

## Medical involvement in torture in Syria

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Sir,

The culmination to the pitiless war in Syria is taking place with the carve up of the rebel province of Idlib and Kurdish regions of Northern Syria. In parallel to its remaining military objectives, the Syrian regime is making incremental steps towards normalization and political rehabilitation. The recent convening of a Syrian Constitutional Committee in Geneva through the United Nations underscores the continuing effort to achieve a political settlement.

In Syria, years of deference to authoritarian rule, repression and subservience have contributed to an environment that is both conducive to, and tolerant of torture. During the conflict some physicians will have been, perhaps unwittingly, drawn into ambiguous and sometimes compromising situations during the management of patients who have been ill-treated and tortured. Pressure and coercion may have been brought on individuals and their families to cooperate with the authorities. Some physicians holding certain psychosocial characteristics and underlying cultural and political influences, typically in the military, have actively participated in torture. Previous well-known instances where this has

happened have occurred in Chile (Harvard, 1986) and more recently in the United States-led “War on Terror” (Crosby & Benavidez, 2018).

The hideous and undeniable proof of torture in Syrian hospitals has been widely documented (galicia24horas, 2015). A report of the United Nations Human Rights Council from early in the conflict notes “...collusion between military hospitals and various security agencies in the use of torture...obstruction of medical care... Doctors were ordered to keep victims alive so that they could be interrogated further” (United Nations, 2013). One military doctor photographed “a hip-high pile of corpses in the inner courtyard near the mortuary... dozens of meters long and two or three layers high” (Reuter & Scheuermann, 2014). False death certificates have been issued (United Nations, 2016). A man who sought to retrieve his brother’s body at another military hospital in Harasta, witnesses, “The dead were lying on top of each other in eight or nine layers...in the basement, in the courtyard, in the hallways, everywhere” (Reuter and Scheuermann, 2014). Other allegations detailing unnecessary surgical procedures at military hospitals including the aggravation of pre-existing injuries and beatings during ward rounds by “security” forces; one of whom used an iron bar to smash patients’ skulls on their hospital beds (Loveluck & Zakaria, 2017).

Precedents exist regarding the prosecution of medical personnel involved in torture; following the end of the Second World War, the “Doctors’ Trail” took place in Nuremberg. Twenty doctors, mostly from the military, were convicted of war crimes and crimes against humanity, including the President of the German Red Cross (Mitscherlich & Mielke, 1949). More recently, professional associations have

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intervened to sanction practitioners; in Chile (Harvard, 1986) two doctors were struck off and in Greece (Amnesty International, 1977) a doctor was sentenced to a seven-year prison term. Following collusion between the American Psychological Association and the CIA in the War on Terror, three top officials “resigned” or “retired” (Ackerman, 2015).

The World Psychiatric Association has taken a stand by issuing a position statement on the participation of psychiatrists in the interrogation of detainees that stipulates that psychiatrists should “not participate in, or otherwise facilitate the commission of torture of any person under any circumstance” (Pérez-Sales et al., 2018). In addition, individuals who witness torture and ill-treatment have a duty to report it to “person or persons in a position to take corrective action.” The American Psychological Association has similarly issued a statement regarding torture (American Psychological Association, 2009). In Syria, international laws and declarations applicable in armed conflict outlawing torture, including the Tokyo Declaration on medical involvement in torture, (World Medical Association, 1975) have failed to prevent war crimes, and probable participation in crimes against humanity by physicians (United Nations, 2016). None of the doctors implicated in torture are likely to be brought to justice by Syrian national authorities. In addition, current supranational structures are insufficiently robust to intercede, as has been previously recommended (Rubenstein & Bittle, 2010).

The medical profession needs a mechanism to investigate and take action against doctors who violate universal medical ethics. Enforcing action against torture requires a body that is independent of the participation of National Medical

Councils. Complicity and even collusion between the national governments and medical bodies, for instance during the War on Terror, illustrates how difficult it is to rely on individual professional associations to remain impartial (Crosby & Benavidez, 2018). There equally needs to be a balance between exposing the, at times, heinous crimes of some doctors and the right to a fair trial which must be unquestionable.

Syria is far from being the first country where some medical personnel have transgressed universal ethical codes. What is important is that lessons are learned regarding the international failure of the current system to investigate, call to account and sanction those doctors who are proven to have participated in torture.

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## Psychological torture

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Dear Editor,

I read with great interest your latest thematic issue focused on sleep deprivation, described in the editorial as a method of psychological torture. During the last couple of years, I have noticed the concept of psychological torture appearing more frequently in the Torture Journal and most recently also in a global consultation issued by the UN Special Rapporteur on Torture to gather information for his next report on the same topic.

Reflecting on my nearly 30 years of experience as a clinical psychologist providing rehabilitation support to torture survivors and documenting torture, I am compelled to express my concern and increasing alarm at the use and promotion of the concept of “psychological torture.” My concerns are for two reasons.

First, it seems that the drafters of the UN Convention against Torture (United Nations, 1984) demonstrated insight and foresight in focusing the international definition of torture on the severe physical and psychological *pain and suffering* experienced by survivors rather than on the nature of the different acts that can inflict such suffering. This approach achieved three crucial objectives: (a) It placed the survivor and their experience of what they endured at the centre of understanding of what is torture; (b) it explicitly acknowledged the severity of their pain and suffering; and

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