Medical Ethics, Cultural Values, and Physician Participation in Lethal Injection

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Capital punishment by lethal injection has been discussed in the literature, but there has been no consideration of the sociocultural foundations of the ethical issues related to medical aspects of capital punishment. Lethal injection represents the inappropriate medicalization of a complex social issue whereby medical skills and procedures are used in ways that contradict established medical practice. Although physicians are socialized to their healing role during medical education and training, their behavior is influenced by social and cultural values that both precede and coexist with their professional life. Because of this dynamic interplay between professional and sociocultural values, physicians can neither exempt themselves from societal debate by merely invoking professional ethics, nor can they define their professional role exclusively in terms of societal values that potentially diminish personal and collective professional responsibility. It is essential that physicians have a broad historical perspective on the development of the profession's standards and values in order to deal effectively with present and future complex ethical issues.

In this article we explore the ethical framework of physician participation in capital punishment by lethal injection. The Illinois and Missouri executions in the 1990s,[1, 2] in which physicians played an active role for the first time in U.S. history, make reexamination of this issue vital. When the medical literature has considered physician participation in capital punishment, discussions have centered around the technical details of specific cases,[3, 4] the technicalities of drug approval for lethal injection,[5] psychiatric involvement in capital cases,[6–12] or various state laws regarding execution.[13] There has been little information, however, about the sociocultural foundations of ethical issues relating to medical

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aspects of capital punishment. Although Curran and Casscells[14] and Truog and Brennan[15] have considered ethical aspects of physician participation in lethal injection, previous writers have not considered other related issues such as the cultural determinants of medical ethics and the role of medical education and training in the formation of professional values relating to lethal injection.

Lethal injection is an example of the medicalization of a complex social issue, yet it is unique because in this instance physicians' skills and procedures are being used to carry out government mandates that contradict established medical practice (i.e., the taking of a human life). Biomedical ethics can be consistent with the basic values and beliefs of the practitioners' society, but serious ethical issues also can arise that entail fundamental contradictions between biomedical perspectives and the established norms and values of society.[16] The medicalization of social problems clearly shows the powerful role of the public in influencing policy and allocating resources independently of the health professions.[17] In fact, an Illinois law passed in 1991 makes it possible for physicians to participate in executions without detection by the state medical society.[18] This exemplifies the increasing tension in our society between public policy and professional ethics.

We initially present a brief background of cultural and social foundations of medical ethics, move on to important issues that influence professional attitudes and behavior regarding capital punishment, and finally discuss implications for medical education and professional socialization.

Cultural and Social Foundation of Medical Ethics

The professional behavior of healers toward society is a universal ethical issue.[19] In daily medical practice, intense conflicts often occur between physicians' personal values, societal values, and avowed values of the medical profession. Rosenberg[20] notes that, as the capacities of medical technology increase, society becomes more ambivalent about the medical profession, and the physician's power is accompanied by societal resentment.

A physician's professional ethics cannot be judged totally apart from his/her society's broader ethical traditions, as professional ethics often derive from general social and ethical principles in a specific historical era. With the increasing medicalization of social issues, many physicians are forced to examine their own ethical beliefs; this is particularly challenging now when social values are evolving rapidly. Current examples of this rapid evolution are heated societal debates regarding abortion, euthanasia, and assisted suicide. The Supreme Court itself, when discussing evolving standards of decency, is required to gauge public opinion.[3]

Physicians' ethical codes, observed *in situ,* are more often grounded in the ethical traditions of their society than in a universal code of medical ethics. Although physicians are socialized to their role as healer during long years of medical education and training, their behavior is strongly influenced by social and cultural values that both precede and coexist with their professional life. People within their

own cultures reason systematically within their own internally consistent modes of thought.[21] Values and ways of thinking are influenced by family traditions, secular and religious education, and peer interaction throughout the life span. Value concepts are as important as scientific concepts for the life of medicine.[22] Since the time of Hippocrates, the choices faced by physicians have become increasingly more complex because of the development of modern medical technology and the wider scope of medical activities.[19] Yet the examination of bioethical matters often is enclosed within a framework that does not easily allow consideration of more encompassing concerns about the general state of ideas, values, and beliefs in current American society; there is a sense in which bioethics has taken its American social and cultural attributes for granted, ignoring them in ways that imply that its conception of ethics, its value system, and its mode of reasoning transcend social and cultural particularities.[23]

In traditional world cultures, medical healers are viewed with trust and respect, and with the explicit expectation that the physician will cure illness and preserve life. In a disturbing number of societies, however, medical knowledge and procedures have been used to destroy life. Prominent examples include the destructive use of medical technology and personnel during the Nazi Holocaust, the use of "special psychiatric hospitals" to quell dissent of political prisoners in the former Soviet Union, and the systematic use of torture by governments in Chile and South Africa.[24] In each example, medical ethics became relative and partially dependent upon the needs of the state.

Lifton,[25] in his description of the central position of physicians during the Nazi genocide, notes that not only were physicians acting as technicians in the development and implementation of lethal injection and asphyxiation, but they were also intellectual and moral leaders in the Nazi state's medicalization of killing. He notes that state-sanctioned killing came to be viewed by layman and physician alike as a form of "therapy," and became an "ethical" course of action. Medical and social ethics became one in the mass destruction of life.

The Medicalization of Capital Punishment in the United States

It is important to develop arguments against the participation of physicians in capital punishment that are independent of arguments about the morality of capital punishment itself.[15] In contemporary American society, lethal injection is a prominent example of the inappropriate use of medical technology and expertise to meet societal needs. Like the examples cited earlier, killing becomes the "ethical" course of action in order to preserve social order. Moreover, society attempts to expand executions by cloaking them in a medical aura;[26] executions by lethal injection, carried out in a quasimedical setting, give the impression that a medical procedure is being administered.[27]

Additionally, the medicalization of capital punishment, in both symbolic and realistic ways, reduces the moral stature of the medical profession and the profession's moral weight in influencing debate

on other medicolegal issues that involve the termination of life. Physicians are no longer seen exclusively as healers and as patient advocates.

The Doctor-Patient Relationship in a Social Context

Discussions of medical ethics have generally centered around treatment decisions involving individual patients. In these instances, physicians are required to draw upon their medical knowledge, their experience in similar situations, and their often intangible sense of right or wrong in a particular clinical situation. This latter component is particularly subjective, involving the interplay of interpersonal, professional, and social norms in charting an appropriate clinical course of action. Moreover, patients are usually active participants in the process. Specific examples include "do not resuscitate" decisions and pregnancy termination.

Even though lethal injection is "medicalized" by society, there is no doctor-patient relationship and, consequently, no give and take between physician and patient. Yet even when there is no defined doctor-patient relationship, the doctor is using knowledge and skills attained during medical education and is thus recognized by society as possessing and using those specific skills that are normally used to sustain and enhance life.

There are those within the American medical community[28] who argue that physicians can be called upon to act as agents to implement the codified will of society. Drawing upon the previous Nazi and Soviet examples, there are ethical dilemmas that arise for physicians when the trappings of their profession are used to further the aims of their government or society. Although no absolute and universal principle of medical ethics adequately defines the physician's role in executions, and the decision to participate hinges largely on the individual's personal view of the death penalty,[5] the Council on Ethical and Judicial Affairs of the American Medical Association recently clarified the position of American organized medicine by stating that physicians should not participate in executions even though they may hold divergent personal and moral options.[29] Physicians' opinions are highly influenced by forces described earlier that lie outside traditional medical education and practice.

Implications for Medical Education

Physicians' ethical codes have roots that extend far beyond the boundaries of medical training. The current medical education system includes little formal training in medical history, sociology, or anthropology. The expansion in the teaching of bioethics to medical students and house staff that has occurred in American medical centers in recent years has progressively displaced behavioral science teaching about psychological, social, and cultural dimensions of health, illness, and medicine.[23] Medical curricula could incorporate concepts and academic traditions of these allied disciplines and thereby provide students, trainees, and practitioners with a broader cultural and social perspective. Contemporary medical decision making requires clinicians to place their biomedical knowledge within a current social

and cultural matrix that has taken centuries to develop. This matrix includes attitudes, laws, and values that have evolved dynamically over time, always continuing in a process of change and refinement.

Conclusion

Curran and Casscells[14] appropriately contend that the ethical principles of the medical profession worldwide should be interpreted to unconditionally condemn medical participation in capital punishment. We would like to extend the debate by insisting that society cannot legitimize capital punishment by medicalizing capital procedures, nor can physicians exempt themselves from societal debate by merely invoking professional ethics. Physicians could easily stand above the debate by exclusively invoking medical ethics, but to do so may absolve society from its own responsibility and also superficially obscure the reality of dynamic interplay between professional and sociocultural traditions and values. At the other extreme, however, defining one's professional role exclusively by societal norms diminishes individual professional responsibility to appropriately use the knowledge and skills of healing that are attained during medical education and training. We disagree with the contention that it is society as a whole that ends the life,[28] not the courts, juries, or participating physicians. This position trivializes both individual and collective professional responsibility. Neither social policy related to medicine nor professional standards of behavior evolve in a vacuum, uninfluenced by the other. Physicians should inform the debate, particularly when their knowledge and skills are being used inappropriately to carry out social policy.

In order for true ethical decision making to occur in medicine, the physician needs to be aware continually of how his or her role, as healer and physician, is defined by society at any given time. When confronted with contemporary concrete ethical problems, such as physician involvement in lethal injection, in which the societal conception of what constitutes a "patient" or a "physician" is either vague or nonexistent, the physician must be able to draw upon a broadly based intellectual tradition not only in the biological sciences, but also in the humanities and the social sciences. It is essential for students and clinicians to have a broad historical perspective on the development of their profession's standards and values in order to deal effectively with current or future ethical dilemmas. For contemporary physicians, the challenge is to continue to explore and critically question the foundations of their personal and professional values throughout their education and practice.

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