

TO THE EDITOR: The *Journal's* editors add their voices to the chorus opposing physician involvement in the lethal injection of condemned criminals, arguing not that society should reject the execution of even abhorrent criminals but only that a “profession dedicated to healing the sick” should not be involved. They would exclude doctors from even voluntary assistance with a legal state function. To buttress their position, they ask us to “remember the Hippocratic Oath and refuse to participate.” Just which part of the oath do they wish us to remember? Swearing by Apollo and Asclepius, Hygeia and Panacea? Refusing to induce abor-

tion in any woman? Refusing to “use the knife”? Or only the command never to give “a deadly drug” to anybody? Let us doctors put our cards on the table: either execution is a bad thing for society in general, and we, as health professionals and members of society, should stand wholly in opposition to it, or it is not bad, and doctors should be encouraged to use their expertise to reduce the suffering associated with what remains a legal action.

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Perspective Roundtable: Lethal Injection

TO THE EDITOR: I was deeply disturbed by the discussion, led by Gawande, on physicians and executions (Jan. 31 issue).¹ Except for Truog's principled objection to capital punishment on moral grounds, it seems as if the participants were missing the point of the argument over the question of physician involvement in the legalized killing of human beings. As Denno notes, the adoption of the lethal-injection protocol 31 years ago as the preferred method for execution has led to the medicalization of a procedure that has been abandoned by all but a few modern industrialized nations.

An examination of the history of the death penalty in this country shows a gradual departure from a public and often bloody spectacle to one that is hidden behind closed doors, sanitizing what has become an uncommon form of retributive justice.² It is ironic that removing the procedure from the prying eyes of the public has correlated with a continuing decrease in its application.

The ultimate cleansing of human executions was to have been accomplished by making the process akin to the painless “putting to sleep” of our beloved pets, except under the guidance of enlightened and compassionate physicians rath-

er than veterinarians. Unfortunately for this approach, and as clearly pointed out in the editorial accompanying this article,³ the involvement of physicians in the methodical and intentional killing of a person — who becomes a “patient” the minute a doctor accepts a participatory role, no matter how reprehensible the person's conduct may have been (and irrespective of how far removed from the actual physical procedure the doctor's role may be) — is a grave violation of professional medical ethics. Physicians acting as physicians (i.e., in their professional capacity) may not kill patients on purpose. Even physicians who, in their private lives, might condone capital punishment may not play an enabling role in this process in their professional lives. To do so would be a breach of everything we hold to be important in the practice of medicine.

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1. Gawande A, Denno DW, Truog RD, Waisel D. Physicians and execution — highlights from a discussion of lethal injection. *N Engl J Med* 2008;358:448-51.
2. Banner S. *The death penalty: an American history*. Cambridge, MA: Harvard University Press, 2002.
3. Curfman GD, Morrissey S, Drazen JM. Physicians and execution. *N Engl J Med* 2008;358:403-4.