

Tortured Logic

There are important reasons why the most sacred medical oaths and doctrines prohibit doctors from participating in torture in any way.

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Newsweek Web Exclusive

Oct 18, 2007 | Updated: 6:43 p.m. ET Oct 18, 2007

"The end excuses any evil."

--Sophocles, *"Electra"* (409 B.C.)

"No man is justified doing evil on the grounds of expediency."

--Theodore Roosevelt, *"The Strenuous Life"* (1900)

Last week, I was having dinner with a good friend who is an extremely bright and thoughtful person. I shared with him how shocking it is to me that our country is having a rational debate about whether or not it's permissible to torture people. "It's unfathomable to me that some people think it's morally defensible to torture people in the name of defending our freedoms," I said. "If we can't draw a bright moral line about torturing, then where can we? Torture is *never* the right thing to do."

"Oh, yes it is," he replied, causing me to choke on my sushi. "What if some guy abducted your beloved wife and son, had them locked up somewhere with a bomb that was rigged to explode in two hours, and the police captured him. Wouldn't you torture him to get the information you needed to save their lives?"

"I don't know what I would do," I replied, "but I'd like to believe that nothing ever justifies torture. Expediency is a slippery slope."

As the cartoon character Pogo once said, "We have met the enemy and he is *us*." Sometimes, people do the darkest acts in the name of helping protect their loved ones. Sweet and precocious young Anakin Skywalker goes to the Dark Side and becomes the evil Darth Vader in hopes of gaining enough powers to protect his beloved wife from dying in childbirth.

In this column, I want to focus on the morality and efficacy of torture more than the political and legal concerns. What does torturing people say about us as human beings, and how does it involve us as health professionals? And if doctors, nurses and psychologists torture people or participate in executions, how does that affect people's visceral perceptions and experiences of us as healers rather than as torturers? If we physicians are causing suffering rather than relieving it, and if we destroy lives

rather than save them, what kind of corrosive effects does that create?

According to Leonard Rubenstein, executive director of Physicians for Human Rights, "Torture can also compromise the integrity of health professionals." As Harvard psychiatrist Robert J. Lifton wrote in *The New England Journal of Medicine*, "The participation of doctors [in torturing] can confer an aura of legitimacy."

There are important reasons why the most sacred medical oaths and doctrines, including the World Medical Association Declaration of Tokyo, prohibit doctors from participating in torture in any way. All physicians take the Hippocratic Oath, which states, "I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrongdoing."

In an op-ed column in *The Washington Post*, "The Stain of Torture," by Dr. Burton J. Lee II, former personal physician to President George H.W. Bush, the doctor wrote:

It's precisely because of my devotion to country, respect for our military and commitment to the ethics of the medical profession that I speak out against systematic, government-sanctioned torture and excessive abuse of prisoners during our war on terrorism. I am also deeply disturbed by the reported complicity in these abuses by military medical personnel. This extraordinary shift in policy and values is alien to my concept of modern-day America and of my government and profession. Military leaders have long been aware that torture inflicts lasting damage on both the victim and the torturer. The systematic infliction of torture engenders deep hatred and hostility that transcends generations. And it perverts the role of medical personnel from healers to instruments of abuse.

But according to Dr. David Tornberg, deputy assistant secretary of Defense for health affairs, (as quoted in the *New England Journal of Medicine*) a medical degree is not a "sacramental vow"--it is only a certification of skill. When a doctor participates in interrogation, "he's not functioning as a physician," so the Hippocratic Oath no longer applies. This makes no sense at all, since it is precisely because of the physicians' skills and training that they are asked to participate in torture. Worse, it debases and degrades the humanity of our profession and the sacred vows and oaths that we take. By speaking out against torture in all its forms, we can reclaim our role as healers.

For those who defend the need to torture in certain circumstances, there is a presumption that it works. Yes, it's bad, they may say, but if it's the lesser of two evils and necessary to protect our loved ones, then it can sometimes be justified. However, a recent report by the National Intelligence University states that there is no evidence that torture works in providing useful information. Worse, it often leads subjects to provide misinformation.

Douglas Johnson is executive director of the Center for Victims of Torture in Minneapolis. He says, "We care for people who the rest of the community would consider innocent victims of torture, but all of those survivors would tell you that they would have said anything--anything at all that was wanted of them--to get the torture to stop. And so, they'll confess, they'll give the information that's fed to them, because the person who most needs a confession is the torturer. Without that confession, the torturer has no justification for what they've done. And the only way that torture states manage the morale and the minds of their torturers is that a confession emerges. And that's one of the key reasons why truth doesn't emerge from torture. Anything could emerge. Sometimes it's a danger."

According to Dr. Steven Miles, a professor of medicine and author of the book "Oath Betrayed: Torture, Medical Complicity, and the War on Terror," "One of the fascinating things about the ticking-time-bomb scenario is that it has elicited bad information, which has sent our troops on dangerous and fatal missions. The sole source for the information that bioweapons were being developed jointly by Saddam Hussein and Al Qaeda came from a guy that we kidnapped in Sweden, took to Egypt and tortured, and

that made it to the U.N. and was part of the authorization to go to war."

His views were echoed by Sen. Joseph Biden last month at a Democratic debate at Dartmouth College: "I met up here in New Hampshire with 17 three- and four-star generals, who said, 'Will you make a commitment you will never use torture?' It does not work, and it's part of the reason why we got the faulty information on Iraq in the first place, because it was engaged in by one person who gave whatever answer they thought there were going to give in order to stop being tortured. It doesn't work. It should be no part of our policy ever. Ever."

Earlier this month, according to The Washington Post, there was a reunion of about two dozen World War II veterans in Washington who participated in the interrogation of Nazi prisoners of war. "Many of the proud men lamented the chasm between the way they conducted interrogations during the war and the harsh measures used today in questioning terrorism suspects," the paper reported." Henry Kolm, an MIT physicist whose interrogation of Hitler's deputy, Rudolf Hess, occurred over a chessboard, said, "We got more information out of a German general with a game of chess or ping-pong than they do today, with their torture."

Alberto Mora is the former Navy general counsel who opposed the administration's policy on torture. In 2006, while accepting the JFK Profiles in Courage Award, he said: "We need to be clear. Cruelty disfigures our national character. It is incompatible with our constitutional order, with our laws, and with our most prized values. Cruelty can be as effective as torture in destroying human dignity, and there is no moral distinction between one and the other. To adopt and apply a policy of cruelty anywhere within this world is to say that our forefathers were wrong about their belief in the rights of man, because there is no more fundamental right than to be safe from cruel and inhumane treatment. Where cruelty exists, law does not."

"Torture" is defined in the Military Commissions Act of 2006 as "an act specifically intended to inflict severe physical or mental pain or suffering upon another person within his custody or physical control for the purpose of obtaining information or a confession, punishment, intimidation, coercion, or any reason based on discrimination of any kind." According to The Washington Post, methods of torture that have been used by the CIA include waterboarding (mock drowning), exposure to extreme cold (including induced hypothermia), stress positions, extreme sensory deprivation and sensory overload, violent shaking, striking, sexual humiliation, prolonged isolation, prolonged sleep deprivation, threats of harm to individuals and to their family and friends, among others.

The Third Geneva Convention states, "No physical or mental torture, nor any other form of coercion, may be inflicted on prisoners of war to secure from them information of any kind whatever. Prisoners of war who refuse to answer may not be threatened, insulted, or exposed to any unpleasant or disadvantageous treatment of any kind." The issue of dual loyalty--the need for military doctors to follow orders and also to be bound by principles of medical ethics--was clearly dealt with in this and other international treaties, including the Nuremberg tribunals in which "orders are orders" was not a valid defense by military personnel against war crimes.

According to several sources, including a recent report, "Leave No Marks," by Physicians for Human Rights and Human Rights First, increasing evidence indicates that physicians and other health professionals, including psychologists, have been involved in torturing detainees in Guantánamo Bay, Iraq and Afghanistan. These activities range from participating in torture, watching it behind one-way mirrors, patching wounds, treating collapsed prisoners, turning over medical records to interrogators, and covering up and even falsifying deaths due to torture so they appeared to be from natural causes. Dr. David Auch, commander of the medical unit that staffed Abu Ghraib during the time of the abuses made notorious by soldiers' photographs, said military intelligence personnel told his medics and physician assistants not to discuss deaths that occurred in detention.

Psychologists may advise interrogators on how best to exploit fears and weaknesses in those that they are torturing. I was disappointed that the American Psychological Association (APA) did not pass a proposed moratorium earlier this year banning psychologists from being involved in coercive interrogations. According to Dr. Miles, "[The APA] very specifically stated that physicians or psychologists could work in secret prisons with an option of leaving if they wanted, but not with an obligation to call attention to the abuses within secret prisons."

As Douglas Johnson said during a recent interview, "I think it's important to understand that in today's world there are more health-care professionals involved in the design and structuring of torture than there are those who are involved in providing care for survivors of torture around the world."

If we're not careful, we become that which we most fear. When we torture people, even if we win the battle, we've already lost the war for hearts and minds. Especially our own.

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