

Physicians' justification for participation in human rights abuses: Iraq 1988-2003

Ameena T. Ahmed, MD MPH

Lynn Lawry, MD

Maryam Elahi, JD

Adam L. Kushner, MD

Vincent Iacopino, MD, PhD

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Background: Physician complicity in human rights abuses

- Physicians/ medical personnel participate in 20-50% of torture, worldwide ^{1,2}
- Medical complicity documented in many countries, including Argentina, Brazil, Chile, Egypt, Germany, Iraq, Israel, Mexico, Turkey, South Africa, Uruguay, USA, USSR
- Contemporary salience: participation of U.S. medical personnel in human rights abuses at Guantanamo Bay
- Dual loyalty conflict ³

1. Rasmussen *Danish Med Bull* 1990;37(Suppl 1):1-88.

2. British Medical Association, *Medicine Betrayed*. Zed Books, 1992. 59-60.

3. International Dual Loyalty Working Group, *Dual Loyalty & Human Rights*, Physicians for Human Rights 2002.

Rationale

- Medical personnel known to have participated in abuses in Iraq (ear cutting edict)
- Study of psychological coping mechanisms of physicians faced with this dual loyalty conflict can be brought to bear on other situations
- Examination of structural enabling factors that allow for gross contravention of medical ethics may help physicians to build institutions and strategies to resist medical involvement in future human rights abuses

Study Goals

- Characterize the nature of physician participation in human rights abuses in Baathist Iraq, 1988-2003
- Explore cognitive and psychological mechanisms physicians use to justify participation in human rights abuses
- Assess approaches for prevention of future physician participation in abuses

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Methods

- June-July 2003, southern Iraq
- Mixed methods
 - Self-administered survey of 98 practicing physicians in 3 major civilian hospitals with general surgical units
 - Semistructured interviews with 3 hospital directors, approx. 60 practicing physicians

- Najaf and Dhi Qar governorates (population 2.4 million)
- Participated in 1991 uprising
- 1991: Iraqi army summarily executed patient in Najaf hospital and buried them in mass graves



Qualitative Data

- Physicians recruited from doctors' lounges; snowball sampling
- Semistructured interviews, group interviews, free text on surveys
- 2 interviews taped and transcribed; others reconstructed from written notes at day's end
- Arabic-English interpreter
- Analysis: transcripts coded for themes



Results--Themes

- Types of abuses perpetrated
- Mechanisms employed by physicians to reconcile ethical principles with human rights abuses perpetrated against patients
- Mechanisms to prevent future abuses
- Physicians as both abusers and victims

Types of abuses physicians were forced to perpetrate—qualitative analysis

- Ear cutting
- Falsification of death certificates
- Harvesting of organs (retinas) of people who died in custody
- Non-therapeutic use of drugs
- Patching up detainees so torture could go on
- Supervising and participating in executions
- Silence in face of abuses

Ear cutting

- “The leadership of the country regarded the ear cutting as a political test, either you like the country or not. You have to perform this type of surgery or you are not on the side of the government. It was an order from the leadership, the holy leadership.”

-- Physician, Nasiriyah, Iraq

Non-therapeutic administration of drugs

- “I was a general medical anesthesiologist, from 1984 to 1988, in the military. The Iraqi army captured a soldier from the other side [Iran] and they asked me to give him light anesthesia in order that they could question him. My colleague, a military doctor, administered anesthesia.”

--Surgical specialist, Najaf, Iraq

Patching up prisoners so they could withstand further torture

- “The Security man came, shouting, and ordered the doctor to see [the detainees], ‘Come see this patient and do whatever you like to him and then let us go back.’ It is an embarrassing situation for any doctor. He knows that this patient has to be admitted to have proper medical care, but he can’t admit him and he can’t even say the patient needs to be admitted. So he has to give them any medication that is available and let them go, and probably it is better for them to die.”

-- Physician, Najaf, Iraq

Silence in the face of abuses

- “Under the past regime, there were things doctors were afraid to talk about... We saw prisoners with old wounds, skin contractures, and trauma to the wrists from handcuffs.”

-- Director of a hospital in southern Iraq

Psychological mechanisms employed by physicians to justify participation in abuses

- Denial
- Bureaucratization of physician's role
- Dehumanization of victims
- Identification with the government
- Displacement of responsibility
- "Lesser evil" rationalization
- Citing coercion

■ Denial, Bureaucratization of the medical role

Asked about examining patients sent from prison who had suffered urological trauma: “Some patients said they had, that security had... [pauses]” Asked about whether any patients with hematuria, for instance, had signs of or spoke of blunt trauma to their flank: “Patients malingering... At that time I only did my job. I didn’t ask [the cause of trauma], to protect myself... Al-Rashid Military Hospital saw most of these cases of urological trauma, peritoneal tears, all sorts of urological injuries. We didn’t see them here.”

--urologist, Najaf, Iraq

■ Dehumanization of victims

- “I did not see many prisoners who had been tortured...Some of the prisoners had homosexual relations with each other. When I examined some prisoners in the Security Office, some of them were smugglers, and some were those who had falsified official documents. As for me, I never saw prisoners who had been tortured.”

-- Iraqi physician, speaking of his former position in a military hospital. Najaf

■ Identification with the government

“The embargo put the government in a bad situation regarding the facilities in the hospital, drugs, and other basic needs. So sometimes the government made special rules.”

--Physician, southern Iraq

■ Displacement of responsibility

“There were two who were culpable [for ear cutting]. First, Saddam Hussein for the edict. And two, his [Security] men because they took his orders and didn’t carry them out in a simple way, they did so in a severe way.”

--Surgeon and Former Hospital Director, Southern Iraq

■ Rationalization, “lesser evil” justification

“They brought in the patients in front of everyone in the lobby and announced, ‘These men are here for the cutting of their ears!’ Everyone was crying out, the women there were wailing. I said, ‘No. This is shameful. Put these men in a room separate from the lobby,’ and had them moved... I refused the way in which they were doing it, displaying the patient in public. I couldn’t refuse the decision—it came from Saddam Hussein—but I refused the way it was being done in public.”

-- Surgeon and former Hospital Director, southern Iraq

■ Coercion

- “The doctors had no choice...[we] were threatened with execution” for refusing to comply with Security officers’ orders
- “You don’t know what it was like in Iraq under Saddam Hussein. They would kill you and your family. I definitely feared they would harm me or my family if I refused.”

— former chief ENT surgeon, Southern Iraq

Mechanisms to prevent future abuses—qualitative analysis

- Freedom
- Democracy
- Ethics courses
- Higher salaries
- Honest government
- Dismantling of Security apparatus
- Participation of doctors in government
- Independence of Iraqi Medical Association from government

Physicians as Abusers and Victims

- “[Non-therapeutic amputation] was a big trauma to all the doctors. I’m sure some of them could not eat after doing it. Because they felt it was not our job, and we should be saving the life of the patient and not crippling him. These doctors feel ashamed... Some became frightened... They felt they were wanted by the family of the patient.”
- “It was a disaster, like a chemical weapons attack or an epidemic. It came in like a stroke. [At first] you thought they were just talking, [making] a joke. But you know it is no joke, you cannot feel at all.”

-- General surgeons, Najaf, Iraq

Limitations

- Generalizability
- Response bias
 - Physicians who most actively resisted had lost their jobs, fled Iraq or been killed
 - Physicians who were complicit might have been non-responders
 - Study was conducted in an unstable political situation in which mechanisms of accountability for past abuses had not yet been established
- Collection of data time-limited

Summary

- Physician participation in human rights abuses in Iraq was a significant problem
- Similar findings as prior studies of psychology of abuse
- Complex situation; physicians who were coerced to abuse patients may themselves be victims of abuse

Discussion

- Suggests universality of doctors' mechanisms to reconcile dual loyalty conflicts
- Medical ethics training alone is insufficient to prevent abuses; structural factors may make it impossible for physicians to uphold their ethical principles
- Same issues pertain to participation of U.S. physicians and psychologists in interrogation & torture in the "War on Terror"

Implications

- Multi-level approach to prevention of medical participation in human rights abuses
 - Education and training
 - Transparency and oversight of medical practice in situations most likely to be sites of abuse
 - Independence of physician practice and physician organizations from the state
 - Professional organizations:
 - Policies against member participation in abuses; regulation
 - Support physicians who bring abuses to light
 - Use collective voice to press for respect for human rights

“I think that the doctors should have refused to do the operation. I heard that some of them refused, some ran away and some were executed. If all doctors refused to make such operations, Saddam could not have executed all doctors.”

-- *Victim of ear cutting, Nasiriyah, Iraq*

“Dr. Aameena, what would you have done if you were in the position of these doctors [who cut ears]? What would you have done, if you knew that if you refused, your ear would be cut, or you or your family might be killed? Tell me honestly, what would you do? I asked this question to the other [American] doctor who was here, and do you know what he told me? He told me, ‘My government would never ask me to do such a thing!’”

-- *Internist in Najaf, Iraq*

Further Information

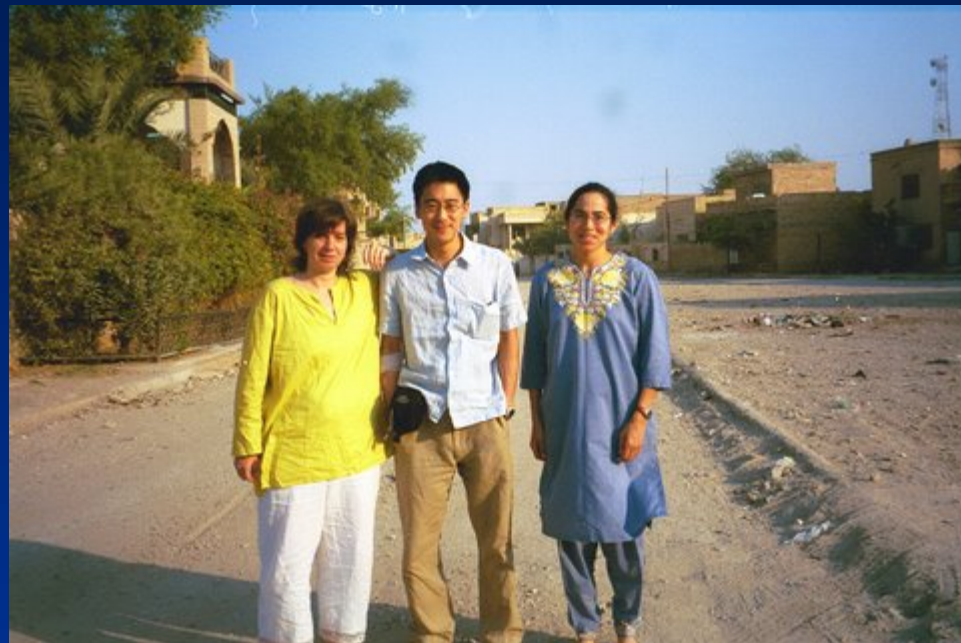
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Acknowledgements

PHR

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Doctors at Guantanamo Bay

- Failed to report physical and psychological abuse of detainees
- Were present during torture
- Failed to report suspicion of abuse when they treated detainees in interrogation area with bruised/ reddened genitals, lacerations, dislocated shoulder
- Shared detainees' medical records with interrogators
- Force fed hunger strikers
- Advised BSCT teams on interrogations methods that can inflict damage to mental health

Lifton *NEJM* 351:415. 2004.