



April 17, 2009

Honorable Barack Obama
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. President,

We are deeply troubled by reports in the national media about the involvement of health personnel, some of whom may have been physicians, with the torture of detainees held by the U.S. Central Intelligence Agency.

Any involvement by physicians in torture is fundamentally incompatible with the physician's role as a healer. Such involvement would violate core ethical obligations of the medical profession to "first, do no harm" and to respect human dignity and rights.

These core principles are enshrined in the *Code of Medical Ethics* of the American Medical Association (AMA) and the codes of other professional medical organizations throughout the world. Our AMA *Code* forcefully states medicine's opposition to torture or coercive interrogation and prohibits physician participation in such activities. Our *Code* calls on physicians to support victims of torture, to report the use of torture, and to strive to change situations in which torture is practiced. At stake are the rights and well-being of individuals, the integrity of medicine, and society's trust in the profession.

As the nation's largest association of physicians and the voice of the medical profession, the AMA stands ready to work with you to ensure that these core principles guide our nation's physicians. Our aim is to assure that all physicians are fully aware of their ethical obligations, that physicians are not put in ethically untenable positions, and that actions like those alleged do not ever occur under U.S. jurisdiction. We will assist you in any way possible to accomplish that goal.

Sincerely,

A handwritten signature in black ink that reads "Nancy H. Nielsen".

Nancy H. Nielsen, MD, PhD
President

A handwritten signature in black ink that reads "Joseph M. Heyman".

Joseph M. Heyman, MD
Chair, Board of Trustees

Attachments

PRINCIPLES OF MEDICAL ETHICS

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

IX. A physician shall support access to medical care for all people

Adopted by the AMA's House of Delegates June 17, 2001.

Council on Ethical and Judicial Affairs
Opinion E-2.068 Physician Participation in Interrogation

Interrogation is defined as questioning related to law enforcement or to military and national security intelligence gathering, designed to prevent harm or danger to individuals, the public, or national security. Interrogations are distinct from questioning used by physicians to assess the physical or mental condition of an individual. To be appropriate, interrogations must avoid the use of coercion--that is, threatening or causing harm through physical injury or mental suffering. In this Opinion, "detainee" is defined as a criminal suspect, prisoner of war, or any other individual who is being held involuntarily.

Physicians who engage in any activity that relies on their medical knowledge and skills must continue to uphold principles of medical ethics. Questions about the propriety of physician participation in interrogations and in the development of interrogation strategies may be addressed by balancing obligations to individuals with obligations to protect third parties and the public. The further removed the physician is from direct involvement with a detainee, the more justifiable is a role serving the public interest. Applying this general approach, physician involvement with interrogations during law enforcement or intelligence gathering should be guided by the following:

- (1) Physicians may perform physical and mental assessments of detainees to determine the need for and to provide medical care. When so doing, physicians must disclose to the detainee the extent to which others have access to information included in medical records. Treatment must never be conditional on a patient's participation in an interrogation.
- (2) Physicians must neither conduct nor directly participate in an interrogation, because a role as physician-interrogator undermines the physician's role as healer and thereby erodes trust in the individual physician-interrogator and in the medical profession.
- (3) Physicians must not monitor interrogations with the intention of intervening in the process, because this constitutes direct participation in interrogation.
- (4) Physicians may participate in developing effective interrogation strategies for general training purposes. These strategies must not threaten or cause physical injury or mental suffering and must be humane and respect the rights of individuals.
- (5) When physicians have reason to believe that interrogations are coercive, they must report their observations to the appropriate authorities. If authorities are aware of coercive interrogations but have not intervened, physicians are ethically obligated to report the offenses to independent authorities that have the power to investigate or adjudicate such allegations. (I, III, VII, VIII)

Issued November 2006 based on the report "Physician Participation in Interrogation," adopted June 2006.

Council on Ethical and Judicial Affairs
Opinion E-2.067 Torture

Torture refers to the deliberate, systematic, or wanton administration of cruel, inhumane, and degrading treatments or punishments during imprisonment or detainment.

Physicians must oppose and must not participate in torture for any reason. Participation in torture includes, but is not limited to, providing or withholding any services, substances, or knowledge to facilitate the practice of torture. Physicians must not be present when torture is used or threatened.

Physicians may treat prisoners or detainees if doing so is in their best interest, but physicians should not treat individuals to verify their health so that torture can begin or continue. Physicians who treat torture victims should not be persecuted. Physicians should help provide support for victims of torture and, whenever possible, strive to change situations in which torture is practiced or the potential for torture is great. (I, III)

Issued December 1999.