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Medical News: Military Medicine

Army Use of Psychiatrists in Interrogations Called Unethical

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By John Gever, Staff Writer, MedPage Today
 Published: September 15, 2008
 Reviewed by Dori F. Zalesnik, MD; Associate Clinical Professor of Medicine, Harvard Medical School, Boston.

UNIVERSITY PARK, Pa., Sept. 15 -- U.S. military psychiatrists may be asked to assist in interrogations of detainees, in apparent conflict with American Psychiatric Association and American Medical Association policies, said a researcher here.

AUDIO REPORT

Col. Elspeth Ritchie, M.D.

Psychiatric Consultant
Office of the Army Surgeon General
Falls Church, Va.

medpage TODAY

Audio Clip - PAUSED 0:00:00.000

In 2006, both associations endorsed policy statements forbidding psychiatrists and other physicians from being present at interrogations or advising on techniques to be used on individual detainees. (See: [APA: Stay Out Of Interrogations, Psychiatrists Urged](#) and [AMA: Prisoner Interrogation Unethical for Physicians, Declares AMA Panel](#))

"Yet documents recently provided to me by the U.S. Army in response to requests under the Freedom of Information Act make clear that the Department of Defense still wants doctors to be involved and continues to resist the positions taken by medicine's professional associations," wrote Jonathan H. Marks, M.A., B.C.L., of Penn State University, in the Sept. 11 issue of the *New England Journal of Medicine*.

Action Points

- Explain to interested patients that the official positions of the American Medical Association and the American Psychiatric Association are that psychiatrists and other physicians may not assist in military interrogations, even indirectly.
- Explain that, according to this review, military policy documents call for psychiatrists to use their skills in helping to identify effective interrogation techniques and approaches for individual detainees, in apparent conflict with the AMA and APA positions.
- Explain that a key military policy document also states that psychiatrists must "remain within professional ethical boundaries as established by their professional associations" and state licensing boards.

Among the documents highlighted by Marks was a memo from Lt. Gen. Kevin C. Kiley, then Surgeon General of the army. The memo is dated Oct. 20, 2006, more than four months after the AMA and APA had issued their statements.

The memo -- in effect until next month -- specifically authorizes psychiatrists to "assist in maximizing the effectiveness of eliciting accurate, reliable, and relevant information during the interrogation and debriefing process."

Psychiatrists "may be called upon to provide psychological assessments of individual detainees," the memo went on. "These products will routinely address both basic personality characteristics and the detainee's strengths and weaknesses."

At the same time, however, the memo stated that psychiatrists must "remain within professional ethical boundaries as established by their professional associations" and state licensing boards.

The memo banned psychiatrists from conducting or directing interrogations, but it appeared to endorse their presence at interrogations.

"The presence of a physician at an interrogation, particularly an appropriately trained psychiatrist, may benefit the interogatees because of the belief held by many psychiatrists that kind and compassionate treatment of detainees can establish rapport that may result in eliciting more useful information."

Elspeth Ritchie, M.D., M.P.H., psychiatric consultant to the army's Surgeon General, denied in an interview that the memo calls on psychiatrists to violate agreed-on ethical standards.

She said the APA policy was a position statement, not a binding ethical guideline. She recalled that it was enacted that way at the 2006 APA meeting precisely because there was not enough member support for it as an ethical instruction.

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Then-APA president Steven Sharfstein, M.D., said at the time that psychiatrists "wouldn't get in trouble with the APA" for failing to follow the position.

In practice, she said, psychiatrists are used "infrequently" and "only as a matter of exception" in support of individual detainee interrogations. "We're going to use psychologists primarily," she said.

She cited a general Defense Department instruction specifying that "physicians are not ordinarily assigned duties as behavioral science consultants," the military's term for psychologists and psychiatrists who work in support of interrogations.

Only forensic psychiatrists who have volunteered for interrogation-related missions are used in this manner, she said.

She added that psychiatrists also play prominent roles in civilian law enforcement and prisons. If the APA and AMA policies were interpreted to apply to those activities, "it would impact a great many civilian psychiatrists," she said.

In a separate *NEJM* commentary, George J. Annas, J.D., M.P.H., said this argument is unpersuasive.

"Many aspects of medical care in prison in the United States may also violate basic standards of medical care and ethics," he wrote.

Said Marks, "Although the authors of the 2006 policy memo should be credited for requiring behavioral science consultants not to 'perform any duties they believe are illegal, immoral, or unethical,' the value of such a mandate is undermined by the confusion the memo introduces regarding the ethical obligations of health professionals who serve as consultants."

He noted that the memo is in effect until Oct. 20 of this year.

"The Army should take this opportunity to clarify the guidance and to embrace the positions of the AMA and the APA. In a high-pressure interrogation environment, unnecessary uncertainty about ethical constraints can only lead to mischief," he said.

Dr. Ritchie said a revision process was underway.

"We're going to take the input of other people, including our critics, into account as we move forward with the memo," she said.

Annas, in his *NEJM* commentary, agreed with Marks that the army's policy is "inconsistent with specific medical-ethical rules of the AMA."

He said the military seems to have left medical ethics enforcement in the hands of state licensing boards.

These, he wrote, "have tried to avoid investigating ethics complaints against active-duty military physicians."

Annas said state boards "should take their responsibility to uphold ethical principles much more seriously."

Dr. Ritchie is an employee of the U.S. Army. No other potential conflicts of interest were reported.

Additional source: New England Journal of Medicine

Source reference:

Marks J, "The Ethics of Interrogation -- The U.S. Military's Ongoing Use of Psychiatrists" *N Engl J Med* 2008; 359: 1090-92.

Annas G, "Military Medical Ethics -- Physician First, Last, Always" *N Engl J Med* 2008; 359: 1087-90.

Additional source: Department of Defense

Source reference:

Department of Defense "Medical Program Support for Detainee Operations" 2006; Number 2310.08E.

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 **doug keller** - Sep 15, 2008

So let's see, a psychiatrist can be called upon to use his/her skills to help in the conviction of an accused felon (killer) but not to gain information from enemy captives (killers) that



could potentially save the lives of innocent fellow humans. An interesting ethical perspective that I hope is rooted in sound thinking and not political leaning. Perhaps psychiatrists should study the impact of "ethics- think" on common sense.

Non-Kool-Aid Drinker M.D. - Sep 16, 2008

Non Kool-Aid Drinker Yes, I believe the AMA and APA would oppose this practice. After all, it might save innocent lives, and protect the rights of criminals. This is, indeed, the PC- illogical thinking of those by whom we are "led"; by those who take our hard-earned dues each year and give us this "pointy-headed" liberal drive!

mona najjar - Sep 16, 2008

American lives are more important to me than the feelings of captured enemies who hide in civilian clothes. This is not a medical issue...it is a moral issue! AMA and APA need to stay out of this.

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