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Medicine and State Violence

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Abstract

During the last decades, in different places and under different circumstances, some physicians and other health professionals have supported state violence. The Holocaust is a prime example for how doctors can cooperate with the state to plan, give ideological support to and implement violent policies. As a consequence of the Industrial Revolution, people gained access to health promotion and health protection, not as an achievement of the welfare state, but as a tool necessary to maintain healthy and more productive workers. Gradually, all social strata, employees and their relatives gained access to health coverage. Physicians as a group increased in number and changed the structure of their profession by establishing a symbiotic relationship with the state. Between the state and the medical class, different models of cooperation can be distinguished. In general, we can affirm that with the implementation of a public health system, greater interdependence among the state and the medical class was established. In the case of authoritarian or totalitarian regimes, the support of the medical class for violent policies depends on the degree of previous cooperation. National Socialist Germany and the Soviet Union are two striking examples of totalitarian states in which strong public health systems and subsequent close cooperation between the medical class and the state can be observed. In both countries, violent state policies were quickly accepted and integrated into medical practice. Practices such as forced sterilization, murder of patients or experimentation with prisoners were prevalent under National Socialism. The abuse of psychiatry as tool for exerting power was common in the Soviet Union. South American dictatorships constitute examples of totalitarian states with weak previous cooperation between the medical class and the state, as they did not have strong public health systems. In those countries, support for state violence can be found, such as participation of health care professionals in torture or abduction of babies, but cooperation was not as strong as in Nazi Germany or the Soviet Union. In other cases in which no strong previous relationship existed between medicine and the state, authoritarian regimes were not accompanied by medical support for violence, such as in the case of the Rwandan genocide or in Cambodia, where doctors were persecuted and murdered based on their membership of the bourgeois class.

Key-words: *Holocaust; T4 Aktion; medical experiments; political abuse of psychiatry; torture; state violence*

I. Introduction

State violence is defined as the use of force committed or authorized by members of government institutions against an individual or group.[1] Over the last decades, in different places and under different circumstances, some doctors and other health professionals have supported State violence. The Holocaust represents an example of how physicians can cooperate with the system to plan, provide ideological support and implement state violence policies.

Medicine and industrialized medicalized murder can be understood as the core of the Holocaust. Never before and never after the Nazi period has there been a symbiotic relationship between the state and the medical class of a level which permitted a regime to execute violence through physicians. Doctors supported and were protagonists of the ideology that justified the Holocaust.

Because the Holocaust represents the singular example of cooperation between the state and medical class, the relationship between state violence and medicine can be better explained in other instances if a framework for comparing these situations to the Holocaust is established.

II. The relation between medicine and state after the Industrial Revolution

Before the Industrial Revolution the right to health was individual, with almost no intervention by the state. Only the wealthier classes had access to medical care, while the most underprivileged lacked it or had to obtain it in charity hospitals.

The Industrial Revolution caused enormous social, economic and demographic changes. Cities became overpopulated and their inhabitants often suffered from diseases and epidemics. Workers' health began to be valued as a necessity to increase labor performance since a healthy employee would produce more and faster. As a result, labor mutual insurances and sanitary coverage for workers started to emerge. Sanitary coverage was provided then, and for the first time, by labor mutual (an insurance company owned by the policy holders), employers or the state. It is important to stress the economic vision in the creation of health promotion and protection systems. This point of view, even though modified, influences the foundation of all the current sanitary systems. It was not until the nineteenth century, when microbiology and

[1] It can be affirmed that almost any country, in its recent history, has committed some sort of state violence. Under the rule of law, citizens have the tools to denounce this violence and obtain justice and reparation, while in the authoritarian states, this rules are limited or inexistent. This topic is unmanageable in the format of this article. That is why I will focus on some examples that can illustrate the argument.

epidemiology were developed as scientific and medical fields, that collective and preventive health became important. Models of health care assistance resulted from different political reforms and changes. In those countries with more developed industrial systems and with more interventionist types of government, health coverage which tried to be universal/global was established.

Thereafter, the small medical classes started to increase in number and develop. The doctors became a large and influential collective who played an essential role in economics, due to their responsibility for maintaining workers' health.

It is a paradox that the free market increased the administrative activities of the state, due to the bureaucratization of the health system.[2] It can be said that, with the implementation of a public health system, interdependence between the state and medical class was created. Once a symbiotic relationship between the medical profession and the government was established, it can be easier to garner support from the medical class for the policies enacted by a totalitarian regime.

In the event that a state becomes authoritative or totalitarian, medical class support for violent policies depends on the degree of previous cooperation and the development of the administrative apparatus in relation to public health.

III. Violence in democratic, authoritarian and totalitarian states

State violence is usual but not exclusive to authoritarian and totalitarian regimes. It should be understood as an act of power in which there are two subjects: the victim and the victimizer (either a group or an individual). Violence is legitimized in dictatorships, becoming the axis in the relationship between society and the state.[3] When there is a totalitarian shift, purges are usually produced against doctors that are critics of the new system.[4, 5] In the case of those who work in the public sector it is often enough to just issue a cease

[2] George Rosen, "Industrialism and the Sanitary Movement (1830-1875)," in *History of Public Health* (Baltimore: John Hopkins University Press, 1993), 168-269.

[3] About relationship between physicians and dictatorships: Esther Cuerda, "Medicina y Totalitarismos," in *El Delirio Nihilista: Un Ensayo Sobre los Totalitarismos, Nacionalismos y Populismos*, eds. Fernando Navarro, Gonzalo Sichar, and Esther Cuerda, 413-441 (Málaga: Utima línea, 2018).

[4] Javier Angulo, Juan José Gómiz, Esther Cuerda Galindo, and Matthis Krischel, "Urology during the Civil War and under Franco's Regime in Spain," in *Urology under the Swastika*, eds. Dirk Schultheiss, and Friedrich H. Moll, 76-93 (Davidsfonds Uitgeverij, 2017).

[5] Matthis Krischel, "German Urologists under National Socialism," *World Journal of Urology* 32, no. 4 (2014): 1055-1060.

order against them; for those who do not belong to the public structure, it is possible to expel them through complementary actions. In addition to the exclusion of professionals there is the promotion of those who are related to the new government. In other words, doctors who oppose the new regime are repressed whereas those who concur with the new ideology are promoted. In this way, the totalitarian state controls certain aspects of society through the medical class.[6]

These changes come with a diminishment of civil rights and liberties. A totalitarian regime provides theoretical and active frameworks that facilitate unethical medical acts. Nevertheless, these acts can also be committed within well-established democracies. The state violence acts in which doctors may be implicated are:

- Murder of sick and disabled people
- Counseling and direct participation in torture and executions
- Counseling on hunger
- Help and care denial
- Medical experiments
- Psychiatric abuse
- Forced sterilization
- Document forgery
- Theft of newborns
- Organ trafficking

IV. Doctors and state violence: Symbiosis

In case of a totalitarian shift, it is easier for the state to exert programmed and legitimized violence through its medical staff in those countries that previously had an established and bureaucratized state health network.

The state-medical class symbiosis exists in a bidirectional relationship in which both groups obtain benefits. The medical class receives money, position and social prestige, while the state gains scientific reinforcement to legitimate its speech.[7]

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[6] About Language and Totaliarisms: Aram Aharonian, "El Lenguaje Totalitario," http://www.nodal.am/2015/12/el-lenguaje-totalitario-por-aram-aharonian/; Ranko Burgarski, "Lengua, Nacionalismo y la Desintegración de Yugoslavia," *Revista De Antropología Social* 6, no. 13 (1997): 14-27; Ramón Garrido Nombela, "Lenguaje y Genocidio," http://cvc.cervantes.es/lengua/esletra/esletra_04.htm; Andrés González Vela, "El lenguaje de los totalitarios," http://www.paginasiete.bo/opinion/andres-gomez-vela/2015/12/6/lenguaje-totalitarios-79255.html.

[7] Matthis Krischel, "Gleichschaltung und Selbstgleischaltung des Deutschen Urologie im Nationalsozialismus," in *Urologen im Nationalsozialismus*, eds. Matthis Krischel, Frizt Moll, Julia Bellmann, Albrecht Scholz, and Dirk Schultheiss, 23-39 (Berlin: Hentrich & Hentrich, 2011), 25.

Two examples of this close collaboration are Nazi Germany and the Soviet Union.[8] The sanitary health system was implemented in Germany long before the Nazis seized power, while in the Soviet Union it was created with the totalitarian state. Both regimes encouraged the creation of new medical faculties, promoted the public healthcare and nationalized the pharmaceutical industry. The Nazis had a biological global vision, while for the Soviets, Marxist theory accounted for the perception that all people were alike. The Soviet Union promoted the presence of women in universities, including medical faculties and hospitals. On the contrary, during the Nazi period women's roles were limited to motherhood and housework.

V. Euthanasia

A very specific and extreme form of State violence during the Nazi period is the wrongly called euthanasia program.[9] It was the first mass murder plan that targeted prisoners and finally, this terrible conceptual and chronological concatenation escalated into the Holocaust. It represents a euphemistic term to describe a, more or less, clandestine plan for elimination. Through this project, psychiatric patients and disabled people were murdered in Germany and the annexed and occupied territories. In 1939, doctors that were close to Hitler started organizing an operation to murder disabled children. They asked nurses and doctors to notify health authorities of the cases of children with severe intellectual or physical disabilities. In October 1939, the public health authorities encouraged the parents of disabled children to transfer them to pediatric clinics specially designed for their alleged care. Those were actually centers in which children were murdered by medicine or starvation. The first unit of special care was created in Brandenburg and there were nearly 30 more in Germany and Austria.[10]

The authorities decided to extend this program with a second phase and execute it on disabled adults who were in institutions. The plan was called *Aktion T4* and it included the opening of six facilities equipped with gas chambers. Very similar to the first phase of child euthanasia, forms were distributed

[8] Since the end of the ninteenth century German workers had health insurance. After the Russian Revolution, the Soviet government created, in 1918, the people's public health commissariat called "Narkomzdrav" with equal access to medical attention. Both systems were solid and strongly bureaucratized.

[9] Gotz Aly, *Los que Sobraban: Historia de la Eutanasia Social en la Alemania Nazi 1939-1945* (Barcelona: Planeta Barcelona, 2014), 22.

[10] Florian Steger, Andreas Görgl, Wolfrang Strube, Hans-Joachim Winckelmann, and Thomas Becker, "Transferred to Another Institution: Clinical Histories of Psychiatric Patients Murdered in the Nazi 'Euthanasia' Killing Program," *The Israel Journal of Psychiatry and Related Sciences* 48, no. 4 (2011): 268-274.

among the sanitation employees in order to have a record of hospitalized patients. Those who suffered from schizophrenia, epilepsy, dementia and other psychiatric and neurological illnesses had to report to the authorities. Law and medical squads were formed. They made evaluations of the forms that came into the Berlin office and decided on the outcomes of the patients. In January of 1940 the transfer of the selected patients to the facilities was set in motion. There, they were murdered by carbon monoxide intoxication. It was not until August 1941, when over 70,000 patients had already been murdered, that Hitler officially cancelled the euthanasia program. The program was decentralized and entered into a third phase in which patients continued to be murdered by a drug overdose or lethal injection in spite of the program's official cancellation.

The murder of patients, in which a large number of doctors and health personnel were involved, is an example of the state violence committed against an especially vulnerable group of citizens.

VI. Forced sterilization

Citizens with physical or psychological disabilities of possible hereditary origin such as schizophrenia, epilepsy, intellectual disability or alcoholism, were sterilized during the Nazi period. Over 300 special courts were established. They were comprised of a doctor who specialized in genetic diseases, a doctor who was part of the public health administration and a lawyer; together, they determined who should be sterilized. It is estimated that near 350,000-400,000 Germans were sterilized[11] in public hospitals and private clinics by urologists and gynecologists, which profited from these interventions performed against the patients' will. This also constitutes an act of organized violence by the state via a network of doctors and lawyers, which were the instrument of the biologist-political violence of the Nazi government.

In recent years, cases of forced sterilization – apart from the ones performed by Nazis – have been uncovered. In countries in which this has happened, such as Guatemala, Peru, and Canada, there exist non-legal documents that suggest these procedures occurred. Sterilizations are normally performed in indigenous communities, usually in public hospitals. The doctors often take advantage of childbirth and perform a tubal ligation without the women's consent. This is a form of state violence, specially performed

[11] Esteban González-López, "La operación T4: El Asesinato de los Enfermos en la Alemania Nazi," in *Cuando la Medicina no Cura: La Participación del Personal Sanitario en Torturas, Genocidios y Experimentos al Margen de los Códigos Eticos*, eds. Esther Cuerda Galindo, and Francisco López-Muñoz, 171-182 (Alicante: Delta, 2016), 174.

against women, but it is not legitimized, visible, nor does it have an official and bureaucratic apparatus like the one deployed by the Nazi regime.

VII. Psychiatric abuse as punishment

Institutional psychiatric abuses took place in the Soviet Union under a complete totalitarian repression. They were intended to eliminate several forms of citizen dissidence and other social behaviors that were unacceptable to the regime.[12]

The convictions could result in exile in some peripheral province or abroad or re-education in a work camp belonging to the *gulag*. Nevertheless, the Soviet regime considered another punishment much more subtle and effective; it condemned the prisoner to enter a psychiatric hospital due to combined ideological and pragmatic motives (Socialism is focused on the establishment of the ideal society, those who are against it must be mad;[13] people can be locked away forever and the government does not have to respond to their political convictions as they are the product of an ill mind and do not have to be taken seriously). At first, the only victims were political dissidents, but then the practice spread to anyone who was uncomfortable for the system such as religious people or nationalists. In the 1960s Professor Andrei Snezhnevsky from the Muscovite psychiatric school created his own diagnostic categories. These criteria allowed classifying political dissidents and people with social adaptation problems within the category of "mild schizophrenia" or "inactive schizophrenia" which enabled their reclusion in an asylum. Once they were confined, they received an overdose of neuroleptics for strictly punitive purposes. Most of the psychotropic drugs used in these practices were untested and not widely known or used.

One example of a psychotropic agent used for punitive purposes[14] is sulfozin (is a 1% elemental sulfur oily solution). This preparation was used for the treatment of schizophrenia before the introduction of antipsychotic agents in the 1950s and abandoned completely after. Sulfozin induced febrile

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[12] Ian Spencer, "Lessons from History: The Politics of Psychiatry in the USSR," *Journal of Psychiatric and Mental Health Nursing* 7, no. 4 (2000): 355-361.

[13] Different examples can be found in the Francoism: Communists should certainly have a psychiatric disorder. There was a research made with prisoners and the studies were published in: Antonio Vallejo Nájera, "Biopsiquismo del Fanatismo Marxista," *Revista Española De Medicina y Cirugía De Guerra* 3 (1938): 189-195; Antonio Vallejo Nájera, "Psiquismo del fanatismo marxista: Investigaciones Biopsíquicas en Prisioneros Internacionales," *Revista Española De Medicina y Cirugía De Guerra* 11 (1939): 53-58.

[14] Francisco López-Muñoz, and Cecilio Alamo González, "El Papel de los Médicos en la Tortura: La Psicofarmacología como Abuso de Poder," in *Cuando la Medicina no Cura: La Participación del Personal Sanitario en Torturas, Genocidios y Experimentos al Margen de los Códigos Éticos*, eds. Esther Cuerda Galindo, and Francisco López-Muñoz (Alicante: Delta, 2016), 209.

episodes that lasted several days, in addition to intense pain in the injection area. After these torture sessions, the "dissident-patients" ended up in a state of profound physical and emotional exhaustion.

Sending people to psychiatric institutions was beneficial for the regime in many ways. In case of being mentally ill, the prisoner did not have the right to trial or appeal; the sentence was not measured in years since the psychiatric pathology was considered chronic. The inmate was never cured from his or her illness and ended up dying from poor care or committing suicide.[15]

In the Soviet Union, psychiatry was used as an instrument for the abuse of patients, since there was no law that protected them until 1992. From the 1960s to the 1980s, psychiatric hospitals continued to be used to admit political dissidents.[16] Such is the case of the General Piotr Grigorenko, a metalworker who was considered a war hero after World War II and became General Commander of the Soviet Army. In 1961 he reported the totalitarian abuses of the Stalinist leaders; this led to his expulsion from the CPSU (Communist Party of the Soviet Union), deportation to Siberia and reclusion in different prisons and psychiatric hospitals. The psychiatrists from the Moscow Serbsky Forensic Psychiatric Institute diagnosed him with a personality disorder with "reformist ideas, overvaluation of his own personality, an intense affective component and the conviction of the righteousness of his actions."[17] Because of this diagnosis, he went through different psychiatric institutions from 1964 to 1976 as a *psikhuskha* (psychiatric prisoner). After his exile in the U.S.A. where it was proven that he did not have any mental illness, he became an important human rights activist, denouncing the psychiatric abuses by the Soviet government.

Some renowned psychiatrists actively participated in these programs, such as the so-called "mercenaries" of the Serbsky Forensic Psychiatric Institute. Although the vast majority did not actively participate, they did consent, and only a few resisted.

This system of institutionalized psychiatric abuse took place in the Soviet Union and in Romania. Some isolated cases have been found in other countries that also formed part of the Warsaw Pact, like Czechoslovakia, Hungary or Bulgaria,but there is no evidence that points to an institutionalized abuse system.

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[15] Semyon F. Gluzman, "Abuse of Psychiatry: Analysis of the Guilt of Medical Personnel," *Journal of Medical Ethics* 17 – Supplement (1991): 19-20.

[16] Burovski was a victim of this system. In 1971 he leaked 150 pages documenting the psychiatric abuse. https://static1.squarespace.com/static/57798b38414fb50acf42cc9b/t/57999a6bf7e0ab03ddd9d351/1469684460903/A+Manual+on+Psychiatry+for+Dissenters.pdf.

[17] Robert van Voren, "Political Abuse of Psychiatry: An Historical Overview," *Schizophrenia Bulletin* 36, no. 1 (2010): 33-35.

VIII. Doctors and state violence: Structural subordination

From the 1950s up to the 1990s Latin-American went through several dictatorships, which were justified as transitory, temporary and necessary to fight Marxism. They were also supported by the U.S.A.,[18] which played an essential role through two operations that were more or less clandestine: Condor Operation and the creation of the School of the Americas.

Condor Operation is the name given to the coordinated action plan and mutual support between the leaders of the dictatorial regimes in the South Cone with the participation of the U.S.A. during the 1970s and the 1980s.

Condor Operation officially involved the persecution, detention, interrogation with torture, transfers between countries, disappearance and death of people considered subversive or against the political and ideological thought of those regimes. It was established in 1975 by the leader of the Chilean DINA (National Intelligence Directorate) and leaders of military intelligence services from Argentina, Bolivia, Paraguay and Uruguay (all of the above were dictatorial systems). In 1992, the "Files of Terror" were found in Paraguay, which show that over 50,000 people were murdered, 30,000 disappeared and 400,000 were incarcerated.

The School of the Americas was an institution created under the protection, finance and control of the U.S.A. It was established in 1946 and was located, until 1984, in the Panama Canal. Its mission was to prepare the Latin-American nations to cooperate with the U.S.A. and keep a political balance to counteract the growing influence of Marxist organizations during the Cold War. In 1963, the first interrogatory behavior manual was written (now declassified and available for consultation).[19] It showed different suggested techniques and also included several practical recommendations. The manual explains how the interrogator needs to rely on the healthcare staff. Since 1966 this manual (KUBARK) was used in the school in Panama.

During the second half of the twentieth century there were military dictatorial regimes in South America, such as in Chile, Argentina, Brazil, Paraguay,[20] and Uruguay, where the repression was greatest. The difference with fascism and communism is that, while these totalitarian European regimes intended to establish a new order based in one ideology, the South-American dictatorships did not have one; they emerged as a counter movement against

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[18] Gregorio Martirena, "The Medical Profession and Torture," *Journal of Medical Ethics* 17 – Supplement (1991): 23-25.

[19] https://nsarchive2.gwu.edu/NSAEBB/NSAEBB27/docs/doc01.pdf.

[20] Alfredo Boccia Paz, Carlos Portillo, and Carlos Arestivo, *Médicos, Ética y Tortura en el Paraguay* (Paraguay: Editorial Arandurá, 2006).

communism. These dictatorships were based on the national security doctrine and aimed to generate a military action consensus around alarmism. At the same time, they hid the illegitimacy that surrounded them.[21]

The South-American dictatorships did not have previous solid administrative structures of public-health. Those political regimes were not totalitarian and were not able to control the whole society (including medicine and doctors). This lead to isolated cases of cooperation with the doctors to exert state violence. This can be defined as a structural subordination of medicine.[22] In this context, doctors become instruments for state violence in many different ways.

In dictatorships such as Argentina, Chile and Uruguay,[23] torture was but another instrument of the system. Centers for illegal detention were created and repression machinery was established and legalized through a state policy in which military and civil doctors actively participated.

As can be proven from many testimonies, the presence of a doctor was mandatory during the process of interrogations. In these cases, during the torture sessions, doctors would provide drugs to the victims to sedate, confuse, or agitate them. It has been confirmed that in Chile,[24] health personnel injected sodium thiopental to the detained before the interrogations. Doctors also indicated when to stop or resume the torture sessions, and even revived the tortured so they would not die.

Before torture	• Examining prisoners to certify them as being capable of withstanding torture • Overseeing the neglect of food, water, etc.
During torture	• Preventing death of a prisoner • Conducting unethical experiments • Took part in executions with medical methods

[21] Leonardo Senkmann, "Tortura y Participación Médica en la Represión durante la Última Dictadura Militar en Chile y Argentina: Una Comparación preliminar," in *Cuando la Medicina no Cura: La Participación del Personal Sanitario en Torturas, Genocidios y Experimentos al Margen de los Códigos Éticos*, eds. Esther Cuerda Galindo, and Francisco López-Muñoz, 323-337 (Alicante: Delta, 2016).

[22] Gregorio Martirena, *Uruguay, la Tortura y los Médicos* (Montevideo: Ediciones de la Banda Oriental, 1987), 27.

[23] Maxwell Gregg Bloche, "Uruguay's Military Physicians. Cogs in a System of State Terror," *Journal of the American Medical Association* 255, no. 20 (1986): 2788-2793.

[24] Alfredo Jadresic, "Doctors and Torture: An Experience as a Prisoner," *Journal of Medical Ethics* 6, no. 3 (1980): 124-127.

After torture	• Concealing evidence of torture thought the forging of documents and death certificates • Maintaining hygienic standards to prevent infectious disease from spreading to the prisons guards

In the detention centers the doctors had specific tasks such as providing orientation to the executioners.[25] There were many levels of preparation and numerous participants had received "anti-subversive fight courses" from international agents that had been trained in torture methods.

The death flights were performed during the Argentinean and Chilean dictatorships. These were clandestine flights in which the prisoners were thrown to the sea or to the interior of lakes and volcanoes. Previously, they were injected with a paralyzing substance; for that matter there was always a doctor in those flights. When the bodies were thrown out of the plane, the doctor would remain in the cabin claiming that their medical ethics would not let them toss a prisoner to a certain death.[26] More than 4,000 Argentines were murdered this way.

In Argentina, the medical knowledge was in the service of prisoner executions: for example, the intra-cardiac injections.

The legal medicine was subordinate to the government interests, with false death or birth certificates, false autopsy reports, or health certificates for the tortured. In Argentina, doctors were involved in newborn thefts. The pregnant prisoners that were in clandestine detention centers were moved to hospitals and maternity wards. There, they remained chained and hooded so they would not recognize the doctors or the place. On many occasions they had unnecessary C-sections with the intention of accelerating natural birth time. Once the baby was born, the mother was taken back to the detention center and the baby was given to a family related to the regime that had generally paid to obtain the newborn. The doctors, apart from participating in birth deliveries in subhuman conditions or performing unnecessary C-sections, also signed false birth certificates, changing the mother's name.[27] Some medical staff members were subject to repression, arbitrary dismissals, detention and abuse.

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[25] Horacio Riquelme, *Etica Médica en Tiempos de Crisis: Los Médicos y las Dictaduras Militares en América del Sur* (Chile: Ediciones Chile América CESOC, 2002), 61-72.

[26] Horacio Verbitsky, *El Vuelo 'una Forma Cristiana de Muerte': Confesiones de un Oficial de la Armada* (Buenos Aires: Sudamericana, 2004), 57.

[27] On the theft of babies and other acts committed during the Argentinean dictatorship: "Varios. Nunca más," Informe ICONADEP, http://www.desaparecidos.org/nuncamas/web/investig/articulo/nuncamas/nmas0001.htm.

Ethical responsibility cases have also been found among doctors: non-discriminatory treatments for the patients and victims of torture, or the denial to obey orders and denouncements to the authorities.

IX. The torture exception

Cambodia was a special case. During the Khmer Rouge's dictatorship, doctors were persecuted, incarcerated in reeducation camps or murdered for belonging to a bourgeois middle class.[28]

Torture is a practice that escapes any attempt at classification, association with the past or with a governmental regime. It is normally produced in dictatorships, totalitarian regimes and, although to a lesser extent, in democracies.[29] It is also independent from the sanitary structure of the country.

Torture has been prohibited but not yet discarded. It continues to survive as a disturbing presence that arises in conflicts, wars, colonies and returns in a voracious way in dictatorships and totalitarian regimes. It is an uninterrupted phenomenon as a clandestine practice in the shadow of sovereignty. In torture there exists a simultaneous exercise of sovereign power (torturer) with "biopower" (the possibility that the tortured is revived by the doctor).[30] For that matter, health professionals supervise the health state of the victim and give instructions on how to prevent his death.

Even though some states have declared torture as illegal, many continue to perform it outside their territories (on ships in international waters), distorting the language (calling it coercive interrogation) or torturing without leaving visible signs ("white" torture).

A paradigm shift occurred after 9/11; when the biggest western democracy enacted a state of exception which partially recognized and justified torture to prevent terrorism. This way, the immediate nexus that linked torture with totalitarian regimes disappeared.

X. The unique case of military doctors

It is a fact that some military doctors have been part of state violence.[31] In recent years in Iraq and Afghanistan military doctors have helped in the

[28] Alex Hinton, "Genocide, Categorical Certainty, and the Truth: Questions from the Khmer Rouge Tribunal," *The Journal of Analytical Psychology* 56, no. 3 (2011): 390-396.

[29] Daniel Rafecas, *El Crimen de Tortura en el Estado Autoritario y en el Estado de Derecho* (Buenos Aires: Ediciones Didot, 2015), 153.

[30] Donatella di Cesare, *Tortura* (Barcelona: Gedisa, 2016), 36-37.

[31] Maxwell Gregg Bloche, and Johnatan H. Marks, "Doctors and Interrogators at Guantanamo Bay," *The New England Journal of Medicine* 353, no. 1 (2005): 3-6.

design of the interrogations.[32] In Abu Ghraib doctors and psychiatrists used drugs during interrogations and rationed the prisoners' food. Other examples of non-ethical behaviors employed by physicians include: placing an intravenous catheter in a prisoner to pretend he died in the hospital, hiding injuries or forging certificates.[33]

From an ethical point of view,[34] the commission and/or concealment of acts of torture should never be justified by any health professionals – clinical, non-clinical, military, or non-military. As the Declaration of Tokyo states, "The physician's fundamental role is to alleviate the distress of his or her fellow human beings, and no motive, whether personal, collective or political, shall prevail against this higher purpose."[35] The health personnel participation in torture should be subject to criminal justice, ethical reflection[36] and collective memory.

Nowadays some institutions provide training to groups (among them military doctors) considered to be of special risk in this subject. The purpose is to teach them how to identify risky behaviors in conflict situations. The reflection of other authors is to vindicate the civilian condition of military doctors in the exercise of their profession in the armed forces.

XI. Discussion

Totalitarianism acts as a unifying and explanatory-propagandistic element of change in the moral framing; it also represses any criticism that might arise against the new imposed justice. In totalitarian regimes, doctors sometimes sacrifice their patients' health for the sake of the state, the people, or the regime. They align with the totalitarian thinking and perform medical actions against sick people and citizens. This is what happened during the Holocaust and has continued throughout history.

Do ethics change in a totalitarian regime? Ethics help to distinguish between good and bad actions. Ethical relativism questions the immobility of the absolute principles of acts. It states that nothing is absolutely good or

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[32] Maxwell Gregg Bloche, and Johnatan H. Marks, "When Doctors go to War," *The New England Journal of Medicine* 353, no. 1 (2005): 6-8.

[33] Steven H. Miles, "Abu Ghraib: Its Legacy for Military Medicine," *The Lancet* 364, no. 9435 (2004): 725-729.

[34] Vincent Iacopino, and Stephen N. Xenakis, "Neglect of Medical Evidence of Torture in Guantanamo Bay: A Case Series," *PLoS Medicine* 8, no. 4 (2011): e1001027.

[35] World Medical Association, "Declaration of Tokyo," http://www.wma.net/en/30publications/10policies/c18/index.html.

[36] Robert J. Lifton, "Doctors and Torture," *The New England Journal of Medicine* 351, no. 5 (2004): 415-416.

bad, but that the validity of an action can be interpreted within a determined context that provides it with concrete connotations.[37] According to this way of thinking the murder of children with disabilities in ancient Sparta could not be judged as something morally wrong since, according to the values and traditions of this civilization, it would have been wrong to let them live. Using this paradigm, everything could be justified.

Ethics in medicine is filled with exceptions and special cases. It seems to follow a scheme of gray transition areas. There are many particular situations in which a doctor without sharing the purpose can perform certain acts and become an accomplice and collaborator of non-ethical actions. When a doctor cannot refuse to take part in such acts, the axiom would be: Reduce the wrong in case you cannot avoid it.[38]

Some doctors refused to participate in torture during South-American dictatorships. Paradoxically they did not refuse because of a humanist conception or awareness but because of political motives: if the executioner was to be tortured, they would have cooperated.

In the field of medical ethics, we need to accept a series of absolute values, following the thinking scheme of Kantian ethics.[39] Ethics is an evolving branch of philosophy in which the axioms accepted today can be judged tomorrow, but they need to be considered as part of a philosophy with no setbacks. Medical ethics as a code of standards that differentiates between what is right and wrong in the profession must not change under any totalitarian or authoritarian regime.

Some points to avoid a relationship between the state and the medical class that support violence and aggression can be proposed. Studying bioethics and the Holocaust is relevant for modern medicine in order to recognize the slippery steps and grey zones. Ethical values should be part of the comprehensive educational program of the Holocaust and be conveyed to health professionals at the different levels: college, postgraduate degrees or any type of curricular or extracurricular activities. Education of the general population is an important point and can be conducted using books, conferences and exhibitions. Institutions should provide training to groups considered to be of special risk to support state violence, such as police or the military. The purpose is to teach them how to identify risk behaviors.

Finally, independent legal structures to ensure human rights must be maintained. Independence of the justice system from executive and legisla-

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[37] Matthias Gotzemeier, "Relativismus," in *Enzyklöpedie Philosophie und Wissenschaftsheorie*, 564-565 (Stuttgart: J. B. Metzler, 2004).

[38] Henry Shue, "Complicity and Torture," *Journal of Medical Ethics* 43, no. 4 (2017): 264-265.

[39] Oswald Schwemmer, "Ethik," in *Enzyklöpedie Philosophie und Wissenschaftsheorie*, 592-599 (Stuttgart: J. B. Metzler, 2004).

tive branches of the government can ensure a strong structure to avoid unfair and unethical situations.

XII. Conclusions

State violence can appear in any political regime, including democracies, but it is far more frequent in dictatorships and authoritarianisms. Doctors can become a State´ s instrument of violence. If a totalitarian shift is produced, it is easier for a state-medical class symbiosis to be generated in those countries which have a well-established and bureaucratized sanitary structure. The lack of previous structure usually generates subordination from the medical class. Torture is a phenomenon that, due to its own characteristics and globalization can resurface in any conflict, or societal structure.

The ethics of sanitary, civilian or military acts must be an independent instrument from any form of government.

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