INTRODUCTION

Torture of persons held in custody is a global phenomenon. It is a serious violation of human rights which affects the victim both physically and mentally. Persons held in custody by any law enforcing authorities, retain their basic constitutional right except for their right to liberty and a qualified right to privacy. Various international declarations “Declaration of Tokyo”, International Code of Medical Ethics”, the “Declaration of Helsinki”, “Declaration on Protection of All Persons from Torture and other Cruel, Inhuman or Degrading Treatment or Punishment” etc. clearly expressed that Doctor must in no way take part in the practice of Torture or other forms of cruel, inhuman or degrading procedures as his role is to alleviate the distress of his/her fellow persons and, no motive whether personal, collective or political shall prevail against this higher purpose.[1]. A survey of Amnesty International’s research files from 1997 to mid-2000 found that the organization had received reports of torture by agents of the state in over 150 countries during the period.[2]

Torture is strongly prohibited by all medical organizations there are evidences that physicians have been implicated in torture in many countries.[3, 4, 5] Medical professionals can play important role in detection and treatment of torture victims and in prevention of torture in community. Forensic medicine is a core discipline in the detection and recording of gross abuse of human rights especially genocide, murder, torture. United Nation has recognized the role of experts of Forensic science and related fields to investigate human rights violations effectively, Forensic science is an important tool in detecting evidence of torture and other cruel, inhuman or degrading treatment or punishment. In India, the University Grant Commission has also directed all universities and colleges across the country to incorporate lectures on torture and allied aspects in different undergraduate and postgraduate curriculums. In 1984, J. L. Thomsen observed that forensic medicine was being practiced in different ways, and that common guidelines and definitions would facilitate communications.9

Training & exposure in issues related to medical ethics and human rights has been identified internationally as one of the key strategies for the prevention of torture and other human rights.[6,11,12,13]

MATERIALS AND METHODS

Medical Students studying 5th semester course of 2nd MBBS at B.J Medical College, Ahmedabad, Gujarat, India were asked to fill a self administered, predesigned, multiple choice questionnaire during the year 2012. Multiple-choice questions were asked to assess the views of medical students regarding torture. The survey was consisted of the questions relating to the knowledge & attitude of medical students on torture. Total of 200 students were provided with the proforma of questionnaire. Majority of the students were aware of term torture in broad sense. Though many students are not against custodial violence, they have positive attitude in learning and inclusion of torture medicine in their medical curriculum.

Keywords: Attitude, Human rights, Knowledge, Torture.

RESULTS

Total 200 students participated in the study, out of this 73(36.5%) were female and 127(63.5%) were male with means age 20.In response to the question: What
do you mean by the term torture? 191 (95.5per cent) of the students responded correctly, six (3.2 per cent) students gave incorrect response, and three students did not respond. Regarding question: What are the objectives of torture?, 96 (48%) students opined that torture is aimed to destroy the mind without killing a person. 54 (27%) students who were of the opinion that torture is committed to break the personality of an individual. 26 (13%) students were of opinion that torture is done to obtain a confession or information. 24 (12%) students responded that it aimed at creating terror in society.

In response to the third question (what are the types of torture?), 196(98 per cent) students answered correctly by marking “physical”, “sexual”, and “psychological” as the different types of torture while 4 students were of different opinion.

In response to question: what is the commonest method used for physical torture?, 142 (71 per cent) students gave the correct answer as blunt trauma (beating and kicking); 20 (10 per cent) students marked burns (cigarettes, heated instruments, hot liquids); and 32 (16 per cent) students marked positional forced positioning, suspension by arms, stretching limbs apart. Six (3%) students said that electric shock is the most common method.

In response to the question: what is the commonest form of sexual torture?, 95 (47.5 per cent) students correctly said it was rape, and 76 (38 per cent) students said it was forced nakedness. Twenty five students (12.5%) said the insertion of foreign bodies into the private parts was the most common form, and four (2%) said it was sodomy. In regarding to question: which organization deals with allegations of torture or cruelty, inhuman or degrading treatment, or punishment? 165 (82.5 per cent) students responded correctly by marking the National Human Rights Commission. 35 (17.5%) ticked off other incorrect choices and eight did not respond to the question at all. In response to question number seven is ~ 75 (37.5 per cent) students did not favour this practice, while 120 (60 per cent) students were in favour of beating in police custody. Five students did not respond.

In response to question: Do you think doctors should be aware of torture medicine or different techniques involved in torture?, 190 (95per cent) students said yes. Eight students were against such awareness and two students did not answer this question. In response to the ninth question is-169 (84.5 per cent)

students were in favour and 22 (11 per cent) students were against. Nine students were undetermined on this issue.

**DISCUSSION**

Majority of students were of view that doctors should be aware of torture medicine and majority of students favoured inclusion of torture medicine in medical curriculum. Majority of students were having idea of meaning of torture, type of torture. These are consistent with the study conducted by previous studies by S. K Verma and G Biswas 14 & Agnihotri A.K et.al15. 60 per cent students were of opinion that of beating in police custody to get confession or information is proper. These finding is in contrast with study by Agnihotri A.K et al, while studies by Iacopino16 and Sobti17 indicated many of medical practitioners justified the use of coercive techniques and manhandling in dealing with detainees. The study by SK Verma and G Biswas14 indicated that many of students are not against violation of human rights. Majority of students are of views that doctors should know about torture medicine. & majority of students favoured inclusion of torture medicine in medical curriculum.

**CONCLUSION**

For the promotion of awareness of human rights among doctors, it should be started during their undergraduate medical education. The medico-legal and ethical problems of torture cannot be ignored by the medical profession. The skills of doctors with forensic expertise allow detection of human rights abuses and thereby its potential reduction. There is scope for the reduction torture or ill-treatment, if the professions maintain high standards of medical practice and ethics [18]. The medical professionals should be aware of types & methods of infliction of torture and its long term sequelae. It is necessary to make a common forum of forensic and legal fraternities to discuss the role of forensic science in preservation of human rights.

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[6] Professor Stephen M cordner, delivered lecture at The University of Hong Kong on a seminar “Forensic Medicine & Human Rights” on October 11 (2001).


