Unusual for a medical journal is an article on torture: "Medical Ethics and Torture" by Leonard Sagan, M.D., and Albert Jonsen, Ph.D. (New England Journal of Medicine 294: 1427-1430, 1976). Medical personnel, the article states, can become involved at a number of levels: from direct participation, as in some of the Nazi concentration camps, to unwitting participation, such as in the subsequent treatment of the victims. Sometimes the physician is involved in keeping the subject alive or by advising the torturers the degree of additional pain and injury that could be inflicted without actually killing the prisoner. An apparently favorite procedure in the Soviet Union is the involuntary incarceration in mental institutions of political prisoners, a process which Soviet judges label as "spiritual murder." The reaction of the medical community at the international level is well expressed in the statement on "Guidelines for Medical Doctors concerning torture and other cruel, inhuman or degrading treatment of punishment in relation to detention and imprisonment" which was adopted by the Twenty-ninth World Medical Assembly, Tokyo, October, 1975. The seventh provision of the Declaration states that:

"The World Medical Association will support, and should encourage the international community, the national medical associations and 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 forms of cruel, inhuman or degrading treatment." (World Medical Journal, Vol. 22, No. 6, November-December, 1975, Pages 89-80)

All the more as members of those who are united with three small children?

Guest Editor

This issue of Ethics and Medicine has been produced under the guest editorship of Gary M. Atkinson, Ph.D., currently an Assistant Professor of Philosophy at William Woods College in Fulton, Missouri. Dr. Atkinson's interests led him to become involved with the Center's task force on the ethical aspects of genetic diagnosis and counseling. He is spending this summer at the Center working as a research associate.

MEDICAL ETHICS' "DIRTY DOZEN"

(Continued from page one)

society be taken into account? Should a prominent surgeon be preferred over a housewife with three small children?

Have you found any issues more perplexing? If so, please send them along to us as your entry in the Grand Sweepstakes for Medical Ethics' "Dirty Dozen."

by the bonds of Christian belief, do we need to be aware of and to assist those who are the direct or indirect victims of torture. Recently, Jesuit Bishop Francisco F. Claver of Malaybalay (Philippines) found it necessary to excommunicate those persons associated with government repression and torture (National Catholic Reporter, February 4, 1977, Page 7). Such ecclesiastical sanctions will probably increase in number.

Although there is no publicized account of medical personnel involvement in torture in this country, the danger is not remote. Increasing violence, and seeming tolerance of violence, in our midst reflects a mind set that encourages the increasing use of torture in prisons and other areas of involuntary detention. This is an additional reason why the use of prison populations for medical research must be carefully controlled. Aware of these problems, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research in its study of research on prisoners not only studied reports but made a number of visits to corrective institutions. Dr. F. J. Ingelfinger reviewing their recommendations writes that "by and large, they were horrified by what they saw, not in the conduct of biomedical experiments, but in the general conditions under which they live." ("Ethics of Human Experimentation Defined by a National Commission," The New England Journal of Medicine, Vol. 296, No. 1, January 6, 1977, Pages 44-5). Among the requirements for such research the Commission recommended prior consultation with a national ethical-review body, compelling reasons for prisoner involvement, important social or scientific need, and high degree of voluntariness in a setting of adequate living conditions, all of which may be seen basically as discouraging the use of prisoners in medical research.

While not exactly in the same situation as the prisoner, the "charity" patient is sometimes placed in the position of appearing ungrateful if he does not volunteer to enroll in an experimental program. This can be experienced by the patient as a form of coercion. The human dignity of all patients regardless of their economic status in the hospital needs to be protected by all personnel.

CenterNews

In early March Father Alberti spoke to the annual meeting of the Catholic Physicians' Guild of Los Angeles on the topic of the use and non-use of extraordinary means of maintaining life. He also discussed briefly some of the ethical issues emerging from the rapidly developing biomedical technology. He visited the Salk Institute in La Jolla to review with Dr. Roger Guillemin, the head of the team that isolated and identified \(\alpha\)-endorphin, a member of the new class of compounds (endogenous opiate-like substances) recently found in brain and pituitary gland tissues (see "Endorphins, Brain Peptides That Act Like Opiates," New England Journal of Medicine, January 27, 1977, Pages 226-8).