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Amnesty International has had a long-standing belief in the potential role of health professionals in the effective documentation and exposure of human rights violations. The organization has adopted the following *Principles for the Medical Investigation of Torture and Other Cruel, Inhuman or Degrading Treatment* in order to promote the more effective use of professional expertise in the fight against these abuses. AI believes that the Principles could form the basis of a standard approach to the medical documentation of torture, consolidating the excellent work which has been carried out by physicians and other health professionals over many years. AI calls on governments and international and national organizations of health professionals to adopt, and act in accordance with, these principles.

## **Principles for the Medical Investigation of Torture and Other Cruel, Inhuman or Degrading Treatment**

**Preamble:** A number of human rights standards call for the prompt investigation of allegations of torture or other cruel, inhuman or degrading treatment by relevant authorities. These include the UN Declaration on the Protection of All Persons from Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment, regional treaties, and a number of statements adopted by doctors' and nurses' organizations. Such an investigation should be carried out by an appropriate individual or commission having powers to interview witnesses, review prison or police procedures and employ expert assistance. One of the important resources in such investigations is suitably qualified and experienced medical personnel. The principles set out here represent basic steps in the medical investigation of torture and ill-treatment.

### **1. Prompt Access to a Doctor**

A detainee or prisoner should have prompt access to a doctor when an allegation of torture or ill-treatment is made or when there is suspicion that torture or ill-treatment has taken place. Such access should not be dependent on the institution of an official investigation of torture allegations.

### **2. Independence**

The examining doctor should be independent of the authorities responsible for custody, interrogation and prosecution of the subject. He or she should, if possible, be experienced in the examination of individuals for legal purposes. The doctor's affiliation should be made clear to the prisoner and should be recorded in the final medical report. Where an independent doctor is not available, the doctor carrying out the examination should nevertheless comply with these principles.

### **3. Confidentiality of Examination**

The examination should take place in a room where confidentiality is ensured. The doctor should speak to and examine the subject alone. Where the subject is a female, a minor or a specially vulnerable person, examination should only take place in the presence of a witness acceptable to the subject. Where an interpreter is required, or the examining physician wishes to be assisted by a colleague, their presence should be dependent of the agreement of the subject. Any other third parties present should be asked to leave the examination room. If a third party refuses to leave, the doctor should note the name and affiliation of the person(s), and record his or her perception of the effect of this presence on the course of the examination. The doctor should use his or her judgment as to whether the examination can take place without further risk to the person being examined.

### **4. Consent to Examination**

The doctor should give his or her name and affiliation, explain the purpose of the examination and gain the consent of the subject to the examination if he or she is capable of giving consent. Before consent is obtained, the doctor should inform the subject of the names or posts of all recipients of the medical report.

### **5. Access to Medical Records**

The doctor, and if necessary, a translator, should have access to the subject's previous medical records.

### **6. Full Examination**

The physician's examination should include the elicitation of a full verbal medical history from the subject and the performance of a full clinical examination, including evaluation of the subject's mental state. Further medical, laboratory or psychological investigations, including evaluation of mental health status, should be arranged promptly as deemed necessary by the physician.

### **7. Report**

The physician should promptly prepare an accurate written report. The report should include at least the following four parts:

- i. Establishing details—name of the subject and names and affiliations of others present at the examination; the exact time and date, location, nature and address of the institution (including, where appropriate, the room) where the examination is being conducted (e.g. detention centre, clinic, house etc)—and the circumstances of the subject at the time of examination (e.g. nature of any restraints used; demeanor of those accompanying the prisoner); and any other relevant factor;
- ii. A record of the subject's history as given during the interview, including the time when torture or ill-treatment is alleged to have occurred;
- iii. A record of all abnormal physical and psychological findings on clinical examination including, where possible, colour photographs of all injuries;
- iv. An interpretation as to the probable cause of all abnormal symptoms and all abnormal physical findings.

The report should clearly identify the doctor carrying out the examination and should be signed.

In the interpretation, the doctor should provide a general assessment of the consistency of the

history and examination findings with the nature of the subject's allegations. A recommendation for any necessary medical treatment should also be given.

Where a doctor is unable to finalise the report, whether because of the unavailability of further examination or test results, or for any other reason, this should be stated.

#### **8. Confidentiality of the Report**

The subject should be informed of the medical findings and be allowed to inspect the medical report. A copy of the doctor's report should be made available in full to the subject's nominated representative and, where appropriate, to the authority responsible for investigating the allegation of torture. It is the responsibility of the doctor to take reasonable steps to ensure that it is delivered securely to these persons. The report should not be made available to any other person except with the consent of the subject or on the authorization of a court empowered to enforce such a transfer.

#### **9. Second Examination**

A second medical examination by an independent doctor should be permitted if requested by the victim of the alleged torture or ill-treatment and/or by his or her representative. The victim of the alleged torture and/or his or her representative should have the right to nominate the physician who will undertake the second examination. The second examination should be carried out in conformity with these principles.

#### **10. Ethical Duties**

The doctor should bear in mind at all times that, in accordance with internationally accepted standards of medical ethics, his or her primary duty is to promote the wellbeing of the patient. In addition, he or she has a duty not to condone or participate in torture or other cruel, inhuman and degrading treatment. No aspect of the subject's character, physical characteristics, ethnic origin, or personal beliefs, nor the fact that an allegation of torture has been made by or on behalf of the subject, permits derogation from these duties.