

MEDICO-LEGAL NOTES

Torture and Role of Medical Practitioners

Tanuj Kanchan, T S Mohan Kumar, G Pradeep Kumar, K Yoganarasimha

Introduction

Torture has existed in the society for time immemorial. In older days torture of alleged criminals, spies, and political prisoners was considered acceptable, but today in modern civilized society torture in any form for whatever motive, is considered a crime and universally condemned. Torture infliction is still prevalent in some form or the other all over the world. According to Amnesty International, the worldwide organization that monitors human rights violation, torture is practiced in 65 out of 144 countries and is on the rise. Not surprisingly, in its annual report issued by the UN on torture 1997, India appears in the list of 29 countries, where torture is fairly extensive,

Medical profession and human rights are closely related. Usually doctors are the first ones to come in contact with torture survivors thus can alleviate violation of human rights. Torture Medicine is an evolving branch of clinical Forensic Medicine dealing with medicolegal and ethical aspects of torture.

Definitions of torture

Literal meaning of torture is anguish of body or mind; the infliction of intense, pain or to punish; coerce, or afford sadistic pleasure (1).

With time definition of torture also has undergone refinement

- The physical and mental suffering deliberately inflicted upon a human being by any other human being.
- The infliction of suffering, upon anyone for any purpose- or for no purpose.

Tokyo Declaration of the World Medical Association in 1975, defined torture in relation to

detention and prison as "the deliberate or intentional systematic wanton infliction of physical of mental suffering by one or more persons acting alone, or on the orders of any authority, to force another person to yield information, to make a confession, or for any reason" (2).

Modern definition of torture as given in the "U.N. Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment" of 1984 is "Any act of which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or third person, information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from inherent in or incidental to lawful sanction".

Methods of torture

With times methods and intensity of torture have come a long way, from predominantly physical to mental form of torture. Torturers keep on devising newer sophisticated and more effective methods of torture as per their aptitude and imagination. Torturers today are able to create conditions which effectively break down the victim's personality and identity. Medical practitioners should keep afresh with these ones for effective diagnosis and management of the victims. Of the innumerable existing

From the Department of Forensic Medicine, Kasturba Medical College, Manipal- 576104, Karnataka, India.

Correspondence to: Dr. Tanuj Kanchan, Department of Forensic Medicine, Kasturba Medical College, Manipal-576104, Karnataka, India.



methods of torture some of the common ones are (3, 4)-

A. Physical torture

1. Physical torture that cause extreme and excruciating pain-

Beating- The most common type of physical abuse. It varies from simple slapping to use of sticks, whips, rods, belts, chains etc.

"Falanga" (Falaka, Bastinado) torture- Severe beating on the soles of the feet.

"Finger" torture- Pencil or similar objects are placed in between two fingers, and then squeezed hard or twisted.

"Heat" torture- Cigarette burns are the most common variety. Victims are made to stand in sun or near fire for hours.

"Cold" torture- Victims are made to lie on cold, damp floor or ice slabs.

"Irritant" torture- Irritants like chilly powder, common salt are applied on the delicate parts of the body or open wounds.

"Suspension" torture-Victim is suspended by his wrists ("la bandera"), ankles ("murcielago"), arms or hairs.

"Operating table" torture "el quirofano"- Victim is made to lie on a table with upper half of the body unsupported.

"**Dental" torture-** Teeth are pulled or broken down by clips or forceps or victim is made to chew hard stones, metal pieces etc.

"Hair" torture- Victim is dragged by the hairs or hairs are pulled forcibly.

"Hogtie" torture- Victim is tied in an abnormal position and left for hours.

"Saw Horse"- Forced straddling of a bar that may cause perineal or scrotal hematomas.

Poking in and twisting of body parts.

2. Physical torture that cause fear of immediate death-

"Electric" torture "Cattle prod"- Electric shock is inflicted on to the sensitive parts such as nipples, genitals or all over the body.

Suffocation- by closing mouth and nose of the victim.

"**Dry submarine**"- When victims head is tightly covered with a plastic bag.

"Wet submarine"- When victims head is immersed in water, urine, vomit etc.

"Sham execution"- Victim is blindfolded and made to stand before a wall then threatened that a vehicle is gong to hit him.

3. Physical torture that causes extreme exhaustion

"el planton"- victim is told to stand on one leg for long duration.

Forced labour- victim is made to work very hard without food and water.

4. Physical torture that causes disfiguration, mutilation or permanent disbility

"el telefono"- Simultaneous beating of both ears with palms of the hand.

Mutilation- Chopping of ears, nose, fingers etc.

Disfiguration- Throwing of acids/ corrosives over face and other parts of the body.

B. Mental Torture

1. Deprivation techniques- comprises of

Sensory Deprivation- victim is hooded or blindfolded and kept in dark room for long time.

Perceptual Deprivation- Victim is blindfolded and frequently transferred from one place to another

Social Deprivation- Solitary confinement in a dark environment.

Deprivation of basic needs- Withholding food, water, toilet facilities, sleep, clothing etc.

- 2. Coercion techniques- Victim is compelled or coerced to perform or to witness actions that cause mental anguish.
- 3. Threats and humiliation- Direct threat, or threat directed towards family members, relatives, friends etc. along with humiliation.
- 4. Communication techniques- victim is mentally tortured by giving a variety of confusing, contradicting and false information regarding tragedy involving close relatives.

C. Sexual Torture

1. Sexual torture using instruments- Infliction of injuries to private parts of male and female victims.



"Black Slave" Heated metal skewer is inserted into anus.

- 2. Sexual torture without use of instruments- includes verbal sexual abuse and humiliation. Victim may be forced to undress in front of others, and photographed in humiliating positions.
- 3. Sexual torture using animals- in form of rape by trained dogs and monkeys. Spiders, ants, rats and lizards are introduced into the vagina or anus.

Consequences of Torture (5, 6)

Depending on type method and duration of torture outcome can vary from mild to severe physical, psychological and social trauma. Physical consequences can be early or delayed in form of severe pain, hemorrhage, infection, scars, mutilation, disfiguration etc. Psychological consequences include anxiety, depression, phobia, sleep disturbances, alcohol/ drug abuse, post traumatic stress disorders, suicidal tendencies etc. Social consequences are related to social stigma, unemployment, negativity in social activities etc.

Management of Torture victims (5, 6)

Torture shatters the victim not only physically but also psychologically. Primary responsibility of medical practitioner is to diagnose, take care and provide relief to such people. While physical trauma is comparatively easy to diagnose and treat, assessment of extent of psychological and social trauma remains the big challenge.

A careful and detailed clinical examination is necessary to derive a complete picture. Doctor should be very sensitive and patient, while dealing with torture victim and should try to win patient's confidence, as assessment of psychological trauma is very important. Physical and psychological treatment should be provided simultaneously. Physical treatment includes drugs and physiotherapy while psychological and social treatment includes psychotherapy and counseling, usually with whole family and providing overall support and rehabilitation.

Ethical aspects of torture (7, 8, 9)

Doctor's involvement in torture may be direct or indirect in form of-

- 1. Evaluation of victim's capacity to withstand torture.
- 2. Providing professional knowledge and skill to the torturer.

- 3. Supervising torture through provision of medical treatment
- 4. Deliberately omitting medical information when issuing health certificates or autopsy reports.
 - 5. Withholding information about incidence of abuses.
 - 6. Administering torture by direct participation.

Torture is considered utterly unethical and doctor should not have any involvement with such a process except for examination and treatment of the tortured.

As per medical ethics, various codes and convention, as well as other guidelines, doctors are prohibited from using their professional knowledge to harm their patients. As per the declaration of Tokyo (World Medical Association, 1975) the doctor shall not-

- 1. Participate or be accomplices in the practice of torture or any form of cruel, inhuman or degrading procedures against individuals or fail to denounce them when learning about them.
- 2. Provides means, instruments, substances or knowledge designed to facilitate the practice of torture or other forms of cruel, inhuman or degrading procedures against individuals.
- 3. Be present during any procedure involving cruel or inhuman activities.
- 4. Forcibly feed any person on hunger strike who is regarded capable, physically and mentally, to have perfect judgment on the possible consequences of his attitude. In such cases, physicians should let him know on the probable complications of prolonged fast, and in the hypothesis of impending danger to life and treating him.
- 5. Use any procedure that might alter personality or consciousness, for the purpose of diminishing his physical and/or mental resistance, in the course of police investigation of any other kind.

The WMA will support and should encourage the international community, the national medical associations, and the fellow doctors to support the doctor and his or her family in the face of threats, or reprisals resulting from a refusal to condone the use of torture or other form of cruel inhuman or degrading treatment.



Legal aspects of torture

Apart from various sections relating to injury and hurt, S. 330 and S. 331 IPC deal with voluntary causing hurt and grievous hurt for the purpose of extorting confession of any information in our country.

As per World Conference on Human Rights, 1993-Freedom from torture is a right that must be protected under all circumstances, including in times of internal or international disturbances or armed conflicts. In India, National Human Rights Commission monitors the violation of any of the rights of the individuals and has been empowered to move courts regarding the same, under Sec 18 (2) of The Protection of Human Rights Act, 1993.

Conclusion

Torture is a wound in the soul and destroys individual's personality. In a civilized society like ours torture in any form is unacceptable. A beginning has been made to eliminate this social evil but the road to torture free society is long and a lot more is yet to be done. Doctors are among the first ones to come in contact with torture victims so awareness amongst doctors, relating to torture and its effects, not only would benefit the survivors of torture but also help in eradicating this evil from the society.

"Wild animals never kill for sport. Man is the only one to whom the torture and death of his fellow creatures is amusing in itself" - J. A. Froude

References

- Webster's Third New International Dictionary: Encyclopedia Britannica Inc. Manila, vol.III, 1971, pp 2414.
- World Medical Association, Declaration of Tokyo. World Med J 1975; 22.
- Pillay VV. Handbook of Forensic Medicine and Toxicology.
 13th ed. Hyderabad, Paras Publishing. 2003, pp 286-87.
- Nandy A. Principles of Forensic Medicine. 2nd ed. Calcutta, New Central Book Agency (P) Ltd. 2000, pp 583-4.
- Franklin CA. Modi's Text Book of Medical Jurisprudence and Toxicology. 21st ed. Bombay, N M Tripathi Pvt. Ltd. 1990, pp 532-33.
- Dogra TD, Rudra A. Lyon's Medical Jurisprudence and Toxicology. 11th ed. Delhi Law House. 2005, pp 532-33.
- 7. Sobti JC, Makkar SP, Aggarwal P. Role of doctors in prevention of torture. *JIMA* 1999; 97 (11) 466-68.
- 8. Kohli A, Aggarwal NK, Murthy OP. Role of medical ethics in torture cases with two illustration cases. *J Forensic Med Toxicol* 1997; 14(2): 41-46.
- Fimate L. Medical Ethics and Torture. *JIMA* 1999; 97 (11): 453-56.

&

:

- 01. Letter of submission.
- 02. Copyright statement signed by all the authors.
- 03. Two copies of manuscript.
- 04. Title page
 - Title of manuscript
 - Full name(s) and affiliations of author(s), Institution(s) and city(ies) from which work originated.
 - Name, Address, Telephone & e-mail address of corresponding author.
- 05. Structured abstract and key words only for Original Articles & Case Reports.
- 06. Article proper (Double spaced on A/4 size paper).
- 07. Acknowledgements.
- 08. CONSORT Statement in case of reporting RCT
- 09. Latest references (separate sheet, Vancouver style).
- 10. Each table on separate sheet.
- 11. Figures / Diagrams on separate sheets with legends.
- 12. Photographs appropriately marked and with legends (in envelope).
- 13. CDs & Submission by e-mail (jk_science1999@yahoo.com) are compulsory.