

Statement on the Participation of Health Personnel in the Death Penalty

(Amnesty International, 2008)

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Preamble

Bearing in mind that

Under both international law and medical ethics, health professionals must never wilfully participate in the torture of prisoners or detainees nor in any other conduct that constitutes cruel, inhuman or degrading treatment or punishment;

The spirit of the Hippocratic Oath enjoins doctors to practice for the good of their patients and never to do harm;

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”;

The World Medical Association, meeting in Lisbon in 1981, resolved that it is unethical for physicians to participate in capital punishment, and strengthened this resolution in 2000 (in Edinburgh, Scotland) to state that “it is unethical for physicians to participate in capital punishment, in any way, or during any step of the execution process”;

The World Psychiatric Association has declared that “Under no circumstances should psychiatrists participate in legally authorized executions nor participate in assessments of competency to be executed”;

The United Nations’ Principles of Medical Ethics of 1982 declared it “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”;¹

Ethical dilemmas for health personnel can arise when they are called on to provide medical treatment to prisoners facing capital charges or sentenced to death, where such treatment could improve their health but could also facilitate their death by removing health-related obstacles to execution;

Health personnel can be called on to participate in executions by, *inter alia*:

- determining mental and physical fitness for execution;
- treating prisoners to restore mental or physical fitness in order that they may be executed;
- preparing, administering, supervising or advising others on any procedure related to execution;

¹ UN 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 3.

- carrying out medical procedures to assist in bringing about the death of the prisoner;
- making medical examinations during executions, so that an execution can continue if the prisoner is not yet dead;
- pronouncing death after monitoring a prisoner's vital signs;
- removing organs from the prisoner for transplantation purposes during or immediately after the execution.

Increasing numbers of professional bodies are opposing the death penalty in itself.

Statement

Amnesty International

Believes that the any participation of health personnel in executions is a violation of professional ethics;

Calls upon health personnel not to participate in executions;

Further calls upon organizations of health professionals:

- to protect health personnel who refuse to participate in executions;
- to adopt policies, guidelines and standards of ethics proscribing participation by health personnel in executions;
- to promote worldwide adherence to these standards through their active dissemination and awareness-raising among professional bodies;
- to address breaches of these standards in appropriate ways;
- to work for the abolition of the death penalty.

This statement is a revision of a declaration first adopted by Amnesty International in 1981. While Amnesty International's principled position has remained unchanged, the text was revised in 1988 and 2008 in the light of further developments on the issue.