Breaking the oath: Why physicians torture

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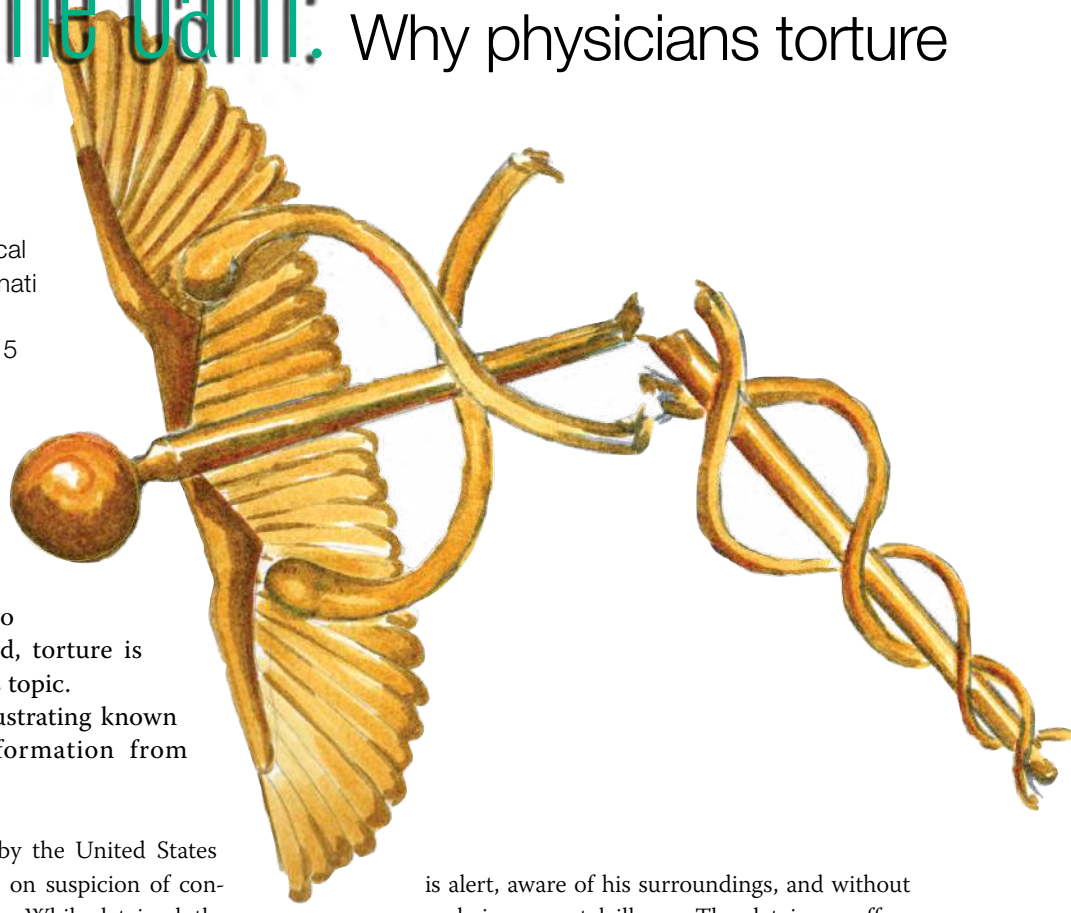

Throughout history there have been examples of individuals being tortured and maimed in order to obtain proprietary information. It's hard to believe, but even in today's world, torture is common and an almost daily news topic.

Here is a fictional portrayal illustrating known tactics employed to obtain information from detainees:

A man is taken into custody by the United States Central Intelligence Agency (CIA) on suspicion of conspiring to conduct acts of terrorism. While detained, the man is subjected to enhanced interrogation techniques in order to extract information. After a few days of interrogation, the man confesses, in great detail. He also reveals his plans to attack buildings in major metropolitan cities in an attempt to maximize the loss of life. Despite the lack of sound evidence against the man, like incriminating e-mails or suspicious travel history, the case against him is thought to be particularly strong. During the interrogation, the man provides detailed and specific information about terrorist groups and other topics that the interrogators believe only an insurgent could know. The next day, the man confesses again to the charges, provides the interrogators with additional information regarding other operatives and targets, and undergoes examination by a CIA-contracted physician to determine his physical and mental health.

During the physical exam, the man confides in the physician that he is innocent of the crimes for which he is being charged. He claims that his confession was due to the intense interrogation techniques, and he would have said anything to make it stop. During the physical exam he is alert, aware of his surroundings, and without any obvious mental illness. The detainee suffers from chronic asthma, but the physician does not report this because he fears that it could preclude additional interrogation sessions.

The physician knows the interrogation techniques used on the man were inhumane and in contradiction of his sworn professional oath. He must approve the detainee for additional interrogation or face charges of abandonment, and permanent blacklisting by his employer. He recommends that more extreme techniques like waterboarding be discontinued in favor of milder ones, for he fears that respiratory stress induced by waterboarding could exacerbate the man's asthma, and potentially result in his premature death. The physician recommends stress positions and prolonged standing as alternatives.

It is later discovered that the man is innocent of the crimes with which he was charged. He has no connections to terrorist groups, he has never trained to conduct acts of terrorism, and he has no intention of hurting anyone. The man was falsely detained on insufficient evidence, suffered inhumane interrogation techniques, and provided false information.[1]

On December 9, 2014, the Congressional Senate Select Committee on Intelligence released a report summarizing the CIA's detention and interrogation program. The report documented interrogation events involving detainees in the years after the September 11, 2001, terrorist attacks.[2] Following the report's release, many expressed their disgust with the CIA and the people who assisted them, including physicians involved in the design and facilitation of what many have called torture.

Torture, as defined by the American Medical Association (AMA), is "deliberate, systematic, or wanton administration of cruel, inhumane, and degrading treatments or punishments during imprisonment or detainment."[3] This definition encompasses some of the "enhanced interrogation techniques" employed by the CIA, e.g., sleep deprivation, cramped confinement, prolonged stress positions, waterboarding, and humiliation.

The Senate report describes the enhanced interrogation techniques, and implicates physicians in at least three ways: physicians designed methods that would not leave physical evidence; physicians monitored the health of detainees in order to prolong interrogation sessions; and physicians falsified medical records and death certificates to conceal the sometimes fatal results of interrogational torture.

The AMA formally rebuked the actions of physicians who participated in the CIA interrogations affirming that complicity with, or participation in, torture violates core tenets of medical ethics, and compromises the role of physicians as healers. Not only does partaking in torture transgress the principle of non-malfeasance—first, do no harm—but it also contravenes the Hippocratic Oath, and devalues the societal role of physicians to intelligence gathering.

Lessons from the literature

Torture has been used for thousands of years to extract information from detainees. The ancient Athenians used torture to extract information from slaves, while the Romans used it to garner information as well as to punish. In the Middle Ages, the first "how-to" interrogation manual was drafted by monks and used to obtain confessions from parishioners. *Processus inquisitionis*, as it was called, instructed clergymen to lead the penitent through the examination of their conscience. It gave tips on how to excavate the motives and circumstances surrounding an event, and how to help contrite parishioners overcome obstacles to truthful confessions.[4] This manual was the *modus operandi* for the next few centuries until The Enlightenment, when judicial evaluation of evidence and the court system superseded confessions as the preferred modality by which investigations proceeded. Other, more sophisticated forms of criminology replaced torture as information-gathering tools.

Torture was resuscitated in the twentieth century by the regimes of Benito Mussolini, Joseph Stalin, and Adolph Hitler, who institutionalized torture. They authorized the practices, protected the practitioners, and combined torture with fear and propaganda in order to exert the dominance of the state over her enemies.

The heinous acts of Nazi physicians during World War II are perhaps the most recognized examples of torture in modern history. Their actions were placed under scrutiny in trials following the war. The repercussions of the trials eventually led to the adoption of the first international human rights agreements, the United Nations Universal Declaration of Human Rights, and the Fourth Geneva Convention.[5] Since the ratification of these articles nearly seventy years ago, other protocols, declarations, and conventions have been drafted with the intent of aiding medical personnel in defining and preventing torture.

Despite torture's long history and the wealth of proclamations against it, there is a dearth of empirical studies on its efficacy in producing true, reliable information. According to research obtained from law enforcement, the social sciences, and governmental agencies, the use of coercion appears to harm intelligence collection and analysis. When detainees are subjected to coercive interrogation tactics, resistance to cooperation and the probability of admitting false confessions both increase. Coercion creates a competitive dynamic between the interrogator and the subject. Detainees subjected to coercion are more likely to reject the interrogators position and not comply. In contrast, detainees subjected to tactics involving persuasion with the potential for mutual gain are more likely to engage in productive conflict resolution.[6]

When detainees are threatened, they are likely to become more resistant to further interrogation. The strength of resistance is largely determined by the nature of the threat and how the interrogator delivers it. The most effective threats are subtle, and are perceived by the target as legitimate, whereas extreme or transparent threats—the threat of death—tend to make subjects significantly less compliant. Subjects are more likely to cooperate when the appeal to fear is high, the legitimacy of the threat is established, and the reward for compliance is significantly more favorable than consequences of the threat.[7]

Research in the social sciences and law enforcement

supports the use of non-threatening interrogation methods. It encourages the use of alternative techniques that increase rapport between parties. Proponents argue it may be more effective to identify and manage the roots of noncompliance before resorting to coercive measures. In these scenarios, interrogators depersonalize the interaction, and speak of hypothetical situations. Interrogators attempt to bolster the subject's self-esteem and sense of competence by reframing their role as an expert rather than a target.[8] Techniques that avoid coercion yield more accurate information than those that incorporate coercive measures which are more likely to yield false confessions.[9]

When using coercive measures detainees feel forced into making false confessions as a means to escape a stressful or unbearable situation. The intelligence they provide seems plausible, so it provides temporary relief while the interrogators investigate the leads. The detainees fully appreciate the potential adverse consequences of their false confession being exposed—like punishment and prolonged, harsher interrogation—but they place more value on relief from the current situation than on the aversion from future punishment for a false confession.

Illustration Jim M'Guinness

Lessons from governmental organizations

In the 1950s, the United States government began exploring the limits of human consciousness in order to develop weapons against the Soviet Union. Chilling, yet unsubstantiated, stories circulated among CIA agents about how the Soviets used techniques like brainwashing and truth serum to gather information about the Allies. The CIA was convinced that "the style, context and manner of delivery of the 'confessions' were such as to be inexplicable unless there had been a reorganization and reorientation of the minds of the confessees."[10]

In an effort to uncover the secrets of the allegedly successful Soviet interrogation techniques, the CIA undertook a monumental effort devoted to conventional research into human psychology and interrogation techniques. Between 1956 and 1963, the CIA and the American government spent billions of dollars on this research, and named the collective effort "project MKUltra." During this time, approximately one hundred patients admitted to the Allan Memorial Institute in Montreal, Canada, became unwitting test subjects for the CIA's psychological research project. These individuals were subjected to prolonged isolation and sensory deprivation designed to increase their willingness to divulge different types of information. By 1963, CIA researchers determined that these types of techniques far exceeded more injurious and coercive techniques in their efficacy. Individuals subjected to isolation and sensory deprivation for even a few days became significantly more compliant with the interrogation.[10]

The findings of the CIA's research between 1950 and 1963 were compiled as the foundation for the KUBARK

(the code name the CIA used for itself) interrogation manual. This manual served as the CIA's foremost interrogation reference for the next forty years, and spawned others, including the CIA's *Human Resource Exploitation Manua*l of 1983, and the *Army Interrogation Field Manual FM 34-52* of 1987. These manuals tailored the KUBARK interrogation techniques to diverse populations and scenarios. The KUBARK manual also laid the foundation for the CIA's modern-day interrogation strategies, which eventually made their way into the protocols of United States interrogation efforts following 9/11.

The efficacy of different interrogation techniques was meticulously documented and evaluated from the beginning of project MKUltra. In criticism of the KUBARK interrogation strategies, it was noted that death threats are often "worse than useless. . . ." The evaluations of the *Human Resource Exploitation Manual* reached similar conclusions, stating that "use of force is a poor technique. . . ."[5] Other countries investigating torture as an interrogation tool found it to be unreliable as well. Reports from Nazi Germany, China, North Vietnam, Great Britain, and Israel all found torture to be unreliable during questioning. As predicted by situations in law enforcement, prisoners subjected to torture gave inaccurate, misleading, or blatantly false information under duress.[5] One study showed that American prisoners of war were more resistant to interrogation when physically tortured; they were more likely to make anti-American statements only when interrogated by other, non-coercive means.[11]

The findings in the Senate's 2014 report were consistent with research in the social sciences and law enforcement, as well as the reviews of MKUltra and its progeny. The Senate report concluded that enhanced interrogation techniques used on detainees after 9/11 were an ineffective means of obtaining accurate information and gaining detainee cooperation. Of the detainees subjected to enhanced interrogation techniques, 18% produced no intelligence whatsoever.[2] The Senate also discovered that multiple detainees fabricated information on top-priority issues. One of the United States government's highest priority targets in the War on Terror, Khalid Sheikh Mohammed, often provided fictitious or inaccurate information as a means to escape the enhanced interrogation techniques he was undergoing. Repeatedly, he admitted to plots that were abandoned or already disrupted, and confessed false information in order to tell CIA interrogators "what he thought they wanted to hear. . . ."[2]

The report disclosed a review conducted by the Office of the Inspector General that evaluated the CIA's claims of the effectiveness of enhanced interrogation techniques. In regard to potential terror plots, it concluded, "it is not clear whether these plots have been thwarted or if they remain viable or even if they were fabricated in the first place. This Review did not uncover any evidence that these plots were imminent."[2] In addition, members of the CIA directly involved in the interrogation of Mohammed noted that he "responded more to 'creature comforts and a sense of importance' and not to 'confrontational' approaches."[2] In addition to Mohammed, multiple other detainees provided "significant accurate intelligence prior to, or without having been subjected to these techniques."[2]

The primary conclusion of the Senate report was that "use of enhanced interrogation techniques was not an effective means of acquiring intelligence or gaining cooperation from detainees."[2]

How could they?

The CIA's efforts paralleled the findings in the literature and confirmed torture's futility to acquire factual and advantageous intelligence. Given these observations, and the fact that torture violates codes of medical ethics, the salient question remains: why are some physicians still complicit in torture?

Physicians may comply with torture for a number of reasons, but perhaps the most important is that the physicians who work for military or governmental organizations have to emphasize nationalistic or institutional loyalties over the duties they have to their patients. According to their professional oath, physicians are responsible for increasing good, and decreasing suffering for their patients. According to their nationalistic or organizational loyalties, physicians must help the CIA obtain the amount of true, reliable information that will save the greatest number of lives, by any means necessary. When these two systems contradict each other, the physician is faced with a dilemma: does the physician act in the best interests of the patient, or the country? Physicians are often forced to choose the good of many over the good of a few because of the institutional dogma within which they operate.

After 9/11, CIA-contracted physicians adopted a commonly employed anti-terrorism philosophy, the "ticking time bomb" scenario,[5] wherein the detainees are the enemy in the eyes of the CIA, and each of them has valuable information that may save innocent lives. Moreover, there is a finite time until a future enemy attack such that the interrogators are "racing against the clock." Therefore, the CIA and the physicians it employs must extract this

critical information by whatever means necessary.

The benefits of extracting information are putatively great as they may prevent another attack similar to 9/11. Hence, physicians are justified in abetting or engaging in torture in order to save the lives of many.

Hollywood also makes a seductive case for torture's usefulness and its place in the interrogation process. The television series *24,* and numerous others including *Homeland*, *The Blacklist* and *Chicago P.D.,* portray torture and coercive interrogations as a "secret weapon" that agencies employ against the enemy with 100% efficacy.[5,13] These shows, and others like them, have been criticized for potentially breeding American acceptance of torture.

CIA representatives appeared numerous times before the United States Department of Justice and presented inaccurate information about the importance, and success, of the interrogation program. The CIA framed their actions within the ticking time bomb ideology, and claimed that enhanced interrogation techniques produced specific, actionable intelligence that saved lives.[2]

The CIA may have reiterated these claims in combination with Hollywood dramatizations in order to convince physicians of torture's efficacy and motivate them to commit human rights atrocities. Thus, physician adoption of institutional ideology, in combination with high contextual tension, is possibly a motivator for physicians to commit human rights violations.

Perhaps another reason for physician participation in torture is that the physicians who abet torture believe it may help them promote their careers. They comply with their institution's policies and attitudes on torture, despite any ethical qualms they may personally hold. Their goal is to ascend rank, and gain the accompanying prestige. German physicians joined the Nazi party and adopted its views, including the pseudoscience of eugenics. During the war, these physicians were portrayed as noble instruments of "public health" as they conducted genocide.[14] Infamous Nazi physician Josef Mengele espoused this career path, and he became a high-ranking SS officer for his (ultimately misguided) efforts.

Similarly, physicians are rewarded with status and prestige for using their advanced medical knowledge to further the cause of the institution. Psychologists Jim Mitchell and Bruce Jessen made eighty-one million dollars for designing the CIA's interrogation program.[2]

Lucrative opportunities, in combination with the prestige of a high-ranking position and power over another human being, may explain why some physicians have been torn from the more noble duties of their profession.

Conclusions

Physicians contracted by government agencies could be considered sentinels for human rights violations. They receive the patients Amnesty International and the Red Cross may never see.

When presented with potential cases of torture, physicians must remain steadfast to the codes and ethical tenets of their profession regardless of the scenario and irrespective of their employer.

It is clear that the use of torture during interrogations is ineffective at producing factual, reliable information. The variety of false information obtained through torture may confound intelligence efforts, and result in significant setbacks. Torture also fails to advance national interests as it alienates potential informants due to fear of suffering a similar fate, and it infuriates the populations at whom the torture is directed. Torture creates new enemies and distances old allies, and it stoops to the brutal level of terrorism by fighting one iniquity with another.[5]

The philosophical assumption upon which torture rests is mistaken. The ticking time bomb scenario has its roots in utilitarianism—by torturing a few, the lives of many can be saved, so the ends justify the means. This approach assumes that the detainees know when the next attack will take place, and the information they provide as a result of torture will be true.[16]

In order to prevent physician compliance with torture, punitive measures, awareness, and education need to be emphasized. It is nearly universally accepted that torture is unethical and in violation of human rights. Countries should actively support extant human rights proclamations by prioritizing the identification and persecution of physicians who torture. Argentina and Chile, whose government bodies aggressively pursue physicians involved in torture, serve as models.[17] These countries provide a reporting mechanism whereby claims of human rights violations may be made to the appropriate state departments in order to prompt an investigation. Licensing medical organizations, in collaboration with the government, then sanction physicians found guilty of the charges brought against them.

In addition to vigorous pursuit of offenders, countries should widely publicize these investigations. The spectacle of public shaming, in combination with steep sanctions, may deter physicians from complying with torture. Fervent news coverage of these investigations draw the topic into the public eye. Widespread support of anti-torture sentiments may impel physicians to take up the cause and identify those who comply with torture.

These physicians, together with motivated individuals outside of medicine, can form interdisciplinary teams dedicated to the identification of any individual who participates in torture. Dr. Steven H. Miles, a professor of medicine and bioethics at the University of Minnesota, is a leader in the movement to end torture. He maintains a website, www.doctorswhotorture.com, that provides resources and documents countries that have successfully held physicians accountable for participating in torture. Websites like Miles' aid in the dissemination of relevant information against torture, and serve as a rallying point whereby individuals of varied backgrounds can converge, exchange ideas and information, and work together to end torture.

Education about torture and how to stop it should be incorporated at all levels of medical training. Instruction in medical ethics with a focus on medical complicity in torture has been proposed as a supplement to medical school curriculum.[18] Lessons in medical ethics, complemented by the evidence against the efficacy of torture, can teach medical students how to identify and advocate against medical complicity in torture. Additionally, continuing medical education credits could be provided to physicians who enroll in ethics classes that focus on advocating against torture. These curricular expansions will inform medical professionals of the evidence against torture, and educate them on the most appropriate course of action when torture is suspected or recognized. Those dedicated to the medical profession should do everything in their power to unite against physician complicity with torture and stop it.

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