

Medical collusion in the death penalty: an American atrocity

Lethal injection is the most common way people are legally put to death in the USA. To be exact, this method has been used to kill 788 of the 956 men and women who have been executed in the USA since 1976, when the death penalty was reinstated by the Supreme Court. Lethal injection is supposed to be humane, and thus not in violation of the US Constitution's Eighth Amendment proscription against "cruel and unusual" punishment. Indeed, compared with electrocution, gas, gunfire, or hanging, killing people with drugs seems almost humane.

Typically, the condemned man or woman is strapped to a chair or trolley. Two intravenous lines are inserted, one as a back up. The lines are kept open with saline solution. Then, at the warden's signal, the injection team administers: first, sodium thiopental to induce anaesthesia, then pancuronium bromide to cause paralysis, and finally a bolus of potassium chloride to bring about cardiac arrest. It seems so clinical and clean.

However, in a fast-track Research Letter in this week's *Lancet*, Leonidas Koniaris and co-workers report that these killings may not be as free from cruelty as death-penalty proponents claim. The research team obtained information from Virginia and Texas, where since 1976 nearly half of the executions in the USA have been done. Among the facts they learned were that neither state has a record of how they developed their execution protocol, that the injection teams were made up of medical technicians or individuals from medical corps with no training in administering anaesthesia, and that there was no assessment of the depth of anaesthesia before the paralysing agent and potassium chloride were injected.

The researchers also obtained toxicological reports from four other states which indicate that post-mortem thiopental concentrations in the blood of 43 of 49 executed inmates (88%) were lower than those needed for surgical anaesthesia, and 21 (43%) episodes were consistent with awareness. That is: those being executed may have been awake. Of course, because they were paralysed, no one could tell. It would be a cruel way to die: awake, paralysed, unable to move, to breathe, while potassium burned through your veins. That is why, as Koniaris and his co-authors point out, the American Veterinary Medical Association and 19 states, including Texas, prohibit the use of neuromuscular blocking agents to kill animals.

The authors call for a halt to executions by lethal injection and a public review. They also argue that because "participation of doctors in protocol design and execution is ethically prohibited", a more effective, humane protocol cannot be developed. But, ethically prohibited or not, many doctors are willing to participate in putting people to death. A survey of US physicians found that although the American Medical Association (AMA) ethical guidelines forbid physicians to participate in executions, 19% said they would inject lethal drugs and 41% said they would perform at least one action prohibited by the AMA guidelines, such as starting intravenous lines. In fact, only 3% of those asked were aware that there were guidelines.

Clearly, for a substantial number of physicians, the putting to death of condemned people is not considered contrary to the precept "first, do no harm". What justification can there be for capital punishment at all? The two main arguments for the death penalty are deterrence and retribution. Few experts believe that the threat of capital punishment is an effective deterrent. That leaves retribution. But to justify capital punishment, the retribution must be meted out fairly, and that is clearly not the case. In only 1% of murders do prosecutors seek the death penalty. Whether you receive the death penalty depends not on what you have done, but where you committed your crime, what colour your skin is, and how much money you have. The use of the death penalty not only varies from state to state (12 US states have no death penalty) but from jurisdiction to jurisdiction within a state. Repeated studies have shown a pattern of racial discrimination in the administration of the death penalty. Of the 205 people executed for inter-racial murders in the USA, for example, 193 were black defendants charged with killing a white person, while only 12 were white defendants charged with killing a black individual. 90% of defendants are too poor to hire their own lawyer—most rely on overworked court-appointed lawyers.

Capital punishment is not only an atrocity, but also a stain on the record of the world's most powerful democracy. Doctors should not be in the job of killing. Those who do participate in this barbaric act are shameful examples of how a profession has allowed its values to be corrupted by state violence. ■ *The Lancet*

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