

Danish Medical Association
Domus Medica
Kristianiagade 12
2100 Copenhagen Ø



REHABILITERINGS- OG
FORSKNINGSCENTRET
FOR TORTUROFRE

REHABILITATION AND
RESEARCH CENTRE
FOR TORTURE VICTIMS

27 April 2010

Dear Sirs

Re: Medical complicity in torture

A UN Human Rights Council Resolution, **A/HRC/10/L.32**, was passed on 20 March 2009 and is titled "**Torture and other cruel, inhuman or degrading treatment or punishment: the role and responsibility of medical and other health personnel**". This resolution targets states directly, urging them to act to prevent health workers from becoming involved in torture and to protect those who stand out against it. In addition, it directly addresses both healthcare professionals and the UN special rapporteur on torture, by asking the rapporteur to give particular attention to the problem of "medical complicity". A full discussion of the resolution recently appeared in the *BMJ* (*Polatin et al, BMJ 2010, 340: c973*).

The World Medical Association has established the Tokyo Declaration as an ethical code which precludes medical involvement in, and complicity with, torture. However, the WMA may lack investigative powers, particularly in countries where advocacy groups are not tolerated. Moreover, The Tokyo Declaration is not a binding obligation that would empower the WMA to investigate allegations of medical complicity in torture, even if it had the resources to do so. These two constraints are not an issue for involvement by the UN special rapporteur on torture. These facts offer the possibility of an alliance between the WMA and the UN special rapporteur, who could act together to ensure compliance with the resolution.

The Rehabilitation and Research Centre for Torture Victims, RCT, therefore proposes that the World Medical Association and its affiliated associations might be the conduit through which doctors' concerns about "dual loyalty" abuses could be communicated to the UN special rapporteur on torture. Particularly relevant would be reports about 1) cases of torture and 2) work conditions or employers that infringed upon physicians' ability to maintain their professional integrity. The special rapporteur, then, could have the resources and authority to investigate plausible allegations, with the force of this binding resolution to apply in the event that findings were to substantiate the claims. This, in turn, could lead the WMA to either back the appropriate actions for the national medical association to take, or consider bringing sanctions or even suspension, should the local organization have been deemed insufficiently proactive in response to the findings of the special rapporteur.

RCT

Domus Parker
Borgergade 13
P.O. Box 2107
DK-1014 Copenhagen K
Tel +45 33 76 06 00
Fax +45 33 76 05 10
E-mail rct@rct.dk
www.rct.dk

SE-No 69 73 51 18

Giro BG Bank No.
3001-0007383940

Danske Bank No
3001-4310821209

It is suggested that the Danish Medical Association propose such an initiative. Because this action would be strengthened if it were supported by more than one national medical association, it may be worth disseminating the idea to physicians in other countries as well, with the suggestion that they approach their own associations. Sir Iain Chalmers and John Yudkin have already made such a recommendation to the BMA. The following activities might also be considered:

1. Direct communication between the DMA, and any other national medical associations that wish to be involved, stipulating the request for co-operative effort and outlining the tasks and goals.
2. Designation of responsible parties within each of these organizations, who would coordinate the effort.
3. Possible involvement of other professional organizations, such as Global Doctors and Amnesty International doctors groups.

RCT is proud of the consultative role that several of its staff played in the creation of this resolution and the awareness generated by its recent BMJ article. RCT is willing to discuss further involvement at the practical level; to support and/or develop methods for monitoring dual obligation conditions along with NMA's, assuming that funding to facilitate such cooperation would be available.

Sincerely yours

A handwritten signature in black ink, appearing to read 'Bengt H Sjölund', written over the typed name below.

Bengt H Sjölund, professor
Director General, RCT