

## DOCTORS AND NURSES STATE THEIR POSITION ON TORTURE

*The practice of torture, which had been in decline, is spreading in our time and especially where conflict breaks out within a country. The Red Cross opposes all forms of torture, and in the Fourth Geneva Convention of 1949, relative to the protection of civilian persons in time of war, Article 32 prohibits torture, whether by civilian or military agents.*

*The systematic use of torture, in complete contradiction to the principles and practice of the Red Cross, has become disturbingly widespread, and many national and international institutions have sounded the alarm. Some of the largest of them have made appeals and adopted resolutions with the purpose of drawing attention to the situation. The World Medical Association, for example, and the International Council of Nurses, acting separately but almost simultaneously, last year drew up directives which will certainly be of interest to our readers.*

*The Declaration of Tokyo was adopted by the 29th World Medical Assembly in Japan in October 1975. The text is as follows:*

### Declaration of Tokyo

Guidelines for Medical Doctors concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in relation to Detention and Imprisonment.

#### Preamble

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 main-

## MISCELLANEOUS

tained 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.

### Declaration

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 judgement 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 judgement 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.

*Two months earlier, in August 1975, the Council of National Representatives of the International Council of Nurses (ICN), meeting in Singapore, approved an official Declaration which raised various questions and condemned torture. This text is likewise of importance, and we give it below in full:*

## **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.

## MISCELLANEOUS

2. The following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the abovementioned 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);"

*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.