

users and shape discharge plans to address GHB abuse and possible addiction.

In addition, our research indicates that GHB-related compounds are more lethal than previously reported. We are currently compiling a case series of GHB-related fatalities; preliminary findings include reports of 146 deaths, 48 of which were not associated with cointoxicants. Deaths included 138 cardiopulmonary arrests, 4 drownings, 3 motor-vehicle fatalities, and 1 death due to a fire that was started while the person was GHB-intoxicated.² Data collection is ongoing, and final results will be reported.

A detoxification protocol by Miotto and Roth

contains very useful information on GHB withdrawal and treatment.³

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Doctors and Interrogation

TO THE EDITOR: I am disappointed with the *Journal* for publishing articles by Bloche and Marks (January 6 and July 7 issues)^{1,2} that are critical of U.S. military health professionals without devoting equal space to opposing views. To do so is akin to trying a defendant without permitting testimony solicited by the defense team.

The use of torture during times of war has been around as long as war itself, and no treaty can change this. If the use of a health care professional can make the procurement of useful information more efficient and humane (and there is no evidence to suggest otherwise), how can someone with no personal stake in the matter so vehemently criticize it? One's perspective in life is a function of one's experiences. Whoever first said that the end cannot justify the means probably never witnessed genocide or treated dying soldiers.

Whether or not we are honest enough to admit it, our criminal justice system is predicated on the use of punishment and enticements. Prisoners are routinely deprived of sleep, dignity, privacy, and the ability to communicate freely. When our judicial system wants to extract useful information from inmates, it offers them more freedom and less squalid living conditions.

Sometimes the commitments and responsibilities of one's various stations in life are inconsonant. Three years before graduating from medical school, I took the oath of an Army officer, swearing to defend my country and obey all lawful orders

given by superior officers in my chain of command. Before becoming an officer, I was a U.S. citizen. But first and foremost, I was a member of the human race. I do not know the personal histories of the physicians who took part in interrogations of prisoners, but I am sure that they, too, have conflicting allegiances. I consider myself to be a compassionate doctor, yet I must confess that my responsibilities as a human being and an American citizen take precedence over any doctrine, professional or otherwise, that I did not create and never agreed to uphold.³ I believe that terrorism is an axiomatic evil, and that the preservation of life is a moral imperative. If I could use my medical knowledge to prevent another human tragedy such as September 11 or the Holocaust, I would do so without blinking an eye. Isn't this why we entered medicine in the first place?

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DR. BLOCHE AND MR. MARKS REPLY: Dr. Cohen misreads our discussion of Pentagon policies as criticism of U.S. military health professionals. Many military physicians disagree with these policies, which have included the use of personal health information to craft interrogation strategies and the detailing of psychiatrists to interrogation units. Military health professionals have performed with great effectiveness, even heroism, in myriad clinical roles since the September 11 attacks.¹

In our July 7 article, we did not categorically object to physicians' advising interrogators (though we have concerns²). Others do: the Army's second-highest-ranking medical officer recently recommended that psychiatrists stop serving as consultants to interrogators.³ His advice was rejected by higher-ranking officials. We do hold that health professionals should not abet interrogations that violate international human-rights law or the laws of war.

In becoming a physician, Dr. Cohen accepted his profession's ethical obligations. And in pledging to defend the nation, he agreed to abide by the laws of armed conflict, which recognize the unique responsibilities of physicians in time of war. Most military physicians with whom we have spoken take these commitments seriously — and think and act with care when tensions arise among them.

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Participation of Health Care Personnel in Torture and Interrogation

TO THE EDITOR: The profession of medicine has developed codes of ethical conduct over thousands of years. A central element of such codes is expressed in the imperative to “do no harm.” Disclosures with regard to the treatment of detainees by licensed medical personnel in the “war on terror” in Iraq, Afghanistan, and Guantanamo Bay, Cuba, have revealed undeniable breaches of medical ethics among U.S. military health care personnel involved at these — and perhaps other — sites.¹ The International Red Cross has charged that some of the physical and emotional tactics used constitute cruel and unusual punishment.

The Geneva Convention provides that medical personnel “shall not be compelled to perform or carry out work contrary to the rules of medical ethics.” The Code of Medical Ethics of the American Medical Association (AMA) states that “ethical obligations typically exceed legal duties.” The World Medical Association, of which the AMA is a member, prohibits participation even as a monitor in torture or abuse. The Uniform Code of Military Justice proscribes U.S. forces from engaging in cruelty, maltreatment, or oppression of prisoners, and even from the threat of such harm. As the Nurem-

berg trials after World War II taught us, the extreme circumstances of times of war, whether declared or not, do not excuse physicians and other health care professionals from their ethical responsibilities.^{2,3}

Those who have served in the U.S. military know that there is a documented chain of command for every action. Health care personnel serving in the military all work under the authority of licensed military physicians, who are responsible for actions performed under their authority.^{4,5} We therefore call on the AMA and the American Psychological Association to request that relevant authorities act, at a minimum, as follows. First, the military must provide full disclosure of all medical personnel involved, directly or by chain of command, in the treatment of detainees in Iraq, Afghanistan, and Cuba — and elsewhere if relevant — since September 11, 2001. Second, the records and conduct of these personnel should be reviewed by the medical licensing boards, other responsible licensing authorities in each state where the military physicians are licensed, or both. Independent expertise in bioethical standards should be sought in conducting these reviews. Third, appropriate disciplinary action should be taken on the basis of the results of the re-