

AI Index: ACT 75/01/85
2nd edition: June 1985



**ETHICAL CODES
AND DECLARATIONS
RELEVANT TO THE HEALTH
PROFESSIONS**

*An Amnesty International compilation of selected
ethical texts.*

Amnesty International
International Secretariat
1 Easton Street
London WC1X 8DJ
United Kingdom

AMNESTY INTERNATIONAL is a worldwide movement which is independent of any government, political grouping, ideology, economic interest or religious creed. It plays a specific role within the overall spectrum of human rights work. The activities of the organization focus strictly on prisoners:

- It seeks the *release* of men and women detained anywhere for their beliefs, colour, sex, ethnic origin, language or religion, provided they have not used or advocated violence. These are termed "*prisoners of conscience*".
- It advocates *fair and early trials* for all *political prisoners* and works on behalf of such persons detained without charge or without trial.
- It opposes the *death penalty* and *torture* or other cruel, inhuman or degrading treatment or punishment of *all prisoners* without reservation.

AMNESTY INTERNATIONAL acts on the basis of the United Nations Universal Declaration of Human Rights and other international instruments. Through practical work for prisoners within its mandate, Amnesty International participates in the wider promotion and protection of human rights in the civil, political, economic, social and cultural spheres.

AMNESTY INTERNATIONAL has more than 500,000 members, subscribers and supporters in over 150 countries and territories, with over 3,000 local groups in more than 50 countries in Africa, Asia, Europe, the Americas and the Middle East. Each group works on behalf of at least two prisoners of conscience in countries other than its own. These countries are balanced geographically and politically to ensure impartiality. Information about prisoners and human rights violations emanates from Amnesty International's Research Department in London. No section, group or member is expected to provide information on their own country, and no section, group or member has any responsibility for action taken or statements issued by the international organization concerning their own country.

AMNESTY INTERNATIONAL has formal relations with the United Nations (ECOSOC), UNESCO, the Council of Europe, the Organization of American States and the Organization of African Unity.

AMNESTY INTERNATIONAL is financed by subscriptions and donations of its worldwide membership. To safeguard the independence of the organization, all contributions are strictly controlled by guidelines laid down by the International Council and income and expenditure are made public in an annual financial report.

Copies of Amnesty International publications can be obtained from the offices of sections of Amnesty International. Office addresses are listed on the inside back cover. Further information may be obtained from the International Secretariat, 1 Easton Street, London WC1X 8DJ, United Kingdom.

Printed in Great Britain by Redesign, 9 London Lane, London E8.



ETHICAL CODES AND DECLARATIONS RELEVANT TO THE HEALTH PROFESSIONS

*An Amnesty International compilation of selected
ethical texts.*

TABLE OF CONTENTS

<u>INTRODUCTION</u>		
<u>STATEMENTS BY PROFESSIONAL ASSOCIATIONS</u>		
(i)	<u>PHYSICIANS</u>	2
	. Declaration of Geneva	
	. Resolution on physician participation in capital punishment	3
	. International Code of Medical Ethics	5
	. Regulations in Time of Armed Conflict	7
	. Declaration of Tokyo	9
(ii)	<u>PSYCHIATRISTS</u>	
	. Declaration of Hawaii	12
(iii)	<u>NURSES</u>	
	. Role of the Nurse in the Care of Detainees and Prisoners	16
	. Statement on the Nurse's Role in Safeguarding Human Rights	18
(iv)	<u>PSYCHOLOGISTS</u>	
	. Statement by the International Union of Psychological Science	22
<u>THE HIPPOCRATIC OATH</u>		26
<u>UNITED NATIONS DECLARATIONS AND CODES OF CONDUCT</u>		
(i)	Principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment	30
(ii)	Declaration on the Protection of all Persons from Torture and other Cruel, Inhuman or Degrading Treatment or Punishment	33
(iii)	Standard Minimum Rules for the Treatment of Prisoners and Related Recommendations	36
<u>AMNESTY INTERNATIONAL DECLARATIONS</u>		
(i)	Declaration on the Participation of Doctors in the Death Penalty	56
(ii)	Declaration of Stockholm (Conference on the Abolition of the Death Penalty)	58

ETHICAL CODES AND DECLARATIONS
RELEVANT TO THE HEALTH PROFESSIONS

INTRODUCTION

This compilation brings together international ethical codes and declarations relevant to the work of health professionals in the field of human rights. They come from a number of sources:

- . from Amnesty International itself (Declaration of Stockholm; Declaration on the Participation of Doctors in the Death Penalty);
- . from the United Nations (Principles of Medical Ethics; Torture Declaration; Standard Minimum Rules);
- . from the World Medical Association (Declaration of Geneva; International Code of Medical Ethics; Regulations in Time of Armed Conflict; Declaration of Tokyo; Resolution on Physician Participation in the Death Penalty);
- . from the World Psychiatric Association (Declaration of Hawaii);
- . from the International Council of Nurses (Role of the Nurse in the Care of Prisoners and Detainees; the Nurse's Role in Safeguarding Human Rights);
- . from the International Union of Psychological Science (ethical statement);
- . and from antiquity (The Hippocratic Oath).

Amnesty International is reproducing them in this collection for use and reference by health professionals working on human rights concerns. Although none of the declarations are enforceable in a court of law, they nevertheless represent an international consensus and carry unquestionable moral authority. They should be used whenever it is appropriate to refer to the medical ethical dimension of human rights.

Health professionals have been active in the work of Amnesty International since its inception in 1961 and have played an increasingly valuable role in documenting human rights abuses and treating victims of such abuses. This compilation is intended to contribute to the effectiveness of such work.

--oOo--

STATEMENTS BY PROFESSIONAL ASSOCIATIONS

(i) PHYSICIANS

- Declaration of Geneva
- Resolution on Physician Participation in Capital Punishment
- International Code of Medical Ethics
- Regulations in Time of Armed Conflict
- Declaration of Tokyo

STATEMENTS BY PROFESSIONAL ASSOCIATIONS(1) PHYSICIANSTHE DECLARATION OF GENEVA

(World Medical Association, 1948, 1968, 1983)

The World Medical Association was formed in 1947. High on its initial list of priorities was the formulation of a modern equivalent of the Hippocratic Oath. First adopted by the Second World Medical Assembly in 1948, the Declaration of Geneva was amended by the 22nd Assembly of the WMA meeting in Sydney, Australia in 1968 and again by the 35th World Medical Assembly meeting in Venice, Italy in 1983.

The text, as amended, reads as follows:

DECLARATION OF GENEVA

AT THE TIME OF BEING ADMITTED AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE myself to consecrate my life to the service of humanity;

I WILL GIVE to my teachers the respect and gratitude which is their due;

I WILL PRACTICE my profession with conscience and dignity;

THE HEALTH OF MY PATIENT will be my first consideration;

I WILL RESPECT the secrets which are confided in me, even after the patient has died;

I WILL MAINTAIN by all means in my power, the honor and the noble traditions of the medical profession;

MY COLLEAGUES will be my brothers;

I WILL NOT PERMIT considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;

I WILL MAINTAIN the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity;

I MAKE THESE PROMISES solemnly, freely and upon my honor.

RESOLUTION ON
PHYSICIAN PARTICIPATION IN CAPITAL PUNISHMENT

(WMA, 1981)

Following concern about the introduction of an execution method (lethal injection) which threatened to involve doctors directly in the process of execution, the WMA Secretary-General issued a press statement opposing any involvement of doctors in capital punishment. The 34th Assembly of the WMA, meeting in Lisbon some weeks after the issuing of the press statement, endorsed the Secretary-General's statement in the following terms:

RESOLUTION ON PHYSICIAN PARTICIPATION IN CAPITAL
PUNISHMENT

RESOLVED, that the Assembly of the World Medical Association endorses the action of the Secretary General in issuing the attached press release on behalf of the World Medical Association condemning physician participation in capital punishment.

FURTHER RESOLVED, that it is unethical for physicians to participate in capital punishment, although this does not preclude physicians certifying death.

FURTHER RESOLVED, that the Medical Ethics Committee keep this matter under active consideration.

SECRETARY GENERAL'S PRESS RELEASE

The first capital punishment by intravenous injection of lethal dose of drugs was decided to be carried out next week by the court of the State of Oklahoma, USA.

Regardless of the method of capital punishment a State imposes, no physician should be required to be an active participant. Physicians are dedicated to preserving life.

../..

4

Acting as an executioner is not the practice of medicine and physician services are not required to carry out capital punishment even if the methodology utilizes pharmacological agents or equipment that might otherwise be used in the practice of medicine.

A physician's only role would be to certify death once the State had carried out the capital punishment.

September 11, 1981

- - - - -

5

INTERNATIONAL CODE OF MEDICAL ETHICS

(WMA, 1949, 1968, 1983)

Drawing on the Declaration of Geneva, the WMA formulated a more detailed code of ethics which was approved by the Third Assembly of the WMA meeting in London in 1949. The International Code of Medical Ethics was subsequently amended in 1968 by the 22nd Assembly in Sydney and again in 1983 by the 35th Assembly of the WMA at Venice.

The text, as amended, reads as follows:

INTERNATIONAL CODE OF MEDICAL ETHICS

Duties of Physicians in General

A PHYSICIAN SHALL always maintain the highest standards of professional conduct.

A PHYSICIAN SHALL not permit motives of profit to influence the free and independent exercise of professional judgment on behalf of patients.

A PHYSICIAN SHALL, in all types of medical practice, be dedicated to providing competent medical service in full technical and moral independence, with compassion and respect for human dignity.

A PHYSICIAN SHALL deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

The following practices are deemed to be unethical conduct:

- a) Self advertising by physicians, unless permitted by the laws of the country and the Code of Ethics of the National Medical Association.
- b) Paying or receiving any fee or any other consideration solely to procure the referral of a patient or for prescribing or referring a patient to any source.

A PHYSICIAN SHALL respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences.

A PHYSICIAN SHALL act only in the patient's interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient.

A PHYSICIAN SHALL use great caution in divulging discoveries or new techniques or treatment through non-professional channels.

A PHYSICIAN SHALL certify only that which he has personally verified.

Duties of Physicians to the Sick

A PHYSICIAN SHALL always bear in mind the obligation of preserving human life.

A PHYSICIAN SHALL owe his patients complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond the physician's capacity he should summon another physician who has the necessary ability.

A PHYSICIAN SHALL preserve absolute confidentiality on all he knows about his patient even after the patient has died.

A PHYSICIAN SHALL give emergency care as a humanitarian duty unless he is assured that others are willing and able to give such care.

Duties of Physicians to each other

A PHYSICIAN SHALL behave towards his colleagues as he would have them behave towards him.

A PHYSICIAN SHALL NOT entice patients from his colleagues.

A PHYSICIAN SHALL observe the principles of the "Declaration of Geneva" approved by the World Medical Association.

- - - - -

REGULATIONS IN TIME OF ARMED CONFLICT

(WMA, 1956, 1957, 1983)

These regulations or guidelines set out the WMA's standards on the medical ethical position of the physician during a period of war or other armed conflict. The statement was approved by the 10th World Medical Assembly in Havana in 1956, was edited by the 11th Assembly meeting in Istanbul the following year and was amended by the 35th World Medical Assembly in 1983.

The amended text reads as follows:

REGULATIONS IN TIME OF ARMED CONFLICT

1. Medical Ethics in time of armed conflict is identical to medical ethics in time of peace, as established in the International Code of Medical Ethics of the World Medical Association. The primary obligation of the physician is his professional duty; in performing his professional duty, the physician's supreme guide is his conscience.
2. The primary task of the medical profession is to preserve health and save life. Hence it is deemed unethical for physicians to:
 - A. Give advice or perform prophylactic, diagnostic or therapeutic procedures that are not justifiable in the patient's interest.
 - B. Weaken the physical or mental strength of a human being without therapeutic justification.
 - C. Employ scientific knowledge to imperil health or destroy life.
3. Human experimentation in time of armed conflict is governed by the same code as in time of peace; it is strictly forbidden on all persons deprived of their liberty, especially civilian and military prisoners and the population of occupied countries.
4. In emergencies, the physician must always give the required care impartially and without consideration of sex, race, nationality, religion, political affiliation or any other similar criterion. Such medical assistance must be continued for as long as necessary and practicable.
5. Medical confidentiality must be preserved by the physician in the practice of his profession.

6. Privileges and facilities afforded the physician must never be used for other than professional purposes.

Rules governing the care of sick and wounded, particularly in time of conflict

- A. 1. Under all circumstances, every person, military or civilian must receive promptly the care he needs without consideration of sex, race, nationality, religion, political affiliation or any other similar criterion.
2. Any procedure detrimental to the health, physical or mental integrity of a human being is forbidden unless therapeutically justifiable.
- B. 1. In emergencies, physicians and associated medical personnel are required to render immediate service to the best of their ability. No distinction shall be made between patients except those justified by medical urgency.
2. The members of medical and auxiliary professions must be granted the protection needed to carry out their professional activities freely. The assistance necessary should be given to them in fulfilling their responsibilities. Free passage should be granted whenever their assistance is required. They should be afforded complete professional independence.
3. The fulfillment of medical duties and responsibilities shall in no circumstances be considered an offence. The physician must never be prosecuted for observing professional secrecy.
4. In fulfilling their professional duties, the medical and auxiliary professions will be identified by the distinctive emblem of a red serpent and staff on a white field. The use of this emblem is governed by special regulation.
- - - - -

THE DECLARATION OF TOKYO
(WMA, 1975)

The Declaration of Tokyo has, since its adoption in 1975, been the most comprehensive statement produced by the medical profession on the question of the torture and cruel, inhuman or degrading treatment of detainees. It was adopted by the 29th World Medical Assembly, Tokyo, Japan.

The text is as follows:

DECLARATION OF TOKYO

It is the privilege of the medical doctor to practise medicine in the service of humanity, to preserve and restore bodily and mental health without distinction as to persons, to comfort and to ease the suffering of his or her patients. 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.

For the purpose of this Declaration, torture is defined as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason.

1. The doctor shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedures is suspected, accused or guilty, and whatever the victim's beliefs or motives, and in all situations, including armed conflict and civil strife.
2. The doctor shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment or to diminish the ability of the victim to resist such treatment.
3. The doctor shall not be present during any procedure during which torture or other forms of cruel, inhuman or degrading treatment is used or threatened.
4. A doctor must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The doctor's fundamental role is to alleviate the distress of his or her fellow men, and no motive whether personal, collective or political shall prevail against this higher purpose.

5. Where a prisoner refuses nourishment and is considered by the doctor as capable of forming an unimpaired and rational judgment concerning the consequences of such a voluntary refusal of nourishment, he or she shall not be fed artificially. The decision as to the capacity of the prisoner to form such a judgment should be confirmed by at least one other independent doctor. The consequences of the refusal of nourishment shall be explained by the doctor to the prisoner.
 6. The World Medical Association will support, and should encourage the international community, the national medical associations and fellow doctors, to support the doctor and his or her family in the face of threats or reprisals resulting from a refusal to condone the use of torture or other forms of cruel, inhuman or degrading treatment.
- - - - -

STATEMENTS BY PROFESSIONAL ASSOCIATIONS

(ii) PSYCHIATRISTS

Declaration of Hawaii

(ii) PSYCHIATRISTS

THE DECLARATION OF HAWAII

(World Psychiatric Association, 1977, 1983)

In early 1976 work commenced on the drafting of an international code of ethics for psychiatrists which was subsequently adopted in 1977 at the VIth World Congress of Psychiatry in Honolulu, Hawaii. At the same meeting the WPA committed itself to receive and investigate allegations of the abuse of psychiatry for political purposes; in 1979 the establishment of the Review Committee was finalized and it first met in Paris in February 1980.

The constitutional status of the Review Committee was changed at the VIIth Congress in Vienna in July 1983 when it was made permanent and had its remit widened.

Minor amendments to the text of the Declaration were agreed at the July 1983 Congress. The text, as amended, reads as follows:

DECLARATION OF HAWAII

Ever since the dawn of culture, ethics has been an essential part of the healing art. It is the view of the World Psychiatric Association that due to conflicting loyalties and expectations of both physicians and patients in contemporary society and the delicate nature of the therapist-patient relationship, high ethical standards are especially important for those involved in the science and practice of psychiatry as a medical specialty. These guidelines have been delineated in order to promote close adherence to those standards and to prevent misuse of psychiatric concepts, knowledge and technology.

Since the psychiatrist is a member of society as well as a practitioner of medicine, he or she must consider the ethical implications specific to psychiatry as well as the ethical demands on all physicians and the social responsibility of every man and woman.

Even though ethical behaviour is based on the individual psychiatrist's conscience and personal judgement, written guidelines are needed to clarify the profession's ethical implications.

Therefore, the General Assembly of the World Psychiatric Association has approved these ethical guidelines for psychiatrists, having in mind the great differences in cultural backgrounds, and in legal, social and economic conditions which exist in the various countries of the world. It should be understood that the World Psychiatric Association views these guidelines to be minimal requirements for ethical standards of the psychiatric profession.

1. The aim of psychiatry is to treat mental illness and to promote mental health. To the best of his or her ability, consistent with accepted scientific knowledge and ethical principles, the psychiatrist shall serve the best interests of the patient and be also concerned for the common good and a just allocation of health resources. To fulfil these aims requires continuous research and continual education of health care personnel, patients and the public.
2. Every psychiatrist should offer to the patient the best available therapy to his knowledge and if accepted must treat him or her with the solicitude and respect due to the dignity of all human beings. When the psychiatrist is responsible for treatment given by others he owes them competent supervision and education. Whenever there is a need, or whenever a reasonable request is forthcoming from the patient, the psychiatrist should seek the help of another colleague.
3. The psychiatrist aspires for a therapeutic relationship that is founded on mutual agreement. At its optimum it requires trust, confidentiality, co-operation and mutual responsibility. Such a relationship may not be possible to establish with some patients. In that case, contact should be established with a relative or other person close to the patient. If and when a relationship is established for purposes other than therapeutic such as in forensic psychiatry, its nature must be thoroughly explained to the person concerned.
4. The psychiatrist should inform the patient of the nature of the condition, therapeutic procedures, including possible alternatives, and of the possible outcome. This information must be offered in a considerate way and the patient must be given the opportunity to choose between appropriate and available methods.
5. No procedure shall be performed nor treatment given against or independent of a patient's own will, unless, because of mental illness, the patient cannot form a judgement as to what is in his or her best interest and without which treatment serious impairment is likely to occur to the patient or others.
6. As soon as the conditions for compulsory treatment no longer apply, the psychiatrist should release the patient from the compulsory nature of the treatment and if further therapy is necessary should obtain voluntary consent. The psychiatrist should inform the

patient and/or relatives or meaningful others, of the existence of mechanisms of appeal for the detention and for any other complaints related to his or her well-being.

7. The psychiatrist must never use his professional possibilities to violate the dignity or human rights of any individual or group and should never let inappropriate personal desires, feelings, prejudices or beliefs interfere with the treatment. The psychiatrist must on no account utilize the tools of his profession, once the absence of psychiatric illness has been established. If a patient or some third party demands actions contrary to scientific knowledge or ethical principles the psychiatrist must refuse to cooperate.
8. Whatever the psychiatrist has been told by the patient, or has noted during examination or treatment, must be kept confidential unless the patient relieves the psychiatrist from this obligation, or to prevent serious harm to self or others makes disclosure necessary. In these cases, however, the patient should be informed of the breach of confidentiality.
9. To increase and propagate psychiatric knowledge and skill requires participation of the patients. Informed consent must, however, be obtained before presenting a patient to a class and, if possible, also when a case-history is released for scientific publication, whereby all reasonable measures must be taken to preserve the dignity and anonymity of the patient and to safeguard the personal reputation of the subject. The patient's participation must be voluntary, after full information has been given of the aim, procedures, risks and inconveniences of a research project and there must always be a reasonable relationship between calculated risks or inconveniences and the benefit of the study. In clinical research every subject must retain and exert all his rights as a patient. For children and other patients who cannot themselves give informed consent, this should be obtained from the legal next-of-kin. Every patient or research subject is free to withdraw for any reason at any time from any voluntary treatment and from any teaching or research program in which he or she participates. This withdrawal, as well as any refusal to enter a program, must never influence the psychiatrist's efforts to help the patient or subject.
10. The psychiatrist should stop all therapeutic, teaching or research programs that may evolve contrary to the principles of this Declaration.

STATEMENTS BY PROFESSIONAL ASSOCIATIONS

(iii) NURSES

- Role of the Nurse in the Care of Detainees and Prisoners
- Statement on the Nurse's Role in Safeguarding Human Rights

(iii) NURSESROLE OF THE NURSE IN THE CARE OF DETAINEES AND PRISONERS

(International Council of Nurses, 1975)

At the meeting of the Council of National Representatives of the International Council of Nurses in Singapore in August 1975, the following statement was adopted:

ROLE OF THE NURSE IN THE CARE OF DETAINEES AND PRISONERS

WHEREAS the ICN Code for Nurses specifically states that:

1. "The fundamental responsibility of the nurse is fourfold: to promote health, to prevent illness, to restore health and to alleviate suffering.
2. "The nurse's primary responsibility is to those people who require nursing care.
3. "The nurse when acting in a professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.
4. "The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other person,"
and

WHEREAS in 1973 ICN reaffirmed support for the Red Cross Rights and Duties of Nurses under the Geneva Conventions of 1949, which specifically state that, in case of armed conflict of international as well as national character (i.e. internal disorders, civil wars, armed rebellions):

1. Members of the armed forces, prisoners and persons taking no active part in the hostilities
 - a) shall be entitled to protection and care if wounded or sick,
 - b) shall be treated humanely, that is:
 - they may not be subjected to physical mutilation or to medical or scientific experiments of any kind which are not justified by the medical, dental or hospital treatment of the prisoner concerned and carried out in his interest,
 - they shall not be wilfully left without medical assistance and care, nor shall conditions exposing them to contagion or infection be created,
 - they shall be treated humanely and cared for by the Party in conflict in whose power they may be, without adverse distinction founded on sex, race, nationality, religion, political opinion, or any other similar criteria.

2. The following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the above-mentioned persons:
 - a) violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture;
 - b) outrages upon personal dignity, in particular humiliating and degrading treatment.

WHEREAS in 1971 ICN endorsed the United Nations Universal Declaration of Human Rights and, hence, accepted that:

1. "Everyone is entitled to all the rights and freedoms, set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status (Art.2),
2. "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment (Art.5)"; and

WHEREAS in relation to detainees and prisoners of conscience, interrogation procedures are increasingly being employed which result in ill effects, often permanent, on the person's mental and physical health;

THEREFORE BE IT RESOLVED that ICN condemns the use of all such procedures harmful to the mental and physical health of prisoners and detainees; and

FURTHER BE IT RESOLVED that nurses having knowledge of physical or mental ill-treatment of detainees and prisoners take appropriate action including reporting the matter to appropriate national and/or international bodies; and

FURTHER BE IT RESOLVED that nurses participate in clinical research carried out on prisoners, only if the freely given consent of the patient has been secured after a complete explanation and understanding by the patient of the nature and risk of the research; and

FINALLY BE IT RESOLVED that the nurse's first responsibility is towards her patients, notwithstanding considerations of national security and interest.

- - - - -

STATEMENT ON THE NURSE'S ROLE
IN SAFEGUARDING HUMAN RIGHTS
(ICN, 1983)

Responding to requests from national member associations for guidance on the protection of human rights of both nurses and those for whom they care, the Council of National Representatives of the International Council of Nurses adopted the statement given below at its meeting in Brasilia in June 1983.

STATEMENT ON THE NURSE'S ROLE IN SAFEGUARDING
HUMAN RIGHTS

This document has been developed in response to the requests of national nurses associations for guidance in assisting nurses to safeguard their own human rights and those for whom they have professional responsibility. It is meant to be used in conjunction with the ICN Code for Nurses and resolutions relevant to human rights. Nurses should also be familiar with the Geneva Conventions and the additional protocols as they relate to the responsibilities of nurses.

The current world situation is such that there are innumerable circumstances in which a nurse may become involved that require action on her/his part to safeguard human rights. Nurses are accountable for their own professional actions and must therefore be clear as to what is expected of them in such situations.

Also conflict situations have increased in number and often include internal political upheaval, and strife, or international war. The nature of war is changing. Increasingly nurses find themselves having to act or respond in complex situations to which there seems to be no clear cut solution.

Changes in the field of communications also have increased the awareness and sensitivity of all groups to those conflict situations.

The need for nursing actions to safeguard human rights is not restricted to times of political upheaval and war. It can also arise in prisons or in the normal work situation of any nurse where abuse of patients, nurses, or others is witnessed or suspected. Nurses have a responsibility in each of these situations to take action to safeguard the rights of those involved. Physical abuse and mental abuse are equally of concern to the nurse. Over or under treatment is another area to be watched. There may be pressures applied to use one's knowledge and skills in ways that are not beneficial to patients or others.

Scientific discoveries have brought about more sophisticated forms of torture and methods of resuscitation so that those being tortured can be kept alive for repeated sessions. It is in such circumstances that nurses must be clear about what actions they must take as in no way can they participate in such torture, or torture techniques.

Nurses have individual responsibility but often they can be more effective if they approach human rights issues as a group. The national nurses associations need to ensure that their structure provides a realistic mechanism through which nurses can seek confidential advice, counsel, support and assistance in dealing with these difficult situations. Verification of the facts reported will be an important first step in any particular situation.

At times it will be appropriate for the NNA to become a spokesman for the nurses involved. They may also be required to negotiate for them. It is essential that confidentiality be maintained. In rare cases the personal judgment of the nurse may be such that other actions seem more appropriate than approaching the association.

The nurse initiating the actions requires knowledge of her own and others' human rights, moral courage, a well thought through plan of action and a commitment and determination to see that the necessary follow-up does occur. Personal risk is a factor that has to be considered and each person must use her/his best judgment in the situation.

Rights of those in need of care

- Health care is a right of all individuals. Everyone should have access to health care regardless of financial, political, geographic, racial or religious considerations. The nurse should seek to ensure such impartial treatment.
- Nurses must ensure that adequate treatment is provided - within available resources - and in accord with nursing ethics (ICN Code) to all those in need of care.
- A patient/prisoner has the right to refuse to eat or to refuse treatments. The nurse may need to verify that the patient/prisoner understands the implications of such action but she should not participate in the administration of food or medications to such patients.

Rights and duties of nurses

- When considering the rights and duties of nursing personnel it needs to be remembered that both action and lack of action can have a detrimental effect and the nursing personnel must be considered accountable on both counts.
 - Nurses have a right to practise within the Code of ethics and nursing legislation of the country in which they practise. Personal safety - freedom from abuse, threats or intimidation - are the rights of every nurse.
 - National nurses associations have a responsibility to participate in development of health and social legislation relative to patients' rights and all related topics.
 - It is a duty to have informed consent of patients relative to having research done on them and in receiving treatments such as blood transfusions, anesthesia, grafts etc. Such informed consent is a patient's right and must be ensured.
- - - - -

STATEMENTS BY PROFESSIONAL ASSOCIATIONS

(iv) PSYCHOLOGISTS

Statement by the International Union of Psychological Science

(iv) PSYCHOLOGISTSSTATEMENT BY THE
INTERNATIONAL UNION OF PSYCHOLOGICAL SCIENCE

(July 1976)

In July 1976, the Assembly of the International Union of Psychological Science unanimously approved the statement of the Executive Committee of the International Union of Psychological Science made in July 1974.

The text is as follows:

The International Union of Psychological Science

which includes national psychological societies of 42 nations from all over the world;

which thus speaks in the name of over 70,000 professional psychologists who, because the subject of their science is behaviour, are particularly concerned with any acts by which individuals in a systematic and deliberate way infringe upon the inviolable rights of human beings, regardless of race, religion or ideology, these rights being guaranteed by the Charter of the United Nations;

and which is concerned with strict observance of professional standards of ethics in the practice of psychology,

therefore makes the following declarations:

It proclaims that no psychologist, in the exercise of his or her professional functions, should accept instructions or motivations that are inspired by considerations that are foreign to the profession; It protests solemnly against any use of scientific data or of professional methods of psychology that impair the above-mentioned rights;

It formally condemns any collaboration by psychologists - whether actively or passively, directly or indirectly - with the above-mentioned abuses, and it urges its members to oppose any abuses of this sort;

It requests each member-society to make certain that it has enacted a code of ethics and to take those actions required by its code against any member guilty of such abuses against human rights;

It declares that the Executive Committee of IPUS is ready to support, with all means at its disposal,

any action undertaken by a member-society in order to carry out the terms of the present resolution; It recalls the following statement made by its Executive Committee on July 27 1974: "The Executive Committee wishes to make clear that the International Union of Psychological Science denounces vigorously all practices that are contrary to the high level of morality that must regulate the scientific and professional roles assumed by psychologists in modern society."

It welcomes the United Nation's Resolution, adopted by the General Assembly (Third Committee: A/10408; 243rd plenary meeting, 9 December 1975) on the Protection of All Persons from being subjected to Inhuman Treatment.

THE HIPPOCRATIC OATH

THE HIPPOCRATIC OATH

(5th century BC)

It is not certain that the Hippocratic Oath was written by Hippocrates but it was probably written during his life-time. The earliest surviving references to this Oath date from the first century AD. These suggested that the Oath was seen as an ideal rather than a norm and it was not until the 4th Century AD that it was an obligatory requirement for a doctor to take the Oath before practising.

THE HIPPOCRATIC OATH

I swear by Apollo Physician and Asclepius and Hygieia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfil according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art - if they desire to learn it - without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but to no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about.

THE HIPPOCRATIC OATH (cont.)

If I fulfil this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.

1
1

UNITED NATIONS DECLARATIONS AND CODES

- Principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment
 - Declaration on the Protection of All Persons from Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
 - Standard Minimum Rules for the Treatment of Prisoners and Related Recommendations
- 1
:

PRINCIPLES OF MEDICAL ETHICS

(United Nations, 1982)

The principles are elaborated within the text of Resolution 37/194 adopted by the United Nations General Assembly, 18 December 1982.

PRINCIPLES OF MEDICAL ETHICS*

The General Assembly...

DESIROUS of setting further standards in this field which ought to be implemented by health personnel, particularly physicians, and by Government officials,

1. ADOPTS the Principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment set forth in the annex to the present resolution;
2. CALLS UPON all Governments to give the Principles of Medical Ethics, together with the present resolution, the widest possible distribution, in particular among medical and paramedical associations and institutions of detention or imprisonment in an official language of the State;
3. INVITES all relevant inter-governmental organizations, in particular the World Health Organization, and non-governmental organizations concerned to bring the Principles of Medical Ethics to the attention of the widest possible group of individuals, especially those active in the medical and paramedical field.

PRINCIPLES OF MEDICAL ETHICS RELEVANT TO THE ROLE OF HEALTH PERSONNEL, PARTICULARLY PHYSICIANS, IN THE PROTECTION OF PRISONERS AND DETAINEES AGAINST TORTURE AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

Principle 1

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

Principle 2

It is a gross contravention of medical ethics, as well as an offence under applicable international instruments,

*The preamble to the resolution has been edited. The full document is available from UN Information Offices, Ref: A/RES/37/194

for health personnel, particularly physicians, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment.¹

Principle 3

It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners or detainees the purpose of which is not solely to evaluate, protect or improve their physical and mental health.

Principle 4

It is a contravention of medical ethics for health personnel, particularly physicians:

- a) to apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental health or condition of such prisoners or detainees and which is not in accordance with the relevant international instruments;²
- b) To certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health and which is not in accordance with the relevant international instruments, or to participate in any way in the infliction of any such treatment or punishment which is not in accordance with the relevant international instruments.

Principle 5

It is a contravention of medical ethics for health personnel, particularly physicians, to participate in any procedure for restraining a prisoner or detainee unless such a procedure is determined in accordance with purely medical criteria as being necessary for the protection of the physical or mental health or the safety of the prisoner or detainee himself, or his fellow prisoners or detainees, or of his guardians, and presents no hazard to his physical or mental health.

Principle 6

There may be no derogation from the foregoing principles on any grounds whatsoever, including public emergency.

{footnotes}

- 1) See the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (General Assembly Resolution 3452 (XXX), annex), article 1 of which states:

"1. For the purpose of this Declaration, torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted by or at the instigation of a public official on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he has committed or is suspected of having committed, or intimidating him or other persons. It does not include pain or suffering arising only from, inherent in or incidental to, lawful sanctions to the extent consistent with the Standard Minimum Rules for the Treatment of Prisoners.

"2. Torture constitutes an aggravated and deliberate form of cruel, inhuman or degrading treatment or punishment."

Article 7 of the Declaration states:

"Each State shall ensure that all acts of torture as defined in article 1 are offences under its criminal law. The same shall apply in regard to acts which constitute participation in, complicity in, incitement to or an attempt to commit torture."

- 2) Particularly the Universal Declaration of Human Rights (General Assembly resolution 217 A (III)), the International Covenants on Human Rights (General Assembly resolution 2200 A (XXI), annex), the Declaration on the Protection of all Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (General Assembly resolution 3452 (XXX), annex) and the Standard Minimum Rules for the Treatment of Prisoners (First United Nations Congress on the Prevention of Crime and the Treatment of Offenders: report by the Secretariat (United Nations publication, Sales No. 1956.IV.4), annex I.A).

- - - - -

DECLARATION AGAINST TORTURE

(United Nations, 1975)

The Declaration on the Protection of all Persons from Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (Declaration against Torture) was adopted without a vote by the United Nations General Assembly on 9 December 1975. It calls upon states to take effective measures to prevent torture and lists some of the most important safeguards and remedies to be provided. It is one of the most important international documents on torture.

DECLARATION ON THE PROTECTION OF ALL PERSONS FROM TORTURE AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

The United Nations General Assembly adopted on 9 December 1975 a Declaration condemning any act of torture or other cruel, inhuman or degrading treatment as "an offence to human dignity". Under its terms, no State may permit or tolerate torture or other inhuman or degrading treatment, and each State is requested to take effective measures to prevent such treatment from being practised within its jurisdiction.

The Declaration was first adopted and referred to the Assembly by the Fifth United Nations Congress on the Prevention of Crime and Treatment of Offenders, held in Geneva in September 1975. In adopting the Declaration without a vote, the Assembly noted that the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights provide that no one may be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

The Assembly has recommended that the Declaration serve as a guideline for all States and other entities exercising effective power.

The text of the Declaration follows:

Article 1

1. For the purpose of this Declaration, torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted by or at the instigation of a public official on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he has committed or is suspected of having committed, or intimidating him or other persons. It does not include pain or suffering arising only from, inherent in or incidental to, lawful sanctions to the extent consistent with the Standard Minimum Rules for the Treatment of Prisoners.

2. Torture constitutes an aggravated and deliberate form of cruel, inhuman or degrading treatment or punishment.

Article 2

Any act of torture or other cruel, inhuman or degrading treatment or punishment is an offence to human dignity and shall be condemned as a denial of the purposes of the Charter of the United Nations and as a violation of the human rights and fundamental freedoms proclaimed in the Universal Declaration of Human Rights.

Article 3

No State may permit or tolerate torture or other cruel, inhuman or degrading treatment or punishment. Exceptional circumstances such as a state of war or a threat of war, internal political instability or any other public emergency may not be invoked as a justification of torture or other cruel, inhuman or degrading treatment or punishment.

Article 4

Each State shall, in accordance with the provisions of this Declaration, take effective measures to prevent torture and other cruel, inhuman or degrading treatment or punishment from being practised within its jurisdiction.

Article 5

The training of law enforcement personnel and of other public officials who may be responsible for persons deprived of their liberty shall ensure that full account is taken of the prohibition against torture and other cruel, inhuman or degrading treatment or punishment. This prohibition shall also, where appropriate, be included in such general rules or instructions as are issued in regard to the duties and functions of anyone who may be involved in the custody or treatment of such persons.

Article 6

Each State shall keep under systematic review interrogation methods and practices as well as arrangements for the custody and treatment of persons deprived of their liberty in its territory, with a view to preventing any cases of torture or other cruel, inhuman or degrading treatment or punishment.

Article 7

Each State shall ensure that all acts of torture as defined in article 1 are offences under its criminal law. The same shall apply in regard to acts which constitute participation in, complicity in, incitement to or an attempt to commit torture.

Article 8

Any person who alleges that he has been subjected to torture or other cruel, inhuman or degrading treatment or punishment by or at the instigation of a public official shall have the right to complain to, and to have his case impartially examined by, the competent authorities of the State concerned.

Article 9

Wherever there is reasonable ground to believe that an act of torture as defined in article 1 has been committed, the competent authorities of the State concerned shall promptly proceed to an impartial investigation even if there has been no formal complaint.

Article 10

If an investigation under article 8 or article 9 establishes that an act of torture as defined in article 1 appears to have been committed, criminal proceedings shall be instituted against the alleged offender or offenders in accordance with national law. If an allegation of other forms of cruel, inhuman or degrading treatment or punishment is considered to be well founded, the alleged offender or offenders shall be subject to criminal, disciplinary or other appropriate proceedings.

Article 11

Where it is proved that an act of torture or other cruel, inhuman or degrading treatment or punishment has been committed by or at the instigation of a public official, the victim shall be afforded redress and compensation in accordance with national law.

Article 12

Any statement which is established to have been made as a result of torture or other cruel, inhuman or degrading treatment may not be invoked as evidence against the person concerned or against any other person in any proceedings.

- - - - -

UNITED NATIONSSTANDARD MINIMUM RULES FOR THE TREATMENT OF PRISONERS
AND RELATED RECOMMENDATIONS
(United Nations, 1955, 1977)

These rules were adopted by the first United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955. Rule 95 was added in 1977.

The rules have been edited to exclude Rules 46-47 and 50-51 (Institutional personnel); Rules 63-64 (Individualization of regime); Rules 67-69 (Classification and individualization); Rule 70 (Privileges); Rules 73-76 (Work); Rule 81 (Social Relations and after-care).

Of the related recommendations which deal with the "Selection and training of personnel for penal and correctional institutions", and "Open penal and correctional institutions", only brief extracts of the section on selection and training of personnel are reprinted here. The full document is published by the United Nations Department of Economic and Social Affairs (ESA/SDHA/1, New York, 1977).

(A)

STANDARD MINIMUM RULES
FOR THE TREATMENT OF PRISONERSPreliminary Observations

1. The following rules are not intended to describe in detail a model system of penal institutions. They seek only, on the basis of the general consensus of contemporary thought and the essential elements of the most adequate systems of today, to set out what is generally accepted as being good principle and practice in the treatment of prisoners and the management of institutions.

2. In view of the great variety of legal, social, economic and geographical conditions of the world, it is evident that not all of the rules are capable of application in all places and at all times. They should, however, serve to stimulate a constant endeavour to overcome practical difficulties in the way of their application, in the knowledge that they represent, as a whole, the minimum conditions which are accepted as suitable by the United Nations.
3. On the other hand, the rules cover a field in which thought is constantly developing. They are not intended to preclude experiment and practices, provided these are in harmony with the principles and seek to further the purposes which derive from the text of the rules as a whole. It will always be justifiable for the central prison administration to authorize departures from the rules in this spirit.
4. (1) Part I of the rules covers the general management of institutions, and is applicable to all categories of prisoners, criminal or civil, untried or convicted, including prisoners subject to "security measures" or corrective measures ordered by the judge.
(2) Part II contains rules applicable only to the special categories dealt with in each section. Nevertheless, the rules under section A, applicable to prisoners under sentence, shall be equally applicable to categories of prisoners dealt with in sections B, C and D, provided they do not conflict with the rules governing those categories and are for their benefit.
5. (1) The rules do not seek to regulate the management of institutions set aside for young persons such as Borstal institutions or correctional schools, but in general part I would be equally applicable in such institutions.
(2) The category of young prisoners should include at least all young persons who come within the jurisdiction of juvenile courts. As a rule, such young persons should not be sentenced to imprisonment.

PART 1. RULES OF GENERAL APPLICATION

Basic Principle

6. (1) The following rules shall be applied impartially. There shall be no discrimination on grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
- (2) On the other hand, it is necessary to respect the religious beliefs and moral precepts of the group to which a prisoner belongs.

Register

7. (1) In every place where persons are imprisoned there shall be kept a bound registration book with numbered pages in which shall be entered in respect of each prisoner received:
- (a) Information concerning his identity;
- (b) The reasons for his commitment and the authority therefor;
- (c) The day and hour of his admission and release.
- (2) No person shall be received in an institution without a valid commitment order of which the details shall have been previously entered in the register.

Separation of categories

8. The different categories of prisoners shall be kept in separate institutions or parts of institutions taking account of their sex, age, criminal record, the legal reason for their detention and the necessities of their treatment. Thus,
- (a) Men and women shall so far as possible be detained in separate institutions; in an institution which receives both men and women the whole of the premises allocated to women shall be entirely separate;
- (b) Untried prisoners shall be kept separate from convicted prisoners;
- (c) Persons imprisoned for debt and other civil prisoners shall be kept separate from persons imprisoned by reason of a criminal offence;
- (d) Young prisoners shall be kept separate from adults.

Accommodation

9. (1) Where sleeping accommodation is in individual cells or rooms, each prisoner shall occupy by night a cell or room by himself. If for special reasons, such as temporary overcrowding, it becomes necessary for the central prison administration to make an exception to this rule, it is not desirable to have two prisoners in a cell or room.
- (2) Where dormitories are used, they shall be occupied by prisoners carefully selected as being suitable to associate with one another in those conditions. There shall be regular supervision by night, in keeping with the nature of the institution.
10. All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.
11. In all places where prisoners are required to live or work,
- (a) The windows shall be large enough to enable the prisoners to read or work by natural light, and shall be so constructed that they can allow the entrance of fresh air whether or not there is artificial ventilation;
- (b) Artificial light shall be provided sufficient for the prisoners to read or work without injury to eyesight.
12. The sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.
13. Adequate bathing and shower installations shall be provided so that every prisoner may be enabled and required to have a bath or shower, at a temperature suitable to the climate, as frequently as necessary for general hygiene according to season and geographical region, but at least once a week in a temperate climate.
14. All parts of an institution regularly used by prisoners shall be properly maintained and kept scrupulously clean at all times.

Personal hygiene

15. Prisoners shall be required to keep their persons clean, and to this end they shall be provided with water and with such toilet articles as are necessary for health and cleanliness.

16. In order that prisoners may maintain a good appearance compatible with their self-respect, facilities shall be provided for the proper care of the hair and beard, and men shall be enabled to shave regularly.

Clothing and bedding

17. (1) Every prisoner who is not allowed to wear his own clothing shall be provided with an outfit of clothing suitable for the climate and adequate to keep him in good health. Such clothing shall in no manner be degrading or humiliating.
- (2) All clothing shall be clean and kept in proper condition. Underclothing shall be changed and washed as often as necessary for the maintenance of hygiene.
- (3) In exceptional circumstances, whenever a prisoner is removed outside the institution for an authorized purpose, he shall be allowed to wear his own clothing or other inconspicuous clothing.
18. If prisoners are allowed to wear their own clothing, arrangements shall be made on their admission to the institution to ensure that it shall be clean and fit for use.
19. Every prisoner shall, in accordance with local or national standards, be provided with a separate bed, and with separate and sufficient bedding which shall be clean when issued, kept in good order and changed often enough to ensure its cleanliness.

Food

20. (1) Every prisoner shall be provided by the administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.
- (2) Drinking water shall be available to every prisoner whenever he needs it.

Exercise and Sport

21. (1) Every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits.
- (2) Young prisoners, and others of suitable age and physique, shall receive physical and recreational training during the period of exercise. To this end space, installations and equipment should be provided.

Medical Services

22. (1) At every institution there shall be available the services of at least one qualified medical officer who should have some knowledge of psychiatry. The medical services should be organized in close relationship to the general health administration of the community or nation. They shall include a psychiatric service for the diagnosis and, in proper cases, the treatment of states of mental abnormality.
- (2) Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitably trained officers.
- (3) The services of a qualified dental officer shall be available to every prisoner.
23. (1) In women's institutions there shall be special accommodation for all necessary pre-natal and post-natal care and treatment. Arrangements shall be made wherever practicable for children to be born in a hospital outside the institution. If a child is born in prison, this fact shall not be mentioned in the birth certificate.
- (2) Where nursing infants are allowed to remain in the institution with their mothers, provision shall be made for a nursery staffed by qualified persons, where the infants shall be placed when they are not in the care of their mothers.
24. The medical officer shall see and examine every prisoner as soon as possible after his admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures; the segregation of prisoners suspected of infectious or contagious conditions; the noting of physical or mental defects which might hamper rehabilitation, and the determination of the physical capacity of every prisoner for work.
25. (1) The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.
- (2) The medical officer shall report to the director whenever he considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

26. (1) The medical officer shall regularly inspect and advise the director upon:
- a) The quantity, quality, preparation and service of food;
 - b) The hygiene and cleanliness of the institution and the prisoners;
 - c) The sanitation, heating, lighting and ventilation of the institution;
 - d) The suitability and cleanliness of the prisoners' clothing and bedding;
 - e) The observance of the rules concerning physical education and sports, in cases where there is no technical personnel in charge of these activities.
- (2) The director shall take into consideration the reports and advice that the medical officer submits according to rules 25 (2) and 26 and, in case he concurs with the recommendations made, shall take immediate steps to give effect to those recommendations; if they are not within his competence or if he does not concur with them, he shall immediately submit his own report and the advice of the medical officer to higher authority.

Discipline and Punishment

27. Discipline and order shall be maintained with firmness, but with no more restriction than is necessary for safe custody and well-ordered community life.
28. (1) No prisoner shall be employed, in the service of the institution, in any disciplinary capacity.
- (2) This rule shall not, however, impede the proper functioning of systems based on self-government, under which specified social, educational or sports activities or responsibilities are entrusted, under supervision, to prisoners who are formed into groups for the purposes of treatment.
29. The following shall always be determined by the law or by the regulation of the competent administrative authority:
- a) Conduct constituting a disciplinary offence;
 - b) The types and duration of punishment which may be inflicted;
 - c) The authority competent to impose such punishment.

30. (1) No prisoner shall be punished except in accordance with the terms of such law or regulation, and never twice for the same offence.
- (2) No prisoner shall be punished unless he has been informed of the offence alleged against him and given a proper opportunity of presenting his defence. The competent authority shall conduct a thorough examination of the case.
- (3) Where necessary and practicable the prisoner shall be allowed to make his defence through an interpreter.
31. Corporal punishment, punishment by placing in a dark cell, and all cruel, inhuman or degrading punishments shall be completely prohibited as punishments for disciplinary offences.
32. (1) Punishment by close confinement or reduction of diet shall never be inflicted unless the medical officer has examined the prisoner and certified in writing that he is fit to sustain it.
- (2) The same shall apply to any other punishment that may be prejudicial to the physical or mental health of a prisoner. In no case may such punishment be contrary to or depart from the principle stated in rule 31.
- (3) The medical officer shall visit daily prisoners undergoing such punishments and shall advise the director if he considers the termination or alteration of the punishment necessary on grounds of physical or mental health.

Instruments of restraint

33. Instruments of restraint, such as handcuffs, chains, irons and strait-jackets, shall never be applied as a punishment. Furthermore, chains or irons shall not be used except in the following circumstances:
- a) As a precaution against escape during a transfer, provided that they shall be removed when the prisoner appears before a judicial or administrative authority;
 - b) On medical grounds by direction of the medical officer;
 - c) By order of the director, if other methods of control fail, in order to prevent a prisoner from injuring himself or others or from damaging property; in such instances the director shall at once consult the medical officer and report to the higher administrative authority.
34. The patterns and manner of use of instruments of restraint shall be decided by the central prison administration. Such instruments must not be applied for any longer time than is strictly necessary.

Information to and complaints by prisoners

35. (1) Every prisoner on admission shall be provided with written information about the regulations governing the treatment of prisoners of his category, the disciplinary requirements of the institution, the authorized methods of seeking information and making complaints, and all such other matters as are necessary to enable him to understand both his rights and his obligations and to adapt himself to the life of the institution.
- (2) If a prisoner is illiterate, the aforesaid information shall be conveyed to him orally.
36. (1) Every prisoner shall have the opportunity each week day of making requests or complaints to the director of the institution or the officer authorized to represent him.
- (2) It shall be possible to make requests or complaints to the inspector of prisons during his inspection. The prisoner shall have the opportunity to talk to the inspector or to any other inspecting officer without the director or other members of the staff being present.
- (3) Every prisoner shall be allowed to make a request or complaint, without censorship as to substance but in proper form, to the central prison administration, the judicial authority or other proper authorities through approved channels.
- (4) Unless it is evidently frivolous or groundless, every request or complaint shall be promptly dealt with and replied to without undue delay.

Contact with the outside world

37. Prisoners shall be allowed under necessary supervision to communicate with their family and reputable friends at regular intervals, both by correspondence and by receiving visits.
38. (1) Prisoners who are foreign nationals shall be allowed reasonable facilities to communicate with the diplomatic and consular representatives of the State to which they belong.
- (2) Prisoners who are nationals of States without diplomatic or consular representation in the country and refugees or stateless persons shall be allowed similar facilities to communicate with the diplomatic representative of the State which takes charge of their interests or any national or international authority whose task it is to protect such persons.

39. Prisoners shall be kept informed regularly of the more important items of news by the reading of newspapers, periodicals or special institutional publications, by hearing wireless transmissions, by lectures or by any similar means as authorized or controlled by the administration.

Books

40. Every institution shall have a library for the use of all categories of prisoners, adequately stocked with both recreational and instructional books, and prisoners shall be encouraged to make full use of it.

Religion

41. (1) If the institution contains a sufficient number of prisoners of the same religion, a qualified representative of that religion shall be appointed or approved. If the number of prisoners justifies it and conditions permit, the arrangement should be on a full-time basis.
- (2) A qualified representative appointed or approved under paragraph (1) shall be allowed to hold regular services and to pay pastoral visits in private to prisoners of his religion at proper times.
- (3) Access to a qualified representative of any religion shall not be refused to any prisoner. On the other hand, if any prisoner should object to a visit of any religious representative, his attitude shall be fully respected.
42. So far as practicable, every prisoner shall be allowed to satisfy the needs of his religious life by attending the services provided in the institution and having in his possession the books of religious observance and instruction of his denomination.

Retention of prisoners' property

43. (1) All money, valuables, clothing and other effects belonging to a prisoner which under the regulations of the institution he is not allowed to retain shall on his admission to the institution be placed in safe custody. An inventory thereof shall be signed by the prisoner. Steps shall be taken to keep them in good condition.
- (2) On the release of the prisoner all such articles and money shall be returned to him except in so far as he has been authorized to spend money or send any such property out of the institution, or it has been found necessary on hygienic grounds to destroy any article of clothing. The prisoner shall sign a receipt for the articles and money returned to him.

- (3) Any money or effects received for a prisoner from outside shall be treated in the same way.
- (4) If a prisoner brings in any drugs or medicine, the medical officer shall decide what use shall be made of them.

Notification of death, illness, transfer, etc.

- 44. (1) Upon the death or serious illness of, or serious injury to a prisoner, or his removal to an institution for the treatment of mental affections, the director shall at once inform the spouse, if the prisoner is married, or the nearest relative and shall in any event inform any other person previously designated by the prisoner.
- (2) A prisoner shall be informed at once of the death or serious illness of any near relative. In case of the critical illness of a near relative, the prisoner should be authorized, whenever circumstances allow, to go to his bedside either under escort or alone.
- (3) Every prisoner shall have the right to inform at once his family of his imprisonment or his transfer to another institution.

Removal of prisoners

- 45. (1) When prisoners are being removed to or from an institution, they shall be exposed to public view as little as possible, and proper safeguards shall be adopted to protect them from insult, curiosity and publicity in any form.
- (2) The transport of prisoners in conveyances with inadequate ventilation or light, or in any way which would subject them to unnecessary physical hardship, shall be prohibited.
- (3) The transport of prisoners shall be carried out at the expense of the administration and equal conditions shall obtain for all of them.

Institutional personnel

- 48. All members of the personnel shall at all times so conduct themselves and perform their duties as to influence the prisoners for good by their examples and to command their respect.
- 49. (1) So far as possible, the personnel shall include a sufficient number of specialists such as psychiatrists, psychologists, social workers, teachers and trade instructors.
- (2) The services of social workers, teachers and trade instructors shall be secured on a permanent basis, without thereby excluding part-time or voluntary workers.

- 52. (1) In institutions which are large enough to require the services of one or more full-time medical officers, at least one of them shall reside on the premises of the institution or in its immediate vicinity.
- (2) In other institutions the medical officer shall visit daily and shall reside near enough to be able to attend without delay in cases of urgency.
- 53. (1) In an institution for both men and women, the part of the institution set aside for women shall be under the authority of a responsible woman officer who shall have the custody of the keys of all that part of the institution.
- (2) No male member of the staff shall enter the part of the institution set aside for women unless accompanied by a woman officer.
- (3) Women prisoners shall be attended and supervised only by women officers. This does not, however, preclude male members of the staff, particularly doctors and teachers, from carrying out their professional duties in institutions or parts of institutions set aside for women.
- 54. (1) Officers of the institutions shall not, in their relations with the prisoners, use force except in self-defence or in cases of attempted escape, or active or passive physical resistance to an order based on law or regulations. Officers who have recourse to force must use no more than is strictly necessary and must report the incident immediately to the director of the institution.
- (2) Prison officers shall be given special physical training to enable them to restrain aggressive prisoners.
- (3) Except in special circumstances, staff performing duties which bring them into direct contact with prisoners should not be armed. Furthermore, staff should in no circumstances be provided with arms unless they have been trained in their use.

Inspection

- 55. There shall be a regular inspection of penal institutions and services by qualified and experienced inspectors appointed by a competent authority. Their task shall be in particular to ensure that these institutions are administered in accordance with existing laws and regulations and with a view to bringing about the objectives of penal and correctional services.

PART II. RULES APPLICABLE TO SPECIAL CATEGORIES

A. Prisoners under sentence

Guiding Principles

56. The guiding principles hereafter are intended to show the spirit in which penal institutions should be administered and the purposes at which they should aim, in accordance with the declaration made under Preliminary Observation 1 of the present text.
57. Imprisonment and other measures which result in cutting off an offender from the outside world are afflictive by the very fact of taking from the person the right of self-determination by depriving him of his liberty. Therefore the prison system shall not, except as incidental to justifiable segregation or the maintenance of discipline, aggravate the suffering inherent in such a situation.
58. The purpose and justification of a sentence of imprisonment or a similar measure deprivative of liberty is ultimately to protect society against crime. This end can only be achieved if the period of imprisonment is used to ensure, so far as possible, that upon his return to society the offender is not only willing but able to lead a law-abiding and self-supporting life.
59. To this end, the institution should utilize all the remedial, educational, moral, spiritual and other forces and forms of assistance which are appropriate and available, and should seek to apply them according to the individual treatment needs of the prisoners.
60. (1) The regime of the institution should seek to minimize any differences between prison life and life at liberty which tend to lessen the responsibility of the prisoners or the respect due to their dignity as human beings.
- (2) Before the completion of the sentence, it is desirable that the necessary steps be taken to ensure for the prisoner a gradual return to life in society. This aim may be achieved, depending on the case, by a pre-release regime organized in the same institution or in another appropriate institution, or by release on trial under some kind of supervision which must not be entrusted to the police but should be combined with effective social aid.

61. The treatment of prisoners should emphasize not their exclusion from the community, but their continuing part in it. Community agencies should, therefore, be enlisted wherever possible to assist the staff of the institution in the task of social rehabilitation of the prisoners. There should be in connexion with every institution social workers charged with the duty of maintaining and improving all desirable relations of a prisoner with his family and with valuable social agencies. Steps should be taken to safeguard, to the maximum extent compatible with the law and the sentence, the rights relating to civil interests, social security rights and other social benefits of prisoners.
62. The medical services of the institution shall seek to detect and shall treat any physical or mental illnesses or defects which may hamper a prisoner's rehabilitation. All necessary medical, surgical and psychiatric services shall be provided to that end.

Treatment

65. The treatment of persons sentenced to imprisonment or a similar measure shall have as its purpose, so far as the length of the sentence permits, to establish in them the will to lead law-abiding and self-supporting lives after their release and to fit them to do so. The treatment shall be such as will encourage their self-respect and develop their sense of responsibility.
66. (1) To these ends, all appropriate means shall be used, including religious care in the countries where this is possible, education, vocational guidance and training, social casework, employment counselling, physical development and strengthening of moral character, in accordance with the individual needs of each prisoner, taking account of his social and criminal history, his physical and mental capacities and aptitudes, his personal temperament, the length of his sentence and his prospects after release.
- (2) For every prisoner with a sentence of suitable length, the director shall receive, as soon as possible after his admission, full reports on all the matters referred to in the foregoing paragraph. Such reports shall always include a report by a medical officer, wherever possible qualified in psychiatry, on the physical and mental condition of the prisoner.

- (3) The reports and other relevant documents shall be placed in a individual file. This file shall be kept up to date and classified in such a way that it can be consulted by the responsible personnel whenever the need arises.

Work

71. (1) Prison labour must not be of an afflictive nature.
- (2) All prisoners under sentence shall be required to work, subject to their physical and mental fitness as determined by the medical officer.
- (3) Sufficient work of a useful nature shall be provided to keep prisoners actively employed for a normal working day.
- (4) So far as possible the work provided shall be such as will maintain or increase the prisoner's ability to earn an honest living after release.
- (5) Vocational training in useful trades shall be provided for prisoners able to profit thereby and especially for young prisoners.
- (6) Within the limits compatible with proper vocational selection and with the requirements of institutional administration and discipline, the prisoners shall be able to choose the type of work they wish to perform.
72. (1) The organization and methods of work in the institutions shall resemble as closely as possible those of similar work outside institutions, so as to prepare prisoners for the conditions of normal occupational life.
- (2) The interests of the prisoners and of their vocational training, however, must not be subordinated to the purpose of making a financial profit from an industry in the institution.

Education and recreation

77. (1) Provision shall be made for the further education of all prisoners capable of profiting thereby, including religious instruction in the countries where this is possible. The education of illiterates and young prisoners shall be compulsory and special attention shall be paid to it by the administration.

- (2) So far as practicable, the education of prisoners shall be integrated with the educational system of the country so that after their release they may continue their education without difficulty.

78. Recreational and cultural activities shall be provided in all institutions for the benefit of the mental and physical health of prisoners.

Social relations and after-care

79. Special attention shall be paid to the maintenance and improvement of such relations between a prisoner and his family as are desirable in the best interests of both.
80. From the beginning of a prisoner's sentence consideration shall be given to his future after release and he shall be encouraged and assisted to maintain or establish such relations with persons or agencies outside the institution as may promote the best interests of his family and his own social rehabilitation.

B. Insane and mentally abnormal prisoners

82. (1) Persons who are found to be insane shall not be detained in prisons and arrangements shall be made to remove them to mental institutions as soon as possible.
- (2) Prisoners who suffer from other mental diseases or abnormalities shall be observed and treated in specialized institutions under medical management.
- (3) During their stay in a prison, such prisoners shall be placed under the special supervision of a medical officer.
- (4) The medical or psychiatric service of the penal institutions shall provide for the psychiatric treatment of all other prisoners who are in need of such treatment.
83. It is desirable that steps should be taken, by arrangement with the appropriate agencies, to ensure if necessary the continuation of psychiatric treatment after release and the provision of social-psychiatric after-care.

C. Prisoners under arrest or awaiting trial

84. (1) Persons arrested or imprisoned by reason of a criminal charge against them, who are detained either in police custody or in prison custody (jail) but have not yet been tried and sentenced, will be referred to as "untried prisoners" hereinafter in these rules.
- (2) Unconvicted prisoners are presumed to be innocent and shall be treated as such.
- (3) Without prejudice to legal rules for the protection of individual liberty or prescribing the procedure to be observed in respect of untried prisoners, these prisoners shall benefit by a special regime which is described in the following rules in its essential requirements only.
85. (1) Untried prisoners shall be kept separate from convicted prisoners.
- (2) Young untried prisoners shall be kept separate from adults and shall in principle be detained in separate institutions.
86. Untried prisoners shall sleep singly in separate rooms, with the reservation of different local custom in respect of the climate.
87. Within the limits compatible with the good order of the institution, untried prisoners may, if they so desire, have their food procured at their own expense from the outside, either through the administration or through their family or friends. Otherwise, the administration shall provide their food.
88. (1) An untried prisoner shall be allowed to wear his own clothing if it is clean and suitable.
- (2) If he wears prison dress, it shall be different from that supplied to convicted prisoners.
89. An untried prisoner shall always be offered opportunity to work, but shall not be required to work. If he chooses to work, he shall be paid for it.
90. An untried prisoner shall be allowed to procure at his own expense or at the expense of a third party such books, newspapers, writing materials and other means of occupation as are compatible with the interests of the administration of justice and the security and good order of the institution.

91. An untried prisoner shall be allowed to be visited and treated by his own doctor or dentist if there is reasonable ground for his application and he is able to pay any expenses incurred.
92. An untried prisoner shall be allowed to inform immediately his family of his detention and shall be given all reasonable facilities for communicating with his family and friends, and for receiving visits from them, subject only to such restrictions and supervision as are necessary in the good interests of the administration of justice and of the security and good order of the institution.
93. For the purposes of his defence, an untried prisoner shall be allowed to apply for free legal aid where such aid is available, and to receive visits from his legal adviser with a view to his defence and to prepare and hand to him confidential instructions. For these purposes, he shall if he so desires be supplied with writing material. Interviews between the prisoner and his legal adviser may be within sight but not within the hearing of a police or institutional official.

D. Civil prisoners

94. In countries where the law permits imprisonment for debt or by order of a court under any other non-criminal process, persons so imprisoned shall not be subjected to any greater restriction or severity than is necessary to ensure safe custody and good order. Their treatment shall be not less favourable than that of untried prisoners, with the reservation, however, that they may possibly be required to work.

E. Persons arrested or detained without charge

95. Without prejudice to the provisions of article 9 of the International Covenant on Civil and Political Rights, persons arrested or imprisoned without charge shall be accorded the same protection as that accorded under part I and part II, section C. Relevant provisions of part II, section A, shall likewise be applicable where their application may be conducive to the benefit of this special group of persons in custody, provided that no measures shall be taken implying that re-education or rehabilitation is in any way appropriate to persons not convicted of any criminal offence.

SELECTION AND TRAINING OF PERSONNEL
FOR PENAL AND CORRECTIONAL INSTITUTIONS

Recommendations

.....
B. Status of staff and conditions of service

.....

IV. Civil service status

Full-time prison staff should have the status of civil servants, that is, they should:

- a) Be employed by the government of the country or State and hence be governed by civil service rules;
- b) Be recruited according to certain rules of selection such as competitive examination;
- c) Have security of tenure subject only to good conduct, efficiency and physical fitness;
- d) Have permanent status and be entitled to the advantages of a civil service career in such matters as promotion, social security, allowances, and retirement or pension benefits.

.....

VII. Non-military organization of the staff

- (1) Prison staff should be organized on civilian lines with a division into ranks or grades as this type of administration requires.
- (2) Custodial staff should be organized in accordance with the disciplinary rules of the penal institution in order to maintain the necessary grade distinctions and order.
- (3) Staff should be specially recruited and not seconded from the armed forces or police or other public services.

.....

C. Recruitment of staff

IX. Competent authority and general administrative methods

- (1) As far as possible recruitment should be centralized, in conformity with the structure of each State, and be under the direction of the superior or central prison administration.
- (2) Where other State bodies such as a civil service commission are responsible for recruitment, the prison administration should not be required to accept a candidate whom they do not regard as suitable.
- (3) Provision should be made to exclude political influence in appointments to the staff of the prison service.

AMNESTY INTERNATIONAL DECLARATIONS

- Declaration on the Participation of Doctors in the Death Penalty
- Declaration of Stockholm

AMNESTY INTERNATIONAL
DECLARATION ON THE PARTICIPATION OF
DOCTORS IN THE DEATH PENALTY

Amnesty International,

RECALLING

that the spirit of the Hippocratic Oath enjoins doctors to practise 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 same Declaration forbids the participation of doctors in torture or other cruel, inhuman or degrading procedures,

NOTING

that the United Nations Secretariat has stated that the death penalty violates the right to life and that it constitutes cruel, inhuman or degrading punishment,

MINDFUL

that doctors can be called on to participate in executions by, *inter alia*,

- 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,

DECLARES

that the participation of doctors in executions is a violation of medical ethics;

CALLS UPON

medical doctors not to participate in executions;

FURTHER CALLS UPON

medical organizations to protect doctors who refuse to participate in executions, and to adopt resolutions to these ends.

This declaration was formulated by the Medical Advisory Board of Amnesty International and was adopted by Amnesty International's International Executive Committee on 12 March 1981.

AMNESTY INTERNATIONALCONFERENCE ON THE ABOLITION OF THE DEATH PENALTYDECLARATION OF STOCKHOLM (11 December 1977)

The Stockholm Conference on the Abolition of the Death Penalty, composed of more than 200 delegates and participants from Africa, Asia, Europe, the Middle East, North and South America and the Caribbean region,

RECALLS THAT:

The death penalty is the ultimate cruel, inhuman and degrading punishment and violates the right to life.

CONSIDERS THAT:

- The death penalty is frequently used as an instrument of repression against opposition, racial, ethnic, religious and underprivileged groups,
- Execution is an act of violence, and violence tends to provoke violence,
- The imposition and infliction of the death penalty is brutalizing to all who are involved in the process,
- The death penalty has never been shown to have a special deterrent effect,
- The death penalty is increasingly taking the form of unexplained disappearances, extra-judicial executions and political murders,
- Execution is irrevocable and can be inflicted on the innocent.

AFFIRMS THAT:

- It is the duty of the state to protect the life of all persons within its jurisdiction without exception,
- Executions for the purposes of political coercion, whether by government agencies or others, are equally unacceptable,
- Abolition of the death penalty is imperative for the achievement of declared international standards.

DECLARES:

- Its total and unconditional opposition to the death penalty,
- Its condemnation of all executions, in whatever form, committed or condoned by governments,
- Its commitment to work for the universal abolition of the death penalty.

CALLS UPON:

- Non-governmental organisations, both national and international, to work collectively and individually to provide public information materials directed towards the abolition of the death penalty,
- All governments to bring about the immediate and total abolition of the death penalty,
- The United Nations unambiguously to declare that the death penalty is contrary to international law.

AMNESTY INTERNATIONAL AROUND THE WORLD

Australia: Amnesty International, PO Box A159, Sydney South, New South Wales 2000
Austria: Amnesty International, Esslinggasse 15/4, A-1010 Wien
Bangladesh: c/o Amnesty International, International Secretariat, 1 Easton Street, London WC1X 8DJ, UK
Barbados: Amnesty International, PO Box 65B, Brittons Hill, Bridgetown, Barbados W.I.
Belgium (Flemish): Amnesty International, Ruelensvest 127, 3030 Leuven
(French-speaking): Amnesty International, 9 rue Berckmans 1060, Brussels
Canada (English-speaking): Amnesty International, 294 Albert Street, Suite 204, Ottawa, Ontario K1P 6E6
(French-speaking): Amnesty International, 1800 Blvd. Dorchester ouest, Suite 127, Montreal, Quebec H3H 2H2
Chile: Casilla 4062, Santiago
Denmark: Amnesty International, Frederiksborggade 1, 1360 Copenhagen K
Ecuador: Casilla 8069, Sucursal 8, Quito
Faroe Islands: Amnesty International, c/o Anette Wang, PO Box 1075, Trondargota 47, 3800 Tórshavn
Finland: Amnesty International, Munkkisaarekatu 12 A 51, 00150 Helsinki 15
France: Amnesty International, 18 rue Théodore Deck, 75015 Paris
Germany, Federal Republic of: Amnesty International, Heerstrasse 178, 5300 Bonn 1
Ghana: Amnesty International, PO Box 9852, Kotoka Airport, Accra
Greece: Amnesty International, 20 Mavromihali Street, Athens 144
Hong Kong: Amnesty International, Room 435 Beverley Commercial Centre, 87-105 Chatham Road, Kowloon
Iceland: Amnesty International, PO Box 618, 121 Reykjavik
India: Amnesty International, c/o Dateline Delhi, 21 North End Complex, Panchkuin Road, New Delhi 10001
Ireland: Amnesty International, Liberty Hall, 10th floor, Dublin 1
Israel: Amnesty International, PO Box 39032, 69103 Tel Aviv
Italy: Amnesty International, viale Mazzini 146, 00195 Rome
Ivory Coast: Amnesty International, 04 BP 895, Abidjan 04
Japan: Amnesty International, Diasan-Sanbu Building 3F, 2-3-22 Nishi-Waseda, Shinjuku-ku, Tokyo 160
Korea, Republic of: Amnesty International, 25-1 Chang Song Dong, Chong no ku, Seoul
Luxembourg: Amnesty International Luxembourg, Boîte Postale 1914, 1019 Luxembourg
Mexico: Apartado Postal 20-217, San Angel del Alvaro Obregón, 01000 Mexico DF
Nepal: c/o Amnesty International, International Secretariat, 1 Easton Street, London WC1X 8DJ, UK
Netherlands: Amnesty International, Keizersgracht 620, 1017 ER, Amsterdam
New Zealand: Amnesty International, PO Box 6647, Wellington 1
Nigeria: Amnesty International, 7 Onayade Street, Fadeyi-Yaba, Lagos
Norway: Amnesty International, Niels Juelsgt. 39, Oslo 2
Peru: Casilla 11080, Lima 14
Portugal: Secção Portuguesa AI, Apartado 1642, 1016 Lisboa Codex
Puerto Rico: Amnesty International, Calle Belaval 614, San Juan (Santurce), Puerto Rico 00909
Senegal: Amnesty International, 152 Avenue du Président Lamine Gueye, BP 3813, Dakar
Spain: Amnesty International, Paseo de Recoletos 18, Piso 6, Madrid 1
Sri Lanka: Amnesty International, c/o E.A.G. de Silva, 79/15 Dr C.W.W. Kannangara Mawatha, Colombo 7
Sweden: Amnesty International, Surbrunnsgatan 44, S-113 48 Stockholm
Switzerland: Amnesty International, PO Box 1051, CH-3001 Bern
Trinidad and Tobago: PO Bag 231, Woodbrook PO, Port of Spain, Trinidad
Turkey: c/o Amnesty International, International Secretariat, 1 Easton Street, London WC1X 8DJ, UK
United Kingdom: Amnesty International, 5 Roberts Place, off Bowling Green Lane, London EC1 0DJ
United States of America: Amnesty International of the USA, 304 West 58th Street, New York, NY 10019
Venezuela: Apartado 5110, Caracas 1010