

Doctors and medical ethicist discuss whether doctors should participate in capital punishment

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Should doctors be involved in the state-ordered administration of capital punishment? In the September issue of *Mayo Clinic Proceedings*, three anesthesiologists and a medical ethicist take an in-depth look at this question in a commentary and two editorials.

None of these articles debate whether capital punishment is justifiable. Instead, the authors explore the current position of the American Medical Association (AMA), which prohibits physician participation in legally authorized executions. Here are a few highlights of the arguments presented in these articles.

In a commentary article, David Waisel, M.D., an anesthesiologist practicing at Children's Hospital Boston, Harvard Medical School, asserts that it is time to reassess the AMA's position on this issue and allow doctors to participate in state-mandated executions to help provide the condemned a more humane path to death. Dr. Waisel cites numerous details about the technical problems associated with lethal injection, the form of capital punishment most commonly used in the United States today. Dr. Waisel reasons that doctors, possess the skills to administer the medications used in lethal injections in a manner that prevents undue suffering.

“If state administration of capital punishment is legal and ongoing, humane methods of execution should be sought and applied. It is

honorable for physicians to minimize the harm to these condemned individuals and organized medicine has an obligation to permit physician participation in legal execution,” he writes.

Two editorials that follow Dr. Waisel’s commentary arrive at the opposite conclusion. In one editorial, William Lanier, M.D., editor in chief, Mayo Clinic Proceedings, and Keith Berge, M.D., who are anesthesiologists at Mayo Clinic applaud Dr. Waisel for “bringing forward this emotional issue so that it can be pondered and discussed by a broad audience.” But the authors oppose doctors’ participation in capital punishment, arguing that the Hippocratic oath that guides doctors prohibits medical professionals from assisting in executions.

“In the case of capital punishment, we believe that whatever theoretical good might emerge from a successful and well-executed judicial killing, there is certainly harm in causing the death of a person under a physician’s care,” say Drs. Lanier and Berge.

Drs. Lanier and Berge propose replacing the anesthesia-related drugs currently used in lethal injections with personnel and tools that are “clearly distinguished from representing medical care.”

In a second editorial, Arthur Caplan, Ph.D., a medical ethicist at the University of Pennsylvania in Philadelphia, also argues against the participation of doctors in execution. Dr. Caplan asserts that a doctor does not have a duty to alleviate the suffering of a condemned person unless that prisoner has a previous medical relationship with that doctor.

“It seems a bit late for physicians to step forward in the context of an execution and say they are motivated by a duty of mercy given that many prisoners suffer miserably because of the poor state of prison-based medicine,” says Dr. Caplan.

Dr. Caplan also suggests that involving doctors in capital punishment may affect the overall moral standing accorded the practice of execution because “physician prestige and the respect afforded medicine are in part transferred to executions when physicians are involved.”

Dr. Caplan asserts that physicians are not needed to serve as executioners using lethal injection because “... governments and societies committed to execution using this technique can achieve this goal by properly training executioners.”

Source: Mayo Clinic

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