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Moratorium Campaign Adopts Doctor Participation In Executions as Strategic Focus for the Future

We invite you to participate in a new activity of the Moratorium Campaign, our Professional Ethics Initiative to discourage the participation of doctors in executions.

Unfortunately, there is a long history of involvement by medical professionals in executions. The idea of the guillotine was developed in the late 1780s by French Dr. Joseph-Ignace Guillotin, who was seeking a more humane way of carrying out executions. Over the years, doctors have been consulted to determine how far a man would have to drop to die by hanging, and how long the current would have to flow before a man would die from electrocution.

The current lethal injection method of execution in the United States, the three-drug cocktail recently challenged as cruel and unusual punishment in the U.S. Supreme Court, was also developed by a doctor – Dr. A. Jay Chapman – when he was Oklahoma’s chief medical examiner in the late 1970s. The Oklahoma protocol was quickly adopted by many states looking for a method of execution more “humane” than the firing squads, electric chairs, gas chambers, and hangman’s nooses then in use around the country.

To the medical community’s credit, the Council on Ethical and Judicial Affairs of the American Medical Association adopted a clear position against doctor participation in executions in 1980, during the time that many states were moving to the lethal injection form of execution.

It reads:

“An individual’s opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution. A physician may make a determination or certification of death as currently provided by law in any situation.”

Opinion 2.06

As lethal injection became the sole method of execution in practically all of the states that currently have the death penalty, the American Medical Association specified in greater detail what it meant for a doctor to “participate” in executions. Those activities include:

- Prescribing or administering tranquilizers and other psychotropic agents
- and medications that are part of the execution procedure;
- Monitoring vital signs on site or remotely (including monitoring electro-cardiograms);
- Attending or observing an execution as a physician; and
- Rendering of technical advice regarding executions.

The AMA ethics code goes on to specify additional activities which constitute “participation” in those instances in which the method of execution is lethal injection:

- Selecting injection sites;
- Starting intravenous lines as a port for a lethal injection device;
- Prescribing, preparing, administering, or supervising the injection of drugs or their doses or types;
- Inspecting, testing, or maintaining lethal injection devices; and
- Consulting with or supervising lethal injection personnel.

The leadership of the medical community is important. In 2006, the president of the American Society of Anesthesiologists encouraged his members to “steer clear” of participating in executions. Since then, executions have been deferred in some states because those states could not find anesthesiologists willing to participate.

As helpful as this leadership has been from the medical community, it has not been sufficient to stop the participation of medical professionals in executions. In 1991, the AMA wrote to every state medical licensing board in the country, informing them of the ethical code cited above. In 2006, prompted by Dr. Charles van der Horst and several of his colleagues teaching at the University of North Carolina Medical School, the North Carolina Medical Board issued a clear statement of its intent to enforce it.

Some months later, the North Carolina Medical Board was sued by the state Department of Corrections, which claimed that the position taken by the Medical Board was preventing it from discharging its responsibilities under the law. A state judge sided with the Department of Corrections, setting up a collision between the law and the ethics code of one of our most revered professions. The issue has now been litigated at the appeals court level and the state supreme court level, and, as of this writing, a decision is still pending. Some of the arguments focused on the distinction between “attending” an execution and “participating” in one.

We believe it is time to build strong public awareness and support for the American Medical Association’s Code of Ethics Opinion 2.06, which states clearly that doctors should not participate in executions.

This will require state medical licensing boards in death penalty states to enforce the medical profession’s code of ethics. While state and local medical societies can impose sanctions affecting the membership status of their members, only the state licensing boards can impose sanctions affecting medical licenses. Here’s what you can do to support our Professional Ethics Initiative:

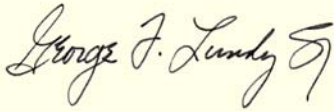
1. Make lots of copies of the Position Statement of the North Carolina Medical Board, which is available on our web site. Share them with everyone you know who cares about ending capital punishment.
2. Make lots of copies of the Moratorium Campaign Professional Ethics Initiative petition form, which is available on our web site. Collect as many signatures as you can, and return them to us. When we have collected a critical mass of petitions, we will submit them to all of the state medical licensing boards in the country.
3. Make copies of the Moratorium Campaign Group Petition in Support of the AMA Code of Medical Ethics Opinion 2.06. which is available on our web site. Ask your Church, club, town council, local medical society, or any other group you are part of to adopt the resolution and return it to us. We will share these also with all the state medical licensing boards in the country.
4. Join or renew your membership in the Moratorium Campaign, so we can continue our work of educating and organizing to end capital punishment. People who join or renew will receive a copy

of former Illinois Governor George Ryan's speech upon the occasion of his commuting all the death sentences in Illinois at that time, as well as a copy of the U.S. Catholic Bishops booklet entitled "A Culture Of Life and the Penalty of Death."

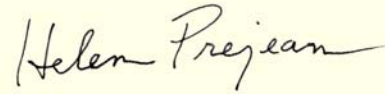
5. Let us know of doctors who are interested in the issue and willing to get involved. We will research the law in his/her state, and suggest a model letter that he/she could write to the medical licensing board of that state.

Continue your efforts to eliminate the death penalty! The length of this statement is perhaps a symbol for the endurance we need in the long and challenging struggle to end capital punishment in our country, in our time. We are deeply grateful for your participation and support.

Very sincerely,



Rev. George F. Lundy, S.J.
Director



Sr. Helen Prejean
Board Chair