



# Caught Between Conscience and Complicity: Human Rights Violations and the Health Professions

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Human rights violations that result in serious consequences for the victims' health have assumed epidemic proportions. By treating the survivors of torture, by performing post-mortem examinations, and by carrying out other professional tasks, physicians, psychologists, and nurses can become accessories and can play a key role in terms of exposing or hushing up human rights violations. Health professionals are faced with moral dilemmas and, at the same time, may find themselves threatened by members of national security forces. Often they must make the decision between becoming accomplices of the perpetrators or becoming victims themselves. The fate of persecuted health professionals is recounted and the reasons for and the scope of their complicity examined. The goals and work approach of Amnesty International's Health Professionals Network, in which more than 10,000 people worldwide from all areas of health care have banded together, are discussed. The effects of torture are treatable, and competent therapy is essential for survivors of organized violence. Yet full healing—especially of psychological damage—can virtually never be achieved. As a result, both prevention and stronger international activism on the part of professional medical associations and other organizations of health professionals must be demanded. These groups must lend support to victims of organized violence and denounce participation in human rights violations by health professionals. Toward this end, the naming of human rights representatives by health professional associations is urged. [M&GS 1995:106-114]

*Those who succumb to torture can no longer  
feel at home in this world.*  
—Jean Amery

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## The Hidden Epidemic

Every day human rights abuses all over the world endanger and destroy the lives of many people. The only "crime" these people have committed is that their political opinion, religion, or ethnic background is disconcerting to those in power. Numerous governments, as well as armed resistance movements, utilize repression, torture, and murder as part of their strategy to attain or retain power.

Doctors from all branches of medicine, as well as other health professionals, treat the effects of this hidden epidemic—ranging

from fractures, ruptured organs, and burns to paralysis, depression, nightmares, and anxiety attacks— but the medical literature has thus far rarely addressed this as an issue. The cause of this "disease" is well known; complete healing— especially of the psychological effects—is unattainable; and prevention is possible (after all, the injuries were inflicted by people in a premeditated manner). Why do we show so little interest in this social cancer, which is destroying both people and humanitarian values?

### **Persecution and Complicity of Members of the Health Professions**

Health professionals are especially subject to becoming victims of arbitrary warrantless arrest, and are some times imprisoned for years without being either prosecuted or convicted [1,2,3,4]. The cause of these arrests seems to be the professional ethic, which puts health workers in conflict with lawlessness and social injustice and requires that they speak out against human rights abuses of which they have knowledge. Forms of persecution include "disappearance," torture, or politically motivated murder [3,5,6]. The reasons can be as innocuous as having correctly filled out a death certificate, or having honestly documented injuries, since these actions allow human rights abuses to be proved. Doctors and nurses, who are often an abused prisoner's only contact with the outside world, must assume a weighty responsibility as potential accessories. But they are pressured by members of intelligence organizations, the police, or the military to keep quiet or to document the "natural" deaths of victims who have died as a result of torture. Whoever does this is covering up a crime and becomes an accomplice; who ever refuses becomes subject to persecution. Doctors, first-aid attendants, nurses, psychologists, and social workers who work with corrections officers, the police, or the military— especially if they have a certain rank and are therefore subject to receiving orders—are subjected to extreme pressures. Yet by placing national interests before the Hippocratic oath's "primum non nocere," they violate basic principles of professional ethics [7,8,9]. In many countries, cases have been documented in which it could be proven that medical personnel had participated in cruel and inhuman punishments, forced amputations, executions, or torture; in some countries, their participation in activities that clearly violate professional ethics is even mandated by law (1) [3,10].

### **A Fine Line Between Conscience and Danger**

Increasing numbers of doctors, psychologists, and other health professionals are offering their specialized professional training to foster human rights by treating people suffering from the physical, psychic, and social effects of organized state violence. Many of them consider involvement with Amnesty International (AI) and other human rights groups to be productive, since it offers the opportunity for preventive activity and solidarity instead of being a helpless spectator. This involvement, however, encompasses an element of danger as well: totalitarian governments, which realize that it is becoming more and more difficult to deny their systematic use of torture and to keep up a semblance of respectability, take measures against all those who question their power. Doctors and nurses who document their patients' torture scars and go public with them, or who treat injured members of the opposition or rebels, risk their own lives and those of their families.

Moreover, when members of the health professions take advantage of their right to freedom of expression and stand up for their

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1. Most of the examples given in what follows come from the medical field, since the persecution and the complicity of psychologists have thus far not been as well documented. We know, however, that many psychologists who were later involved in founding and staffing treatment facilities for persecuted refugees had been persecuted themselves and sometimes even tortured. Sudfeld reports on 16 psychologists whose persecution between 1977 and 1984 in Argentina, Chile, El Salvador, Kenya, Paraguay, Poland, Czechoslovakia, and Uruguay was documented by the French Psychological Society. Results of psychological research serve to help us understand the psychic effects of torture and to treat torture victims psychotherapeutically; but they are also abused as instruments to improve methods of torture.

The participation of psychologists or psychoanalysts in torture, or training torturers, has been concretely proven in only a few cases. For example, Uruguayan psychologists, such as psychology instructor Dolcey Britos, were accused of having systematically used psychological methods in the "Liberdad" prison (the name means "Freedom") to induce fear, disorientation, depression, and nervous breakdowns in the political prisoners. Also, guards were informed of particularly sensitive areas and/or psychological weaknesses of prisoners who were then placed with aggressive psychotics. Psychologists, not mentioned by name, are supposed to have participated in torture in Chile; in Cuba, members of the secret police are said to have conducted psychological tests and developed techniques of torture [11].

civil rights, this often becomes their undoing. Even mentioning abuses that present risk factors for their patients is dangerous. Under these circumstances, working as a nurse, doctor, social worker, or psychotherapist presents a fine line between conscience and professional ethics on the one hand, and personal danger on the other. For example, in the former Soviet Union, many of those who objected to the forced treatment of healthy dissidents in psychiatric hospitals, such as psychiatrists Dr. Anatoly Korjagin and Dr. Semjon Gluzman and nurse Alexander Podrabinek, themselves became the victims of year-long persecution by the state [7].

### **The Fate of the Persecuted**

On 11 September 1992, surgeon Dr. Armando Rodriguez Parrado "disappeared" from the Columbian department of Meta. His colleagues Dr. Alvaro Diego Escribano and Dr. Edgar Roballo Quintero were murdered one month later in the same region, following death threats by paramilitary groups. In Columbia, systematic human rights violations, such as torture, disappearances, and extralegal executions occur regularly; Columbian officials usually blame armed opposition groups or "death squads," who they claim have eluded state control. Since 1986, more than 20,000 people have become the victims of politically motivated murder in Columbia. Many of the victims are doctors and lawyers. Although it is often not possible to attach responsibility in individual cases, AI has determined from the proof available that the perpetrators have come mostly from Columbian security forces or paramilitary groups supported by them [3,5]. In Turkey, physician Hassan Kaya "disappeared" on 21 February 1993, together with his friend, lawyer Metin Can, who was the chairman of the human rights organization in the Kurdish town of Elazig. Their mutilated bodies were found six days later. Both men had been executed by being shot in the head. Members of the Turkish human rights organization, journalists, and doctors are among the hundreds of people who have become the victims of attacks, kidnapping, and murder in the last several years. In repeated cases, the so called death squads were either tolerated or actively supported by state security forces; the justice system has made no serious efforts to solve these crimes. Although Turkey ratified both the European Anti-torture Convention and that of the United Nations in 1988, prisoners in police custody continue to be tortured regularly [3,5].

On 8 September 1989, a 22-year-old Peruvian nurse, Marta Crisostomo Garcia, was shot to death in her apartment by mem-

bers of the army. Although neighbors could bear witness to the shooting, a police investigation turned up no clues as to the murderers. Marta Crisostomo had publicly testified about a massacre in mid-May 1988, in which 30 Indian farmers in Cayara, in the department of Ayacucho, had been murdered by soldiers. She was the ninth witness of the Cayara massacre who was either murdered or "disappeared" [5].

The 1991 "disappearances" of nurse Mirghani Kafi and dentist Dr. Mohammed Nowar Aso in Kadugi, Sudan, following their arrests by state security forces, has not been solved to this day. Indian chief physician for orthopedic surgery Dr. Farooq Ahmad Ashai died on 18 February 1993 at a roadblock under mysterious circumstances; he was shot by Indian security forces after he had documented many cases of torture [4,5].

### **The Demand for Explanations**

The fates mentioned here are only examples. Thousands of health workers have not only been prevented from carrying out their profession, but have themselves been exposed to danger and persecution. Amnesty International [1,3,5], Physicians for Human Rights [4], the American Association for the Advancement of Science [2], the British Medical Association [7], and others have documented the details of similar fates in El Salvador, Vietnam, former Yugoslavia, the People's Republic of China, Libya, and many other countries. In all these cases of persecution, there were indications, or even conclusive proof, of participation or tolerance on the part of state security forces. As far as the authors know, there was not a single case where an independent investigation of events led to the conviction of those responsible.

This is no coincidence: the pattern of human rights violations has changed in the past few years. Proof of torture, abuse, or murder of prisoners has serious consequences in terms of the international image of a government. The number of difficult-to-prove cases of "disappearance," meaning the kidnapping of people by members of state security forces or paramilitary groups to a secret place, is increasing. Between 1983 and 1991 in Sri Lanka alone, the UN's Human Rights Commission registered 12,000 people as "disappeared."~

### **Complicity and Crimes by Doctors**

In Argentina, where about 9,000 people were victims of "disappearance" and political murder during the dictatorship between 1976 and 1983, doctors actively participated in torture. Since many of the victims were murdered, and many more had their eyes bound

during the doctors' presence to prevent later identification, neither the total number nor the identity of most of these doctors has been ascertained to this day. Police physician Dr. Jorge Antonio Berges was sentenced to six years in prison in December 1986 for having actively participated in torture. In July 1987, however, Dr. Berges was freed pursuant to the "law of culpable obedience"—after those who had spoken in favor of criminal prosecution of doctors committing human rights violations had been threatened and intimidated—and was reinstated into the medical society of the province of Buenos Aires. He also received renewed permission to practice medicine [3].

Steve Biko, leader of the South African "Black Consciousness Movement," was arrested on 6 September 1977 and died on 11 September as a result of police beatings that were covered up in the reports of prison doctor Ivor Lang and his superior, Dr. Benjamin Tucker. Dr. Wendy Orr, a physician working under the direction of Dr. Lang in Port Elizabeth, broke the silence in 1985 after her superiors had refused to take any action despite her repeated reports of severe police abuse of prisoners. Before the supreme court, she testified that a large number of her patients had reported, credibly and consistently with their physical condition, that they had been tortured. Dr. Orr's testimony was acclaimed worldwide, and led to the granting of an injunction, with the goal of preventing the abuse of prisoners by the police. Dr. Orr was transferred to a geriatric department, however, and was anonymously threatened until she decided to leave Port Elizabeth [8].

During the military regime in Uruguay, Dr. Gregorio Martirena, together with his colleague Dr. Hugo Sacchi, who had been tortured himself, began to compile a detailed documentation of the role of military physicians during the dictatorship [12]. In Uruguay, as in many other countries, those responsible for human rights violations passed amnesty laws preventing their own criminal prosecution before the tyrannical governments toppled. The activism of Uruguayan doctors, however, led to the appearance of military physicians Dr. Eduardo Saiz Pedrini, Dr. Nelson Fornos Vera, Dr. Vladimir Bracco, Dr. Hugo Diaz Agrelo, and Dr. Nelson Marabotto before the National Uruguayan Commission for Medical Ethics following an investigation into their actions. They were found guilty of serious violations of medical ethics and expelled from the professional medical associations.

## **Systematic Abuse of the Health Professions by Governments**

Neither the persecution of health professionals nor their complicity in and perpetration of crimes are isolated cases. The involvement of doctors in violations against medical ethics, which at the same time constitute serious human rights abuses, have been documented in many cases. This situation is fostered by a policy in a number of countries, according to which conscientious doctors are systematically threatened, while cooperating physicians are rewarded. As the fate of Dr. Orr shows, doctors who break the "esprit de corps" of secrecy must—at the very least—deal with reprisals. In contrast, those who quietly treat torture victims and falsify findings or autopsy reports are often rewarded both materially and with increased prestige, for example in the form of a military career.

Governments are also increasingly attempting to legitimize torture and the death penalty by supposedly humanizing these acts and integrating doctors into the process. In a pioneering article in the *New England Journal of Medicine*, Curran and Cassel refer to this as "corrupting and exploiting the societal role of the health professions" [13]. In Denmark, Rasmussen published the results of his own study of 200 survivors of torture from 18 countries [14]. One-fifth of those interviewed said that medical personnel had been involved in torturing them. In 10 cases, physicians were present while the torture was going on.

In Pakistan and Singapore, the presence of a doctor at public whippings is legally mandated. Under the military regime of President Numeiri in Sudan, "crossover amputation" was introduced as a so-called "Islamic punishment," whereby the hand of one side and the foot of the other are amputated [3,8].

In 1986, former military doctor and torturer Dr. Amilcar Lobo reported in the Brazilian press how he had become a part of the system of state-sanctioned torture, and that he had actively participated in it [8]. Füchtner comes to the conclusion that "the direction of the Brazilian Psychoanalytical Society was obviously working hand-in-hand with the political police" [15].

In the autumn of 1994, at least nine doctors were arrested in Iraq within a period of four weeks because they had refused to amputate the limbs of healthy people. As early as 1985, AI documented the case of a doctor who had testified that, during the Iran-Iraq war under the regime of Saddam Hussein, he had been forced to take so much blood from prisoners for transfusion purposes that they died as a result. Other Iraqi doc-

tors testified that, following the execution of minors and prisoners, they had been forced to falsify death certificates to certify a natural death [3].

### **Participation of Doctors in Executions**

The U.S. is one of the few democracies where the death penalty continues to be imposed and carried out. Doctors and nurses still occasionally participate in the state-sanctioned killing of human beings, although this represents a serious violation of their professional code of ethics [13,16,17]. The American Medical Association, the American College of Physicians, the American Public Health Association, the American Nurses Association, and other professional organizations have denounced the participation of "health professionals" in legal executions. As the World Medical Association emphasized in its statement on the occasion of the first execution by injection of a poisonous substance, health professionals are not executioners or henchmen. Nonetheless, in many U.S. states, there are laws or regulations mandating the presence of a doctor at executions. In October 1990, Taiwan's Justice Ministry decided that prisoners condemned to death would be executed by shooting them in the head, so that their organs could be used for transplants. In April 1991, a condemned man was brought to the hospital responsible for organ transplants after he was shot in the head. There, it was determined that he was still alive. Thirty-four hours following his first shot in the head, he was taken from the hospital back to the execution site to be shot again. According to the Justice Ministry, the organs of 22 executed prisoners had been removed for transplant by the end of June 1991. The prisoners had even been artificially ventilated following their execution in order to keep enough oxygen flowing to their organs [3].

### **Medical Crimes During National Socialism**

In 1946, 23 doctors, SS officials, and administrative bureaucrats were tried before the American military court in Nuremberg for their participation in human experiments in concentration camps and research institutions, as well as in the "euthanasia" killing of emotionally ill people. As shown by subsequent investigations, these trials represented merely the tip of the iceberg. Alexander Mitscherlich, who observed the trials of behalf of the West German Chambers of Medicine, was struck by the fact that during the trial, the names of high ranking scientists and university professors were constantly

being mentioned. While they had, perhaps, not personally committed any crimes, they had taken advantage of the cruel fate of helpless people [18].

A perfect example of this indirect involvement is the renowned neuropathologist Professor Julius Hallervorden, who examined the brains of 697 victims of euthanasia at the Kaiser Wilhelm Institute for Brain Research in Berlin's Buch district, and then talked his way out of responsibility to American investigating authorities as follows: "After all, where those brains came from was none of my business" [19]. Medical students at Frankfurt's Max Planck Institute for Brain Research studied these specimen collections of Hallervorden's until the 1980s, and the specimens were removed only when German and American medical historians uncovered the scandal<sup>2</sup> [20].

Following 1945, other doctors justified their crimes by pointing to the exceptional situation of war. For example, German doctors conducted fatal human experiments in the Buchenwald concentration camp to develop a vaccination against typhus fever; this was a very important military achievement given the devastating epidemics of typhus among German soldiers on the eastern front [21].

Toxicologist Wolfgang Wirth helped the German Wehrmacht develop chemical weapons during his work at the Institute for Pharmacology and Military Toxicology of the Military Medicine Academy in Berlin by evaluating deadly poisonous gas experiments on concentration camp prisoners [22]. Mitscherlich pointed out that a doctor in the Third Reich "was able to become a licensed killer and henchman in the public service only by combining two processes: the aggressiveness of his search for the truth and the ideology of the dictatorship. There is virtually no difference in seeing a person as a 'case' or as a number tattooed on the arm—the double facelessness of a merciless epoch" [18].

### **Experiments and Ethics in Research**

In 1949, the Nuremberg Code was published as a result of the medical crimes committed during national socialism; it formulates ethical principles for carrying out scientific research. Both the significance and the current relevance of demanding independent investigations and the punishment of violations of medical ethics are underscored by

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<sup>2</sup> Gotz Aly discovered the Hallervorden collection in the early 1980s. For further details on the international campaign to remove the anatomical specimens of Nazi victims and bury them, see [20].

the recent revelations of state-run radiation experiments on people in the U.S. [23]. Between 1945 and 1975, American government officials conducted dozens of secret radioactivity experiments on test subjects with neither their knowledge nor consent. Doctors who were familiar with the Nuremberg Code participated in these studies, organized for military purposes, on prisoners, cancer patients, and hundreds of pregnant women. Almost 50 years after they were started, intense public pressure led U.S. President Clinton to form an investigative committee led by medical ethics expert Ruth Faden; it is due to report its findings shortly. In this context, the nuclear tests, both atmospheric and under ground, undertaken by the nuclear powers must be mentioned as well.

And in fields other than radiation, it is still clear that research results from studies based on unethical human experiments are often cited, leading to increased prestige for the authors, without reference to the circumstances under which the findings were attained.

## Science in the Service of Human Rights

The time has come for science better to serve the cause of human rights. There are numerous examples of this happening already. For example, molecular biologists and geneticists are investigating the disappearance of children in Argentina (some of whom have been "adopted" by the families of the perpetrators) and in El Salvador. Forensic doctors and pathologists participate in the identification of human remains and ascertaining the cause of death when mass graves are dug up following massacres, in order to collect evidence for use in court proceedings. Psychologists and psychiatrists document the effects of torture and develop treatment approaches for severely traumatized patients. They also research the character-based and situational conditions that allow a person to engage in torture.

## An International Criminal Court is Past Due

Since a large part of a state's legitimacy is derived from its function of protecting its citizens, governments that abuse human rights end up bringing their own legitimacy into question. Governments always hide behind their state sovereignty and the danger to their national security whenever they violate the rights of their own citizens. Progress in developing international law could lead to improved control of state power.

The UN War Criminals Tribunal—the international body's first attempt to enforce

human rights judicially and to end the widespread lack of criminal prosecution of the perpetrators since the trials of Nuremberg and Tokyo—has been meeting since the end of 1994 regarding the former Yugoslavia. At the end of 1994 the UN Security Council also decided to investigate judicially the atrocities committed in Rwanda. The UN plan to follow up the appointment of a high commissioner for human rights with a permanent international criminal court is long past due and could thwart the activities of perpetrators who have thus far been able to take advantage of their own country's amnesty laws.

## Treatment of Victims

The effects of torture are treatable, and the treatment received by victims is of great—often existential—significance. But healing, especially of psychological damage, is usually too much to hope for—a truth expressed in the above epigram by Jean Amery [24], who himself suffered in three German concentration camps between 1943 and 1945. In torture, the deep feelings of hurt and being uprooted, the broken basic trust, and the inability to express the suffering experienced all lead to feelings of alienation. Alienation is felt toward people once trusted, toward everyday life, toward one's own body—which becomes little more than a source of pain and suffering for its occupant—and toward one's own feelings of shame, fear, and failure.

AI's Health Professionals Network (see side bar) has supported the founding of treatment centers for survivors of organized violence. The goal is to assure torture victims in exile a secure right of residency as well as appropriate treatment. At these treatment centers, refugees are provided with counseling by a social worker and with psychotherapeutic and medical treatment in order to help them regain strength to deal with the trauma of torture and with developing new perspectives for their lives. The working group also discusses issues such as the danger of retraumatization through racist attacks and through the feeling of being at the mercy of authorities and courts in the country of exile, similar to the former helplessness in the face of the torturer's absolute power. Especially when asylum applications are denied, therapists observe uncontrollable fears and relapses that go hand-in-hand with a dramatic increase in the symptoms of the patient's post-traumatic stress disorder.

In the past, Amnesty International has also supported the establishment and the work of treatment centers in countries where systematic torture takes place. The work of these centers is impeded by the fact that the

employees are often themselves endangered. The treatment of severely traumatized people who are not victims of an inescapable fate or a natural disaster, but rather have been made to suffer by their fellow human beings at the orders of a government, encompasses as well the danger of depression and paralyzing effects among psychotherapists, doctors, and social workers.

### **Strengthen Professional Ethics—Sanction Violations—Protect Victims**

Whenever healing does not seem attainable, prevention must become the highest goal of medical action. This also means that medical and other health professional associations are duty-bound to make use of their authority in issues of medical ethics. Their influence could serve to protect victims before they become patients. Their determined action against perpetrators from their own ranks would serve as an example and provide a signal that could not be ignored. If health professionals remain silent about complicity in torture, executions, and other human rights abuses, they endanger the trust that has been placed in them [25, 26].

Physicians should know that they are threatened with severe sanctions from their professional associations, up to and including a global revocation of their license to practice, if they participate in human rights violations. At the same time, however, they must not be left alone in their hopeless dilemma of deciding between complicity and resistance, thereby endangering their own lives. Those who endanger both themselves and their loved ones by acting according to their conscience must be assured that human rights organizations and professional bodies within the health professions will do everything in their power on a global level to protect them. This is the only way that standards of medical ethics, as they were proclaimed in Tokyo and Madrid, as well as the resolutions of the International Council of Nurses (ICN), which condemn every form of participation in torture by doctors and nurses, will ever be able to be realized. Health professional associations should be encouraged to work closely together with human rights organizations. The British Medical Association, several physician's associations in Scandinavian and Latin American countries, and the American Association for the Advancement of Science have been doing this with a great deal of commitment for many years.

The health professions' increasing level of consciousness in this area has been underscored by the founding of Physicians for Human Rights in 1986, and the François

Xavier Bagnoud Center for Health and Human Rights at Harvard in 1994.

One concrete step, consistent with the spirit of the proclamations of the World Medical Association, the International Council of Nurses, the World Health Organization's definition of health, and the UN's Principles of Medical Ethics, would be for physicians' associations and other professional organizations each to name a human rights representative. In emergency cases, such as the threat of imminent torture or disappearance, these human rights representatives would be able to take immediate action to protect health professionals and human rights activists by publicizing their cases. The Berlin Chamber of Physicians regularly takes action in concrete cases of human rights violations, and its president has announced the intention of naming a human rights representative shortly. But the president of the Federal Chamber of Physicians has said that, due to the lack of a "general political mandate," only a "selective commitment" in terms of human rights issues would be possible. One must wonder whether doctors who are threatened with torture for not being willing to break their Hippocratic Oath would be sympathetic to this argument? ❧

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