

Medical Ethics Under Extreme Pressure: Should Healthcare Professionals Participate in Torture to Prevent Terrorism?

In the aftermath of global terrorism threats (especially post 9/11), the dissension over the role of healthcare professionals in national security has intensified. One of the most ethically volatile issues is whether medical professionals should participate in or enable torture to extract intelligence that might prevent terrorism. While national interests and utilitarian arguments often prioritize security and lives saved, medical ethics are rooted in principles such as do no harm, patient autonomy, and human dignity, which stand firmly against such involvement. This is the question: should medical professionals be involved in this moral conflict? International laws, ethical codes, historical precedents, and real-world cases are used to analyse whether participation in torture can ever be ethically justifiable for medical professionals.

The Hippocratic Oath

The foundation of medical ethics lies in the Hippocratic Oath which requires physicians to “do no harm” (primum non nocere). This principle aligns with the World Medical Association’s Declaration of Tokyo (1975), which explicitly states that “a physician shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures”

Even in cases of national emergency, this ethical code asserts that physicians cannot be involved in any activity where their knowledge is used to inflict harm. This point is also reinforced by the American Medical Association (AMA) and the World Health Organisation (WHO), both of which consider participation in torture as a gross violation of medical professionalism.

The ‘Ticking Time Bomb’ Scenario and Utilitarian Justification

Advocates of physician involvement often cite the “ticking time bomb” scenario – where if torturing one person could prevent a terrorist attack and save hundreds or thousands, it would be justifiable and morally permissible - under utilitarian ethics. In this logic, the end (saving lives) justifies the means (inflicting harm).



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However, this hypothetical is both ethically and practically flawed. First, torture has been shown to be unreliable as a method of intelligence gathering. The U.S Senate Intelligence Committee Report on the CIA's Detention and Interrogation Program concluded that enhanced interrogation techniques (EITs) did not yield actionable intelligence that could not have been obtained through other means. Second participating in torture undermines public trust in the medical profession and can permanently damage the mental health of practitioners.

Guantanamo Bay and Abu Ghraib

At Guantanamo Bay (a detention camp to hold terrorism suspects and 'illegal enemy combatants') and Abu Ghraib (a prison used by the U.S government during the U.S invasion of Iraq), military physicians and psychologists were found to have monitored interrogations, provided health assessments to ensure that detainees could endure further coercion and even advised on psychological tactics.

The American Psychological Association (APA) initially allowed some involvement under the justification of national security but reversed its stance in 2015 under immense public pressure. The reversal affirmed that psychologists should never assist in interrogation involving torture or cruel treatment. These cases highlight the slippery slope of when ethical lines are blurred for perceived short-term gains, systemic abuse can follow.

International Human Rights and Legal Obligations

According to the United Nations Convention Against Torture (UNCAT), adopted in 1984 - torture is illegal under international law with no exceptions, even in war or emergency situations. Article 2 explicitly states "No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture."

Medical professionals, by assisting in such acts, not only breach medical ethics but also risk criminal prosecution under international humanitarian law. The Rome Statute of the International Criminal Court (ICC) also classifies torture as a crime against humanity when committed as part of a systematic attack.



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Psychological and Moral Consequences for Healthcare Professionals

Participation in torture is not only unethical but also psychologically destructive. Research shows that healthcare professionals involved in coercive interrogation suffer from moral injury, PTSD, and long-term professional identity crises.

Additionally engaging in torture erodes the healing role of the medical profession, reducing trust in medical services among both civilians and detainees.

Conclusion

Medical ethics are grounded in the unwavering commitment to alleviate suffering, protect human dignity, and act independently of political or military agendas. Participation in torture, even with the goal of preventing terrorism, violates these principles. The ‘ticking time bomb’ may offer dramatic ethical tension, but real world consequences and historical abuses make clear that legitimising torture erodes the moral authority of medicine, undermines international law, and inflicts deep psychological damage. Medical professionals are guardians of human rights, not instruments of coercion.



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CITATIONS

1. American Medical Association. Code of Medical Ethics Opinion 2.067. AMA, 2001, <https://code-medical-ethics.ama-assn.org>.
2. American Psychological Association. APA Prohibits Participation in National Security Interrogations. APA, 2015, <https://www.apa.org/news/press/releases/2015/08/interrogations>.
3. Litz, Brett T., et al. "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy." *Clinical Psychology Review*, vol. 29, no. 8, 2009, pp. 695–706. <https://doi.org/10.1016/j.cpr.2009.07.003>.
4. Marks, Jonathan H., and George J. Annas. "Doctors and Interrogators at Guantanamo Bay." *The New England Journal of Medicine*, vol. 353, no. 1, 2005, pp. 6–8. <https://doi.org/10.1056/NEJMp058112>.
5. Miles, Steven H. *Oath Betrayed: Torture, Medical Complicity, and the War on Terror*. Random House, 2004.
6. Sandel, Michael J. *Justice: What's the Right Thing to Do?* Farrar, Straus and Giroux, 2013.
7. U.S. Senate Select Committee on Intelligence. Committee Study of the Central Intelligence Agency's Detention and Interrogation Program. 2014, <https://www.intelligence.senate.gov/sites/default/files/publications/CRPT-113srpt288.pdf>.
8. United Nations. Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. 1984, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading>.
9. World Medical Association. WMA Declaration of Tokyo – Guidelines for Physicians Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment. 2016, <https://www.wma.net/policies-post/wma-declaration-of-tokyo-guidelines-for-physicians-concerning-torture-and-other-cruel-inhuman-or-degrading-treatment-or-punishment-in-relation-to-detention-and-imprisonment/>.