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Execution by lethal injection: medicine at the service of state ordered killing

- A condemned man is held strapped with a needle in his arm for 70 minutes while his last appeal is being argued in the courts. He loses.
- Medical technicians search for a vein for almost an hour; the man whose body will be poisoned finally assists them.
- Insertion of an angio-catheter into the heart of a conscious inmate takes 35 minutes.
- Two minutes and 18 violent convulsions after chemicals begin flowing into his veins, a man is pronounced dead.

In the words of a death row prisoner, *“from hanging to electric chair to lethal injection: how much prettier can you make it? Yet the prettier it becomes the uglier it is”*.

In a new report published today, Amnesty International examines the way in which lethal injection execution can involve medical professionals in unethical behaviour, including direct involvement in killing, and the adoption, present legislation and practice of this method in the first five countries to have introduced lethal injection laws: the **USA, China, Taiwan, the Philippines and Guatemala**.

“When it was first introduced, lethal injection was heralded as making executions increasingly humane,” said Dr James Welsh, author of the report. “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 proponents.”

Furthermore, lethal injection can be used to execute a person without damaging key organs, which makes it possible for this method to be used to facilitate the use of organs from executed prisoners for transplantation -- a practice already well documented in **China** under the widely used method of shooting. Transplantation societies in different countries have expressed opposition to the use of organs obtained from executed prisoners.

Between the introduction of lethal injection legislation in the **USA** in 1977 and 30 September 1997, 267 men and one woman have been executed -- some with active medical participation.

In three of the five countries in which lethal injection execution is legal -- **USA, Philippines and Guatemala** -- medical associations have spoken out against doctors taking part in executions. Medical participation in executions in the **USA**, for instance, has led to conflict between professional ethics and the law, which in many states involves the presence of doctors.

In at least one **USA** state (Illinois) efforts to discipline medical personnel involved in executions in breach of professional ethics have been hampered by the introduction of a law to shield their identity.

Lethal injection is the sole or an alternative method of execution in 38 states in the **USA**. In more than half of those 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 itself opposes medical participation or follows the ruling of the American Medical Association that a doctor “should not be a participant in a legally authorized execution”.

The dominance of the method in the **USA**, and the growing pace of executions, are strikingly illustrated by comparing the first 35 executions since the reintroduction of the death penalty in 1977. It took nearly seven years for those first 35 executions to be carried out -- and only five were by lethal injection. By contrast, the last 35 executions in the period covered by the Amnesty International report took place in less than five months in 1997 -- all but two by lethal injection.

In 1997, **China** became the first country outside the USA to carry out a judicial execution by this method. Detailed information on the subject is difficult to obtain, but reports suggest that in July that year the first two prisoners were executed by lethal injection in Yunnan province, and the method has been used at least a further 22 times since last March. More than 4,300 people were executed by shooting in China in 1996.

The first lethal injection execution in **Guatemala** may be imminent. A lethal injection chamber has been constructed within the Pavón Rehabilitation Prison, and according to Salvador Gándara, Deputy Interior Minister, all the necessary chemicals have been acquired and one or more executioners have been recruited. He gave no details of the qualifications of those involved, but reports describe them as “paramedical” or “medical” staff.

The first such execution in the **Philippines** has been authorized to take place from February -- that of a man who, according to a leading association of human rights lawyers, has been sentenced to death for a crime that was not proved beyond reasonable doubt. Fears that his execution at a newly built lethal injection chamber may be imminent have been heightened by announcements that President Ramos wants the first execution to take place before his term of office ends in June 1998. Five other prisoners are also at risk of execution this year.

Taiwan was the first country after the USA to legislate for the use of lethal injection -- though apart from at least one execution by that method, in May 1997, executions continue to be carried out by shooting. According to press reports, in the early 1990s some hospital doctors had been arguing that executions take place in a way that would allow the use of the heart and other organs for transplantation.

Amnesty International opposes the death penalty without reservation, but it is further concerned by any medical involvement in carrying out executions, which it sees as a violation of professional ethics. The organization calls upon health personnel not to participate in executions, and urges organizations of health professionals to protect health personnel who refuse to do so.

“The medical profession should continue to stress that it is not the role of medical personnel to participate in state ordered killing, irrespective of the crime for which an individual has been sentenced to death or the method of execution,” Dr Welsh concluded.

For copies of the report *Lethal Injection: The medical technology of execution* (AI INDEX: ACT 50/01/98) or to arrange an interview with the author, please phone +44 171 413 5562