

INTERNATIONAL ETHICS

Awareness of issues related to torture among medical students in Mauritius

A K AGNIHOTRI¹, B PURWAR², NILIMA JEEBUN³, SMRITI AGNIHOTRI³¹ Department of forensic medicine, ² Department of physiology, ³ Department of pathology, SSR Medical College, MAURITIUS Address for correspondence: Arun Kumar Agnihotri, 4, Malherbes Street, Curepipe MAURITIUS e-mail: agnihotri_arun@hotmail.com**Abstract**

Torture in custody is a global problem. Many declarations and conventions by different agencies throughout the world have sought to address this issue. Health professionals are required to detect, treat, and rehabilitate victims of torture. In the last few years, medical personnel have emphasised their stand against the practice of torture. We surveyed 155 second- and third-year medical graduates in Mauritius to assess their knowledge of and attitudes towards torture. A majority of the students have a basic awareness and would like to learn more about torture as a human rights issue. However, more than 37 per cent of students were in favour of beating in custody. Torture could be reduced if the medical profession maintains high standards of practice and ethics. Medical education for the prevention of torture should be included in the undergraduate medical curriculum.

In many parts of the world, thousands of men, women, and children are subjected to torture in various forms, including physical, psychological, and sexual. Torture has many goals: to obtain information, to destroy the individual, to destroy the family, to terrorise a community, and to pursue ethnic cleansing (1). Law enforcement agencies also use torture to weaken the physical and mental resistance of detainees.

Torture has serious and long-lasting health consequences. It is necessary for clinicians to properly detect, treat, and rehabilitate torture victims. The medical profession's obligation to address torture as a human rights issue started in 1973 when Amnesty International launched a campaign against torture and asked medical doctors to participate in helping and diagnosing victims of torture (2). Now medical groups from organisations such as Amnesty and from various medical associations are actively working on human rights issues in more than 30 countries (3). The University Grants Commission in India has directed all universities and medical colleges across the country to incorporate lectures in undergraduate and postgraduate curricula on the responsibilities of medical professionals in issues related to torture (4).

Methodology

We conducted this study to assess the knowledge and attitudes among medical students on questions related to torture as a human rights issue. The study was conducted by the Department of Forensic Medicine and Toxicology, SSR Medical College, Mauritius, in September 2006. We surveyed 155 second- and third-year medical students in the 19-25 age

range. The questionnaire was structured on the basis of a study done in India by SK Verma and G Biswas (5). Six multiple-choice questions were asked to assess the students' knowledge of issues related to torture. Three questions were asked to assess their attitudes towards torture, for which the answers could be "yes" or "no".

Results: knowledge of issues related to torture

In response to the first question (what do you mean by the term torture?), 149 (96 per cent) of the students responded correctly, five (3.2 per cent) students gave incorrect answers, and one student did not respond.

For question two (what is the main objective of torture?), 53 (34.2 per cent) students answered correctly that torture is mainly used to obtain information and /or confessions, and 50 (32.3 per cent) students said that torture is committed to break an individual's personality. Forty (25.8 per cent) students said that that torture is used to destroy the mind without killing a person and nine (5.8 per cent) students said that it is aimed at creating terror in society. Three students did not respond to this question.

In response to the third question (what are the types of torture?), all (100 per cent) students answered correctly by marking "physical", "sexual", and "psychological" as the different types of torture.

For the fourth question (what is commonest method used for physical torture?), 129 (83.2 per cent) students gave the correct answer -- blunt trauma (beating and kicking); 13 (8.4 per cent) students marked burns (cigarettes, heated instruments, hot liquids); and nine (5.8 per cent) students marked positional (forced positioning, suspension by arms, stretching limbs apart). Two students said that electric shock is the most common method and two students did not answer this question.

In response to the fifth question (what is the commonest form of sexual torture?), 92 (59.4 per cent) students correctly said it was rape, and 35 (22.6 per cent) students said it was forced nakedness. Sixteen students said the insertion of foreign bodies into the private parts was the most common form, and eight said it was sodomy. Four students did not respond to this question.

For question number six (which organisation deals with allegations of torture or cruelty, inhuman or degrading

treatment, or punishment?), 151 (97.4 per cent) students responded correctly by marking the National Human Rights Commission.

Results: attitudes towards torture

In response to question seven (do you think that beating in police custody to get a confession/ information is proper?), 95 (61.3 per cent) students did not favour this practice, while 58 (37.4 per cent) students were in favour of beating in police custody. Two students did not respond.

For the eighth question, on whether they thought that general medical practitioners should be aware of how to prevent torture and what to do when they see evidence of it, 149 (96.1 per cent) students said yes. Four students were against such awareness and two students did not answer this question.

In response to the ninth question (should the subject of medical treatment for torture victims be included in the undergraduate curriculum?), 143 (92.3 per cent) students were in favour and 19 (12.3 per cent) students were against. Three students were undetermined on this issue.

Discussion

Torture in custody is a global problem. Of the 194 complaints received by the National Human Rights Commission (NHRC), Mauritius, in the year 2005, more than 70 per cent (141 complaints) were lodged against the police, including 52 cases of brutality (6). The key to an effective response to torture lies in concerted action by medical professionals (7,8,9). Physicians are often the first to interview victims of torture. Physicians can therefore play an important role in documenting and preventing many forms of torture and in treating survivors.

The NHRC has also emphasised the need for education related to torture and human rights for medical students. Special medical curricula, books, and articles should be made available to assist the medical community in the management of the victims of torture (10,11). Our assessment of the awareness among medical students of issues related to torture could help to formulate appropriate course content on torture and human rights.

In our study, a majority of students were aware of the meaning of the term "torture" and the methods used for torture. However, they were not well acquainted with the objectives of torture. These results are consistent with the study conducted by SK Verma and G Biswas (5). In terms of attitudes, more than half of the students (61.3 per cent) were not in favour of beating in police custody, but 58 of the 155 students believed that torture in the form of beating in police custody is justified in order to obtain information or confessions. A survey by Physicians

for Human Rights (12) found that physicians in Turkey were coerced into complicity in torture. A survey in India (13) found that many doctors justified the manhandling of detainees.

Doctors with forensic expertise can detect human rights abuses and perhaps help to reduce such abuse. If the medical profession maintains high standards of medical practice and ethics (14), there is greater scope to lessen torture and ill treatment. The recognition of detainees' rights makes it the doctor's ethical duty to not participate in torture, to document torture if they encounter it, and to use this documentation by being ready to testify on behalf of the victims or survivors of torture.

These issues must become a part of medical education. Medical education should focus not only on information but also on changing attitudes towards torture. Medical students in other countries are likely to have similar views on this issue. Studies in different parts of the world would help to gather more comprehensive data on the subject.

Acknowledgements

We thank the medical students for their cooperation in this study.

References

1. Reyes H. Torture and its consequences. *Torture*. 1995; 5 (4):72-6.
2. Genefke I. The history of the medical work against torture -- an anniversary that can not be celebrated? *J Indian Med Assoc*. 2000; 98: 277-9, 282-3.
3. American College of Physicians. The role of the physician and medical profession in the prevention of international torture and in the treatment of its survivors. *Ann Intern Med*. 1995; 122(8): 607-13.
4. Hussain M, Rizvi SJ. An encounter with "torture" in the class room -- educational aspects. *Torture*. 1999; 9:87-8.
5. Verma SK, Biswas G. Knowledge and attitude of torture by medical students in Delhi. *Torture*. 2005; 15(1): 46-50.
6. National Human Rights Commission, Mauritius. *Annual report for the year 2005*. [monograph on the Internet]. Port Louis, Mauritius: NHRC: 2006 Mar 31. p. 99-100. [cited 2006 Dec 5]. Available from: <http://www.gov.mu/portal/goc/nhrc/file/annrep05.pdf>
7. Nightingale EO. The role of physician in human rights. *Law Med Health Care*. 1990; 18:132-9.
8. Nightingale EO, Stover E. A question of conscience. Physicians in defense of human rights. *JAMA*. 1986; 255:2794-7.
9. Stover E, Nightingale EO. The medical profession and the prevention of torture. *N Engl J Med*. 1985; 313:1102-4.
10. Allodi FA. Assessment and treatment of torture victims: a critical review. *J Nerv Ment Dis*. 1991; 179:4-11.
11. Basoglu M. Prevention of torture and care of survivors: an integrated approach. *JAMA*. 1993; 270:606-11.
12. Iacopino V, Heisler M, Pishevar S, Kirschner H. Physician complicity in misrepresentation and omission of evidence of torture in post detention medical examination in Turkey. *JAMA*. 1996; 276:396-402.
13. Sobti JC, Chapparawal BC, Holst E. Study of knowledge, attitude and practice concerning aspects of torture. *J Indian Med Assoc*. 2000; 98:334-5, 338-9.
14. Jandoo R. Human rights abuses and the medical profession. *Forensic Sci Int*. 1987 Dec; 35(4): 237-47.