

Views of Medical Students on Torture in Ahmedabad City

Jagdeep Jadav^{*,a}, Gaurang Kothari^a, Rakesh^a, Padmraj^a, Harish Khubachandani^a, Anand Menat^a, Kalpesh Shah^a

^a Department of Forensic Medicine, B.J. Medical College, Civil Hospital, Ahmedabad, Gujarat, India.

* Corresponding Author: Jagdeep Jadav. E-mail: jagdeepjadav@gmail.com.

Abstract Torture is a serious human rights violation which affects the victim both physically and mentally. Training in medical ethics and human rights has been identified internationally as one of the key strategies for the prevention of torture and other human rights. 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.

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, torture⁶. 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 punishment⁷. 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 curriculums⁸. 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 ^[10,11,12,13].

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. The questionnaire was structured on the basis of a study done by SK Verma and G Biswas ^[14]. Nine 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. There was complete anonymity as no names or numbers were mentioned. Participation in the study was voluntary. A total of 200 students were provided with the proforma of questionnaire. They were asked to return the questionnaire after ticking off the response. Obtained results were analysed.

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 (95.5 per 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 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 (95 per 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 Biswas¹⁴ & 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 curricula.

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.

ACKNOWLEDGEMENT

Authors acknowledge the immense help received from the scholars whose articles are cited and included in references of this manuscript. The authors are also grateful to authors / editors / publishers of all those articles, journals

and books from where the literature for this article has been reviewed and discussed.

References

- [1] International instruments, resolutions, declarations and statements on torture. Copenhagen, Denmark: International Rehabilitation Council for Torture Victims (1999).
- [2] Amnesty International 2003 Report on Torture, the manual Combating Torture—a Manual for Action cited in Appendix 2 (2003): 9-10.
- [3] Lifton R.J. Doctors and torture. *N Engl J Med* (2004) 351: 415-416.
- [4] Bloche M., Marks J. When doctors go to war. *N Engl J Med* (2005);352:3-6.
- [5] Wilks M. A stain on medical ethics. *Lancet* (2005) 366: 429-431
- [6] Professor Stephen M cordner, delivered lecture at The University of Hong Kong on a seminar "Forensic Medicine & Human Rights" on October 11 (2001).
- [7] Human rights and Forensic Science, C.H.R. res. 1998/36, ESCOR Supp. (No. 3) at 130, U.N.Doc. E/CN.4/1998/36 (1998).
- [8] Hussain M. Rizvi S.J. An encounter with "torture" in the class room --educational aspects. *Torture* (1999) 9: 87-88.
- [9] J. L. Thomsen and others, "Amnesty International and the forensic sciences". *American Journal for Forensic Pathology* (1984) Dec; 5(4): 305-311.
- [10] Sorensen B, Vesti P. Medical education for the prevention of torture. *Medical Education* (1990) 24:467-469.
- [11] Hannibal K. Taking up the challenge: the promotion of human rights. A guide for the scientific community. Science and Human Rights Programme. Washington: American Association for Advancement of Science (AAAS) (1992).
- [12] BMA (British Medical Association). *Medicine betrayed. The participation of doctors in human rights abuses.* London: Zed Publishers (1992).
- [13] American College of Physicians. The role of the physician and the medical profession in the prevention of international torture and in the treatment of its survivors. *Annals of Internal Medicine* (1995) 122: 607-613.
- [14] Verma SK, Biswas G. Knowledge and attitudes on torture by medical students in Delhi. *Torture* (2005) 15: 46-50
- [15] A K Agnihotri, B Purwar, Nilima Jeebun, Smriti Agnihotri. Awareness of issues related to torture among medical students in Mauritius, *Indian Journal of Medical Ethics* (2007) 4(3): 131-132.
- [16] Iacopino V, Heisler M, Pishevar S, Kirschner H. Physician. Complicity in misrepresentation and omission of evidence of torture in post detention medical examinations in Turkey. *JAMA* (1996) 276: 396-402.
- [17] Sobti JC, Chapparwal BC, Holst E. Study of knowledge, attitude and practice concerning aspects of torture. *JIMA* (2000) 98: 334-240.
- [18] Jandoo R. Human rights abuses and the medical profession. *Forensic Sci Int* (1987) Dec; 35(4): 237-247. ■