

# Virtual Mentor

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## Policy Forum

### Role of Physicians in Wartime Interrogations

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In the debates by individuals and professional organizations about the role of physicians in wartime interrogations, the argument is often made that interrogations are going to take place and abuse is likely to occur. Given those facts, the argument goes, isn't it better that physicians be present to serve in a watchdog role? The *AMA Code of Medical Ethics* says no, and prohibits this role [1]. Let us explore the rationale for the prohibition, starting with the AMA's Principles of Medical Ethics.

The preamble to those principles states,

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self [2].

Clearly then, a physician has recognized responsibilities to the patient and to society. Does honoring the societal responsibility allow a physician to participate in interrogation and, if so, to what extent?

The first of the nine AMA Principles of Medical Ethics speaks to the primary duty mentioned in the preamble by stating, "A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights" [2]. This clearly places the physician in the role of patient protector. Why doesn't this justify a protector role for physicians during an interrogation? Some have argued that physician monitoring may prevent harm by identifying an interrogation's humane limit. The answer is that the physician serving in this role would be violating another essential component of the profession's role—that of trust.

Physicians' ethical obligations to place patients' welfare above their own self-interest and above obligations to other groups and to advocate for their patients' welfare are essential to development of the trust that is the foundation of the patient-physician relationship [3]. Patients must have trust that their physicians will hold their best interests foremost. A physician who is present during the interrogation is there to represent the state (or other authorities) in their carrying out of the interrogation. How can a patient's trust be maintained under this circumstance? The person being interrogated would certainly be reluctant to share potentially relevant

clinical information with the physician for fear that it would be used against him. Thus, whatever potential benefit might have accrued would have come at the expense of patient trust and potentially at the expense of that interrogee's health and well-being. For this reason alone, the physician should not take part in any way as an agent of the interrogators. The physician must understand that being present during interrogation undermines his or her commitment to put the patients' best interest above all else and, recognizing this, must not be present.

But, some would say, cannot the physician's presence prevent abuse because interrogators know they will be reported if they cross the line? Certainly that would be in an interrogee's best interest, right?

In fact, the opposite appears to be true. Some literature suggests that subjects are more likely to inflict greater harm under supervision [4]. And besides, this places the physician-monitor in the role of allowing or—at the least—appearing to allow the interrogators to continue the abuse if the limit has not yet been reached. Is this primarily for the benefit of the patient? Is it demonstrating a responsibility to the patient first and foremost? And is this competent medical care provided with compassion and respect for human dignity and rights?

The AMA's *Code of Ethics* is very clear in outlining the appropriate duties of a physician in interrogation settings [1]. These are:

1. Physicians may perform physical and mental assessments of detainees to determine the need for and to provide medical care. When so doing, physicians must disclose to the detainee the extent to which others have access to information included in medical records. Treatment must never be conditional on a patient's participation in an interrogation.
2. Physicians must neither conduct nor directly participate in an interrogation, because a role as physician-interrogator undermines the physician's role as healer and thereby erodes trust in the individual physician-interrogator and in the medical profession.
3. Physicians must not monitor interrogations with the intention of intervening in the process, because this constitutes direct participation in interrogation.
4. Physicians may participate in developing effective interrogation strategies for general training purposes. These strategies must not threaten or cause physical injury or mental suffering and must be humane and respect the rights of individuals.
5. When physicians have reason to believe that interrogations are coercive, they must report their observations to the appropriate authorities. If authorities are aware of coercive interrogations but have not intervened, physicians are ethically obligated to report the offenses to independent authorities that have the power to investigate or adjudicate such allegations.

## References

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