

LETTER**The revised Declaration of Geneva, 2017, and India's contradictory legal provisions**

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The World Medical Association (WMA) provides ethical guidance to physicians through its declarations, resolutions and statements. WMA first adopted its *Resolution on physician participation in capital punishment* in 1981, which was then amended in 2000, and 2008. The revised Declaration of Geneva was adopted by the WMA General Assembly on October 14, 2017, in Chicago. WMA reaffirmed that it is unethical for physicians to participate in capital punishment, in any way, or during any step of the execution process, including its planning and the instruction and/or training of persons to perform executions (1). The Indian Medical Association (IMA) is a signatory to all these policies and resolutions since it is a founder member of WMA (2). Most other national and international associations of medical and other health professionals also forbid the participation of their members in capital punishment (3).

However, a 1995 Supreme Court judgment and the 187th Report of the Law Commission of India (2003) both require the presence of a doctor during execution of capital punishment (3). Physicians have two primary responsibilities in execution. First, they are expected to certify a person "fit to be executed". Second, doctors are expected to witness the hanging and certify the death of the convict (2). Physician involvement in the administration of capital punishment is ethically proscribed because it is an abhorrent and repugnant act and violates the tenets of medical ethics. The IMA joined its global counterpart and asked the Medical Council of India (MCI) to include a statement to this effect in India's code of medical ethics. A physician should only be summoned to certify death, after execution of the punishment, because for certification of death the presence of a doctor is required (2). By asking doctors to certify if a person is fit enough to be hanged, the government is forcing us to violate our medical ethics. By certifying someone fit, we are pushing them towards execution Dr KK Aggarwal, president of IMA said (4).

However, twenty-three states of the USA require physicians to "determine" or "pronounce" death during execution. Participation in executions does not make the physician the executioner but is their duty, just as providing comfort care to a terminally ill patient does not make the doctor the

bearer of the disease (4). Doctors working as medical officers in jails are expected to follow the jail manual which demands their participation in the execution. Barring doctors from executions will only increase the risk that prisoners will unduly suffer. By not participating in executions, doctors will obstruct the course of justice and IMA is undermining the law of the country by refusing to participate in an execution ordered by the court said Dr GS Grewal, former president of the Punjab Medical Council (4). Dr Amar Jesani, editor of the *Indian Journal of Medical Ethics* pointed out that the IMA seems to have woken up to this ethical conflict rather late given that the WMA passed the resolution first in 1981. Simultaneously, medical ethics experts have raised the question as to why IMA has decided to raise *this* issue, when it has remained silent on rampant commercialisation of medical practice and gross violations of medical ethics such as unnecessary and irrational prescription of drugs, accepting "incentives" from pharmaceutical companies, etc (4).

Now, Indian physicians face a dilemma: be ethical or obstruct "justice". Ethics and law are colliding head-on over physicians' participation in capital punishment. It is time to apprise the judiciary and lawmakers of the implications of such participation for the medical profession and society. And doctors - cutting across territorial barriers, position in the medical hierarchy, and political allegiance - should unite to protest this inhuman act that is antithetical to the profession (2).

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