

Perspective on the present and the future

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After Professor Leo Eitinger's historical survey I should like to start by mentioning some recent important events. Then I wish to present a conclusion on how far the work against doctor torturers has reached today. Finally, I wish to draw up some guidelines for our future work.

Historical survey

The very first *international* action against doctor torturers took place in 1984 in Copenhagen. The present chairman of the RCT, Professor Erik Holst, who was then chairman of the Danish Medical Association, convened the first international press conference concerning doctor torturers, the background being that two Uruguayan doctors; Dr Gregorio Martirena and Dr Hugo Sachi, both members of the Uruguayan Medical Association, during a seminar at the RCT, had explained that their return to Uruguay meant a risk of being imprisoned and tortured.

In Uruguay they had gone into action against the doctor torturer Eduardo Saiz Pedrini, who among other cruelties had been involved in the death under torture of Dr Vladimir Roslik. When Professor Holst heard about these problems, he took immediate action and less than 24 hours later, an international press conference took place, which made the problem public. The same night it was reported on Uruguayan television, and Dr Martirena and Dr Sachi were not arrested and tortured on their return to Uruguay.

In 1986 the first international meeting, Doctors, Ethics and Torture, was arranged jointly by the Danish Medical Association and the RCT. Doctors from 12 countries participated, among them were the chairman of the World Medical Association, Dr André Wynen, and human rights doctors from The Philippines, Argentina and Uruguay. It was a very important meeting and the proceedings were published in the *Danish Medical Bulletin* in August 1987.

The second international meeting on doctor torturers was held in Montevideo in December 1987. On this occasion the so-called 'Montevideo Group' was established. This is an international committee with members appointed by the Uruguayan Medical Association, the Danish Medical Association and the RCT. Four working groups concerned with work

against doctor torturers were established.

The medical association of Uruguay was the first to expel doctor torturers. Dr Martirena has written a book on the first seven doctors expelled from the Uruguayan Medical Association.

In Buenos Aires, Argentina, a health ethical tribunal was organised in 1989, headed by the psychiatrist Diana Kordon: more than 2000 doctors participated. At this tribunal Argentinian doctor torturers were denounced morally.

And now here in Tromsø, we have the *third* international meeting with the participation of doctors from 24 countries. Thus an important and essential development and strengthening of the work has taken place. We have set up the same four working groups as were established by the Montevideo Group in 1987 to continue the work initiated then.

In between, there have been other meetings and publications. Thus the American Association for the Advancement of Science has published information about doctor torturers, and in Europe, the British Medical Association has been especially actively involved in the work.

Under the leadership of Lilian Bernard another meeting on the problem was held in Paris in January 1989.

Recent documentation

From documentation in Uruguay, Chile and Argentina we know that many hundreds of doctors have participated in torture.

Ole Vedel Rasmussen's thesis, *Medical Aspects of Torture*, reveals that 41 doctor torturers took part in the 200 cases of torture described.

The latest research at the RCT, done by the psychiatrist Peter Vesti, has shown that doctors were involved in torture in 60 per cent of the cases of torture victims treated at the RCT, irrespective of their country of origin.

At our international documentation centre at the RCT we have further documentation on doctors' participation in torture.

How far have we reached today?

At the first international meeting in 1986 we discussed the problem of doctor torturers from a *qualitative* point

of view: we discussed some individual doctors' participation in torture.

Today we know that the problem is not a qualitative one, it is a *quantitative one*.

We have only seen the tip of the iceberg. Our documentation and research have shown that torture could not exist to the extent that it does today, without *the complicity of the medical profession*.

Furthermore, we know now that it is not just the torture victim him or herself, his or her family, neighbours and friends who suffer from torture – the whole of society is affected. We can thus today consider torture a *public health problem*.

Today we have codes of ethics that are strong and forceful enough to do the job. It isn't a question of setting up more *codes of ethics*, it is a question of *implementing the codes*. I am referring to the latest and very important Statement of Madrid, the recommendations concerning doctors, ethics and torture, of November 1989.

The future – what can we do?

The work ahead of us now is practical and pragmatic. It is a question of action-directed work, which can be done here and now. And it should be done here and now.

1) First of all we need to make the problem visible, to work for the creation of *general awareness* amongst doctors. Today we have much more knowledge than we did in 1986. At this meeting, workshop No 2, established by the Montevideo Group in 1987, will continue dealing with the task of creating general awareness by establishing tribunals to investigate and try cases where doctors violate human rights. But it is not enough to set up tribunals. We must write about the problem in the medical press. Teaching on this subject must be started, and incorporated in the curriculum for medical students. This is an essential part of prevention.

2) The Statement of Madrid is an extremely important recommendation, which should be recognised universally. Workshop No 4, established by the Montevideo Group in 1987, deals with drawing up a universal code of medical ethics and the implementation of existing codes. And today we already have a universal codex, which covers all that should be done – the Statement of Madrid. Now it is a question of *implementation*.

3) We must denounce doctor torturers more aggressively than we have done up till now. We must publish names, make lists of doctor torturers. This is also prevention, and is dealt with by workshop No 1, also established in Montevideo. This workshop deals with the monitoring and investigation of violations of codes of medical ethics and human rights by doctors.

4) Most important of all is the protection of human rights doctors who are under threat because of their human rights activities. We know of many sad and deplorable examples. This is dealt with by workshop No 3, also established in Montevideo. Its brief is the assistance and protection of doctors who come under threat because of human rights activities. We know, that this is a constant worry for our courageous colleagues in Argentina, Chile, Uruguay, South Africa, Turkey, Pakistan, and The Philippines. Dr Pedro Marin, a severely tortured doctor, is, for instance, still imprisoned in Chile.

Let me end by saying that it is a fact that torturers work together internationally and that they are practically never punished. We who work against torture must also work together internationally. We must work towards having doctor torturers *expelled* from our medical associations and from scientific societies. To use Bertrand Russell's expression: 'We must avoid the crime of silence'.

The former General Secretary of the Chilean Medical Association, Dr Francisco Rivas, was invited to the meeting in Copenhagen in 1986. He was, however, unable to attend because of his imprisonment, but he sent us his speech, which ended like this: 'We Chilean doctors know that the solidarity of Danish and other international doctors is behind us. And this is one of the strongest supports in our struggle. When we recover democracy, we shall put an end to torture and our victory will be your victory too'.

And I would like to add that it will be the victory of a more dignified and human world.

With these words I hope for a successful meeting and good fruitful decisions to be taken in our workshops: practical, pragmatic decisions which include actions not only for future work, but for our work here and now.

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