

Death by injection

On the subject of the death penalty, opinions vary as much as on other controversial subjects, such as abortion, gun control, or welfare for the indigent. Over the past few months I have informally polled friends and acquaintances and found the most diverse and often quite passionate opinions. On the whole, however, my findings bear out the earlier national formal polls: the majority of Americans, over 60%, support the death penalty.

Supporters will admit that theoretically mistakes could occur, but point out that the long delays between sentencing and executions make this quite unlikely. They say that the death penalty has been imposed mostly for particularly heinous crimes against children and old ladies, for rape, or for mass murderers, such as the notorious John Gacy, who murdered 33 young men and boys, and more recently Tim McVeigh, who blew up 168 people in Oklahoma. All this came to the fore recently with the execution of Karla Tucker, who killed two people with a pickaxe in 1983 and was put to death in 1998 despite her religious conversion, a web page on the Internet, and appeals for clemency by demonstrators, the Pope, and the European parliament.

Throughout the years heated arguments have raged over the merits of the death penalty, whether it is immoral, whether it deters crime it certainly made Singapore drug free what the odds are of an innocent person being put to death in error. At present the death penalty is used in over 90 countries, mostly but not exclusively in Asia and Africa. In the United States 435 men and two women have been executed since the Supreme Court reinstated the death penalty in 1976, provided that it was imposed fairly. In 1997, 74 people were executed, 37 in Texas, the rest in the other 38 states that allow the death penalty. Another 3365 convicted criminals are awaiting execution on death rows. As this is now being carried out largely by lethal injection, there arises the issue of what role doctors should play in this process.

The consensus among members of the medical profession has been: none. Doctors' avowed mission (or job description, in labor union terms) is to support life, to prolong it, or to make it more bearable. They are not in the business of causing death, Dr Jack Kevorkian excepted. Yet this became an issue in the early 1990s when Illinois, several other states, and also the federal government, ruled that a doctor needed to be present during executions by lethal injection. Such rulings ran into vigorous opposition from medical groups, which had already declared in 1980 that such medical participation was unethical, and which subsequently reaffirmed their position, as did official nurses' organizations.

Activities defined as participation were starting intravenous lines, preparing or maintaining execution fluids or devices, prescribing pre-execution drugs, monitoring vital signs during executions, providing psychiatric information about fitness to be executed, harvesting organs, or declaring death. Excluded activities were serving as a witness in a criminal trial, advising about competence to stand trial, relieving suffering at a convict's request, certifying death provided that another person has pronounced it, and carrying out an autopsy after execution. This for the present is a reasonable solution, one that would leave the actual process of carrying out executions to special technicians who were trained to cannulate a peripheral or if need be a femoral vein.

The alternative approach, recently suggested by someone who supports the death penalty as well as gun control, is to have executions carried out by a firing squad composed of members of the National Rifle Association.