Holding violators accountable

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Background
The report Nuremberg betrayed: Human experimentation and the CIA torture program by the Physicians for Human Rights (PHR) describes the enhanced interrogation conducted by the Central Investigation Agency (CIA) of the United States of America on detainees, following the 9/11 attacks. The CIA's programme of "enhanced interrogation" was derived from the US Military's programme “Survival, Evasion, Resistance and Escape” (SERE) which is taught to military personnel to be able to resist interrogation and torture if they became detainees, and to increase their resilience. The techniques included milder forms of torture on subjects who were "volunteers" from the US military, who could stop the torture any time they wished. The risk of harm was significant; but precautions were in place.

The CIA aimed to demonstrate "efficacy" and "safety" of torture and to "improvise" torture techniques for the collection of intelligence. The actual intervention included systematic, multiple, harsh torture techniques of increasing severity and longer duration, repeatedly inflicting uncontrollable suffering. This would break the subjects psychologically, disrupt their resilience, induce learned helplessness and result in compliance to interrogation. The CIA received permissions from the Department of Justice and the Office of Legal Counsel (OLC) to conduct enhanced and abusive interrogation in breach of international agreements to protect prisoners of war.

The PHR is a non-governmental organisation; a global watchdog against human rights violations. The PHR report condemns the CIA's state-sponsored torture as violative of humanitarianism, research and medical ethics; even if it be euphemistically garbed in phrases like "enhanced interrogation techniques". The authors claim that the whole picture is still not clear, as many more documents are inaccessible.

Violation of human rights
Torture or "inflicting pain for gain" amounts to violation of human rights and dignity. However, varying degrees of torture are practised by states under the justification that they are obliged to protect their sovereignty and the welfare of citizens. Is it not justifiable according to the utilitarian theory of ensuring the good of the many at the cost of the rights and dignity of a few? Should human beings not lose their claim to human rights, after having committed or abetted an act of terror leading to harm or loss of life of many? Yes, in such situations, torture may seem essential; but are the CIA's extreme techniques of torture justifiable? After a terror attack like 9/11, many may feel it is; but on deeper reflection, from a humanitarian angle, such arguments may seem devious.

Violation of research ethics
"Torture" as a counter terrorism measure needs to be contrasted with "torture" as a research intervention. Although based on SERE, the CIA's improvisation of torture methods was devised by psychologists to prove a hypothesis using specific methodologies for interventions on human subjects; the response was measured and analysed for dissemination. Does this not qualify as research? If so, then serious reflection is crucial: Was the CIA's hypothesis that torture leads to collection of accurate intelligence appropriate and scientific? Was the purpose and methodology legitimate? Was the protocol approved by an independent ethics committee? Were guidelines of research to protect participants from harm followed? Were the researchers trained in conducting such research and minimising harms? Was there an informed consent process? Were the detainees not "vulnerable" non-consenting subjects? Was it driven by the pressures of politics? Was there not a conflict of interest among the psychologists who received significant financial gains? Was the state and legal machinery supporting an unscientific unethical research in the name of national security? Was the research transparent and available for scrutiny? In the post-Nuremberg period, such programmes are far from being justified.

Violation of medical ethics
The fundamental principle of "First-do-no-harm" was violated. The CIA directed medical personnel to conduct, monitor and calibrate pain. They carried out the flagrantly unethical duty of indemnifying torture and making it "safe". Doing so or even being present during such harmful interventions is totally against the ethics of medicine and is a blatant transgression.
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of all international agreements; and flies in the face of the Nuremberg code and the Belmont report.

Lessons to learn

The CIA’s programme creates a sense of déjà vu. Are Nazi experiments being reincarnated? What does one learn from the behaviour of the US government, legal and healthcare systems? Many documents are inaccessible for study. Nevertheless, from whatever has emerged, the US government seems to have crossed the boundary of humanitarianism, and irrevocably stepped far out on a “slippery slope”.

Healthcare professionals need to urgently ensure strategies against recurrences in the future or at the least demand the provision of an opting out system from being party to unethical research, without prejudice to their rights and freedom.

Subsequently, many of the detainees were released as “innocent” under changed laws and policies; which means that the research on torture techniques were actually conducted on the “innocent”; the harm caused cannot be undone. The echo of the Blackstone ratio, – “Better that ten guilty persons escape than that one innocent suffer” reverberates.

Note

1 This statement is ascribed to the British jurist Michael Blackstone, but various legal authorities have changed the ratio.

Reminiscences, reflections and reasoning

SANJAY A PAI

(The following is a set of reviews of two books authored by Dr MK Mani)

MK Mani, Yamaraja’s brother: The autobiography of Dr MK Mani, 2nd edition, ISBN 8185984824

Sometime in 1991, my uncle lent me a book with an intriguing title, Yamaraja’s brother. This was the autobiography of Dr MK Mani; to say that I enjoyed reading his reminiscences would be an understatement. A couple of years later, I tried to buy the book for myself but learnt that it was out of stock. All my attempts to get the book over the next quarter-century failed. Fortunately, we now have a reprint of Dr Mani’s autobiography.

Dr Mani is a pioneering nephrologist in India. He tells us about his mentors - right from the age of 7 or 8 years - when he decided to become a doctor - and how he stuck to the straight and narrow path, the razor’s edge of medical practice in India. Dr Mani practised medicine in Government Medical College, Madras (now Chennai), before going to Australia for training in nephrology, then returning to India to work in Madras; and then at the Jaslok Hospital in Bombay (now Mumbai). Subsequently, he returned to his roots and has been at the Apollo Hospital, Chennai. Because this book was first published in 1989, the story ends in the 1980s. I had expected to see an update to this and would have liked to read about his life and work in Chennai. However, he has chosen not to make any changes from the first edition.

Having been an undergraduate medical student myself, I particularly enjoyed his stories from his college days as I – and I am certain I speak for many others – was able to see similarities in our own experiences many years later and in a different city. We too have had inspiring teachers who are role models as well as the opposite – insecure and boring teachers; we have wondered about the dichotomy between what is taught and what actually needs to be taught in medical college, and fully understood phrases such as “Medical college life revolved around the canteen” and “I am sorry to say there was general rejoicing when one of the toughest…examiners…died…” (pp15,19). The younger (and older) generation would do well to learn from the author how grateful he is to his mentors and to his residents and many colleagues.

The autobiography is peppered with his thoughts and opinions and thus, is quite relevant to the readers of this journal. One might even see an apparent contradiction in some of his views – but isn’t that true for all of us? For instance, he is not enamoured about the idea of students getting admission into medical college based on their sports marks – but later, he makes a point about education being “not just…instruction”…but a “strengthening of the powers of body or mind: culture” (page 21). A considerable part of the book deals with his most famous patient, Jayaprakash Narayan(JP); his views on the multiple tumultous medical events that took place in those years and their implications for medicine in India make for interesting reading. The JP story illustrates many aspects of life, medical or otherwise, in India in the 1970s – and much of this may well be true even today. Conflict of interest, fear of failure, problems of treating the rich and the famous, publicity-hungry politicians

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