

COMMENTS

When doctors participate in torture

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Torture is one of the most heinous crimes a human being can commit against another. It is not confined to the so-called 'rogue' states but is also practised in states that are deemed to be democratic. According to Amnesty International, torture is practised in more than half of the world's countries (1). In India – often lauded as the world's largest democracy – torture is widespread and is not accounted for. It is used as a method of interrogation and as a tool of oppression. Its victims are often from particularly vulnerable groups, many of them poor and illiterate.

Acts of torture are often committed with the involvement or the acquiescence of the medical profession (2). Medics may be called upon to assist in torture by assessing how much more suffering a person can tolerate, or they may be requested to falsify medical records. Even if they are not directly involved in the act, they may indirectly contribute by remaining silent when they realise that torture has taken place. This frequently happens because doctors are often the first to observe the injuries—both physical and psychological—inflicted by torture.

The role and importance of the medic in combating torture is increasingly recognised all over the world. This has culminated in the adoption of the 1999 *Manual on Effective Investigation and Documentation of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (The Istanbul Protocol)* (3). This protocol builds upon numerous declarations and resolutions [such as The Declaration of Tokyo, 1975 (4)] which demonstrate that the support of the medical profession is essential if torture is to be combated successfully. Because medics are often the first to document a case of torture, their evidence can be crucial for prosecuting the perpetrators. Doctors also have the ability to reduce the physical and emotional scars of torture.

A medic may be hesitant in assessing or treating a victim of torture due to a lack of knowledge of the correct procedures, or a fear of the repercussions. Appropriate interviewing and documentation, sensitive and compassionate treatment, dealing with the police and state authorities, and in the case the victim has died, conducting a detailed autopsy, may all be required of doctors.

A complete medical report in addition to giving forensic evidence in a court of law may also be necessary. Such requirements may place a huge time and resource burden on already highly pressured medics and impact upon their ability to treat others. Such actions may also place them in conflict with

powerful individuals and institutions and put them at personal and professional risk.

Endemic torture, scarce information

International standards are imperative but these should be supplemented by domestic guidelines that take into account specific local legislation, institutions and actors. Not surprisingly, governmental directives in many countries, including India, are still awaited. However, the Indian Medical Council's *Professional conduct, etiquette and ethics regulations*, 2002 states, "The physician shall not aid or abet torture nor shall he be a party to either infliction of mental or physical trauma or concealment of torture inflicted by some other person or agency in clear violation of human rights (5)."

International and national guidelines are often lengthy and complicated documents and are likely to be sought only subsequent to contact with a torture victim. In the absence of adequate information and knowledge during an initial consultation, the victim may be inappropriately assessed, treated and advised. This could result in further suffering for the victim and insufficient or inaccurate documentation that would endanger a successful prosecution of the perpetrators.

The call for medics to be knowledgeable and active against torture is gaining momentum but steps to educate and empower these professionals remain inadequate. Education programmes are urgently required as part of postgraduate study and perhaps more importantly at the undergraduate stage, so that the incorporation of the principles of human rights in health care becomes standard practice.

Medical schools in India should endeavour to incorporate torture-related treatment procedures in their training. Unfortunately, many schools may not have the required expertise. In the UK and the US NGOs such as the Medical Foundation for the Care of Victims of Torture and Physicians for Human Rights provide such expertise. It is important that both medical and human rights NGOs contribute to this process. An example of cooperation is the Istanbul Protocol Implementation Project jointly conducted by the International Rehabilitation Council of Torture Victims and the World Medical Association (6).

While torture is endemic, doctors' training programmes on torture remain rare in India. The PSG Institute of Medical Sciences and Research along with the Department of Forensic Medicine at Coimbatore Medical College sought the assistance of an NGO, the Institute of Human Rights Education of People's Watch, Tamil

Nadu (PW-TN) for such training. Over the last decade, PW-TN has acquired extensive experience in educating various sectors of society on the issue of torture. Their focus was on legal and paralegal professions but attention has now also turned to the medical community.

About 250 medical students attended the programme at Coimbatore Medical College on the medico-legal aspects of torture. Many spoke of their prior ignorance and how much the programme had opened their eyes. More such programmes are planned. There is an enormous need to provide similar information to health care professionals throughout India. This will enable them to work with better knowledge, make them willing to be a part of combating torture and prevent them from unwittingly becoming the torturer's apprentice.

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