

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

CEJA Report 10-A-06

Subject: Physician Participation in Interrogation (Res. 1, I-05)
Presented by: Priscilla Ray, MD, Chair
Referred to: Reference Committee on Amendments to Constitution and Bylaws
(Joseph H. Reichman, MD, Chair)

The following recommendations were adopted as AMA Ethics Policy at the 2006 Annual Meeting of the AMA House of Delegates..

1 RECOMMENDATIONS

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3 The Council on Ethical and Judicial Affairs recommends that the following be adopted and the
4 remainder of this report be filed:

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6 For this report, we define interrogation as questioning related to law enforcement or to military
7 and national security intelligence gathering, designed to prevent harm or danger to individuals,
8 the public, or national security. Interrogations are distinct from questioning used by physicians
9 to assess the physical or mental condition of an individual. To be appropriate, interrogations
10 must avoid the use of coercion—that is, threatening or causing harm through physical injury or
11 mental suffering. We define a “detainee” as a criminal suspect, prisoner of war, or any other
12 individual who is being held involuntarily by legitimate authorities.

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

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23 (1) Physicians may perform physical and mental assessments of detainees to determine the
24 need for and to provide medical care. When so doing, physicians must disclose to the
25 detainee the extent to which others have access to information included in medical records.
26 Treatment must never be conditional on a patient’s participation in an interrogation.

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28 (2) Physicians must neither conduct nor directly participate in an interrogation, because a
29 role as physician-interrogator undermines the physician’s role as healer and thereby erodes
30 trust in the individual physician-interrogator and in the medical profession.

- 1 (3) Physicians must not monitor interrogations with the intention of intervening in the
2 process, because this constitutes direct participation in interrogation.
3
- 4 (4) Physicians may participate in developing effective interrogation strategies for general
5 training purposes. These strategies must not threaten or cause physical injury or mental
6 suffering and must be humane and respect the rights of individuals.
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- 8 (5) When physicians have reason to believe that interrogations are coercive, they must
9 report their observations to the appropriate authorities. If authorities are aware of coercive
10 interrogations but have not intervened, physicians are ethically obligated to report the
11 offenses to independent authorities that have the power to investigate or adjudicate such
12 allegations. (New HOD/CEJA Policy)