL

Al Index: AMR 51/110/95
Distrib: PG/SC

Date: 23 August 1995

MEDICAL CONCERN

Robert Brechzen
USA (Oklahoma)

On 11 August 1995, Robert Brechzen, aged 40, was executed by lethal injection in the Oklahoma State Penitentiary only hours after receiving emergency medical treatment at a nearby hospital for an apparent drugs overdose.

According to a statement by the Oklahoma Department of Corrections, Robert Brechzen was found unconscious in his cell at around 9pm local time on the night of 10 August 1995, some three hours before his scheduled execution. He was immediately taken to McAlester Regional Hospital where, according to his attorney, physicians gave him powerful drugs to make him regain consciousness. Reports also indicate that he had his stomach pumped.

The *Washington Post* of 12 August 1995 reported that Robert Brechzen was then returned to Oklahoma State Penitentiary, where he made a brief statement before being put to death by lethal injection at 1.55am on 11 August 1995.

Oklahoma state law requires that condemned prisoners be aware of the execution and of the reasons for it. However, Amnesty International has received conflicting accounts of the mental state of Robert Brechzen immediately prior to his execution. While a prison official reported that Robert Brechzen "*didn't stutter*" and that "*his speech wasn't slurred*", one of Robert Brechzen's lawyers reported that an investigator sent to the prison to ascertain Robert Brechzen's mental state said that he was "*still disorientated*" before being executed.

Background

Robert Brechzen, white, was sentenced to death in 1983 for the murder of a 59-year-old white woman, Marie Stubbs, during a burglary attempt in March 1983.

The trial took place in the home town of the murdered woman, and as such, according to a recent affidavit from Robert Brechzen's trial attorney, there was "general hostility in Ardmore [the town where the crime and trial took place] to Robert Brechzen", as well as towards himself.

Robert Brechzen was represented in his trial by an inexperienced attorney who had not handled a capital case before and who wrote in an affidavit dated 11 July 1995 that "a number of factors unfairly hurt Robert's case... [including] perhaps, my unfamiliarity with second stage [penalty phase] proceedings in a capital case."

While in prison, Robert Brzechga is reported to have been a model prisoner who was so well liked among prisoners and prison employees that a prison officer urged the Pardon and Parole Board to spare his life.

As of 30 April 1995, there were 128 people under sentence of death in Oklahoma. Since executions resumed in 1990, five prisoners have been put to death in the state under its present death penalty laws.

Ethical codes and dilemmas

In December 1992 the Council on Ethical and Judicial Affairs of the American Medical Association adopted a program of guidelines, of which the first article states:

'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 an execution. Physician participation in execution is defined generally as actions that would fall into one or more of the following categories:

- (1) an action that would directly cause the death of the condemned;*
- (2) an action that would assist, supervise, or contribute to the ability of another individual to directly cause the death of the condemned; and*
- (3) an action that would automatically cause an execution to be carried out on a condemned prisoner'*

The World Medical Association has stated that "a physician's role would be to certify death once the state had carried out the capital punishment." [WMA resolution on physician participation in capital punishment, 1981]

There can be no question that the arrival in the emergency service of a prisoner scheduled for imminent execution could pose major ethical problems for the attending doctors, particularly if the prisoner were suffering from life-threatening disease. To successfully revive the prisoner leads to their immediate death by execution while to fail to resuscitate effectively may defer the prisoner's immediate death (though equally may lead to the prisoner's death by the cause precipitating his arrival in hospital).

In the case of Robert Brzechga, his resuscitation from a drug overdose in order to allow him to be executed places medicine in a dubious and difficult role.