

Knowledge and attitude on torture by medical students in Delhi

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Abstract

The custodial torture of detainees is a worldwide phenomenon which has inspired a number of declarations and conventions adopted by different world agencies. Medical professionals are under obligation to detect, treat and help in the rehabilitation of torture victims. During the last few years, much medical work has been initiated against the practice of torture. In order to assess the knowledge and attitude of medical students on the issue, a questionnaire survey study was designed and administered to 98 fourth year MBBS students in Delhi in November 2002.

The study shows that though the students possess positive attitudes for learning various aspects of torture and human rights issues, they still do not condemn custodial torture. The majority of students have a basic knowledge about torture and are desirous of the inclusion of torture medicine in the undergraduate curriculum for further detailed knowledge.

Key words: attitude, human rights, knowledge, medical students, torture

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Introduction

Custodial violence is considered to be a vital armory by law enforcing agencies to weaken the physical resistance and mental barrier of detainees.

In spite of the marked improvements in investigative techniques, law enforcers usually cut short the methods of scientific investigation and resort to the application of torture on the suspects and detainees in order to obtain a confession or information. Unfortunately, even today torture is globally present.

Medical work against the practice of torture started about three decades ago in 1973, when Amnesty International launched a campaign against torture and asked medical doctors to take part in the work of helping and diagnosing torture victims.¹ In the year 1975, the World Medical Association (WMA) adopted the "Declaration of Tokyo".² During the last quarter of the previous century, significant work has been done by various national and international agencies to curtail the menace of torture. However, the National Human Rights Commission in our country still receives more than 20,000 complaints regarding torture every year.

The obligations of this profession towards torture victims have been described in various declarations like the "Tokyo Declar-

ation”, the “International Code of Medical Ethics”, the “Declaration of Helsinki”, the “Declaration on Protection of All Persons from Torture and other Cruel, Inhuman or Degrading Treatment or Punishment” etc.³ Therefore, every member of the medical profession should be aware of the different issues related to torture medicine. In India, the University Grant Commission has also directed all universities and colleges across the country to incorporate lectures on torture and allied aspects in different undergraduate and postgraduate curriculums.⁴ Now in India, the latest editions of books pertaining to the field of forensic medicine are including chapters on torture medicine.^{5,6}

The knowledge and attitude of medical students on torture have been hardly studied and published in medical literature until now. Since the knowledge and attitude of medical students are bound to have an effect on their mindset once they become full-fledged doctors, it was thought pertinent to study this important aspect of medical education. Further, the “Delhi Declaration on Torture” had also urged for greater involvement of all components of civil society including health, legal and other professions, as well as non-governmental organizations and media in the fight against torture.⁷ The result obtained in the study can be used to design the curriculum on torture and have a better understanding to develop a positive attitude in the detection and treatment of torture victims.

Methods

Ninety-eight medical students who have finished their 5th semester (4th year) course in 2nd professionals were provided each with a multiple-choice questionnaire during November 2002. The questionnaire had 9 MCQs to assess knowledge and attitude on

torture. They were instructed to give their frank and free opinion anonymously to ensure privacy. No reminders were given to the students and they were asked to return the questionnaire after ticking off the response they thought correct on the spot, taking their own time. The results thus obtained were tabulated and analyzed.

Results

Ninety-five (97%) students responded by filling out the questionnaire. The age of the survey population varied 18-23 years with a mean of 20.25 years. The male/female ratio among the subjects was 6:1. The social and cultural background of all the students was almost similar.

A. Knowledge on Torture

In order to assess knowledge on torture the following multiple-choice questions were asked:

1. What do you mean by the term torture?
2. What are the objectives of torture?
3. Name the types of torture.
4. The commonest method of physical torture is?
5. The commonest form of sexual torture is?
6. National Human Rights Commission is situated at?

In response to question no. 1, 91 (96%) students responded correctly while the remaining 4 (4.3%) gave an incorrect response. Regarding question no. 2, a maximum of 29 (31%) students opined that torture is aimed to destroy the mind without killing a person. This was followed closely by the second largest group of 26 (27%) students who were of the opinion that torture is committed to break the personality of an individual. Nineteen (20%) of them responded correctly by ticking off the choice that torture is

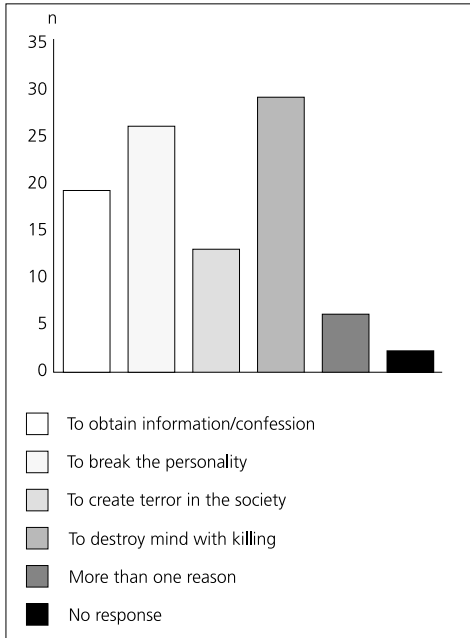


Figure 1. Responses regarding aims of torture (N=95).

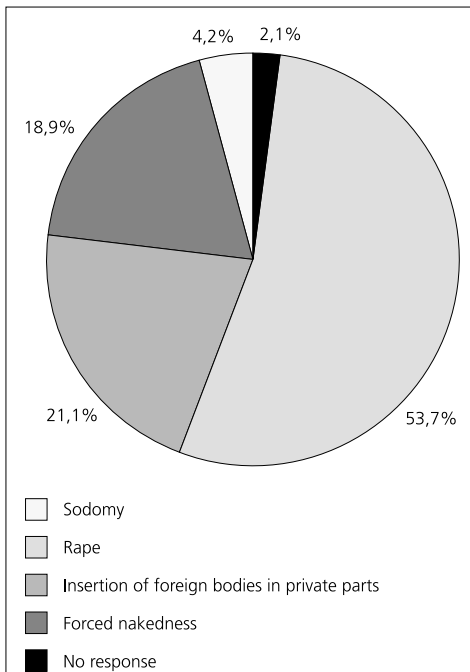


Figure 2. Knowledge on sexual torture (N=95).

done to obtain a confession or information (details are given in Figure 1).

Ninety (95%) students responded correctly by marking off physical, sexual and psychological as the types of torture, while five were of a different opinion. Again, 92 (97%) students answered correctly, the commonest method of physical torture as beating and kicking. Two ticked off electric shock and one falanga as the commonest method of physical torture.

Regarding the commonest form of sexual torture, more than half i.e. 51 (54%) students, ticked rape off correctly. Twenty marked off insertion of foreign bodies in private parts and 18 forced nakedness (details shown in Figure 2). For the question on the location of the National Human Rights Commission (NHRC) a little more than half, 53, responded correctly by marking off New Delhi. On the other hand, 32 ticked off other incorrect choices and ten did not respond to the question at all (details in Figure 3).

B. Attitude on Torture

Attitudes on torture were attempted to be assessed by designing the following questions:

1. Do you think that beating in police custody to get confession/information is proper?
2. Do you think that general medical practitioners should be aware of torture medicine?
3. Should torture medicine be included in undergraduate curriculum?

In response to question no. 1, a little less than half 46 students were undetermined in their opinion and hence did not respond. Twenty-eight students opined that it is proper whereas 21 did not approve of this practice.

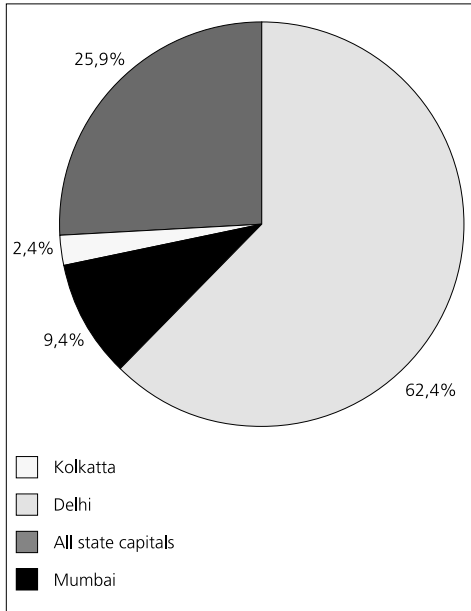


Figure 3. Knowledge about situation of National Human Rights Commission (NHRC) (N=95).

Out of a total of 95 students, 87 (92%) were of the opinion that general medical practitioners should be aware of torture medicine. Among the remaining 8, 4 were against such awareness and four were not sure of their opinion. To a more direct question on inclusion of torture medicine in the undergraduate curriculum, 41 answered in the affirmative. Out of the remaining 54, 25 were not in favor and 29 were undetermined on this issue (Figure 4).

Discussion

Time and again knowledge, attitude and practices (KAP) studies are carried out in order to assess and modulate different subjects on various topics. However, on the subject of torture very few KAP studies related to doctors and medical students have been published.^{4,8-10} The different governmental as well as statutory bodies in India, like the

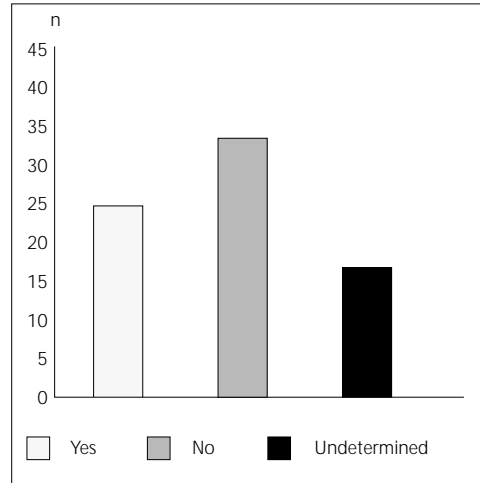


Figure 4. Responses to question of inclusion of torture in undergraduate curriculum (N=95).

University Grants Commission and the National Human Rights Commission, have also emphasized the need for education related to torture and human rights. It is logical and sound to assess the knowledge and attitude of the medical students in order to select and design relevant and appropriate course content on the topic of torture and human rights.

Large percentages of the student were aware of the meaning of the term torture in a broader sense. However, they were not well acquainted with the reasons for torture. These findings are different than reported by Hussain⁴. This difference can be explained on the basis that the responses sought in Hussain's report were verbal. It is a well known fact that the response rate to a verbal question in a class is very low as compared to an anonymous MCQ questionnaire survey. The results in response to the first two

questions were similar to other published studies.^{8,9}

The responses to other knowledge assessing questions were also found correct in more than half of the study population. But this can be increased to a much higher level by incorporating a knowledge component in the form of lecture discussions in the teaching of the students.

The more interesting aspect of this study was attitude assessment. Two other studies by Iacopino⁸ and Sobti⁹ also assessed this aspect among medical practitioners and found that most of them are complicit on the issue. A significant number of them even justified the use of coercive techniques and manhandling in dealing with detainees by law enforcing agencies. In the present study about half of the students were undecided and did not either approve or disapprove of the practice of torture in custody. However, among the students who gave a clear opinion, a higher proportion of 29.5% approved this practice in comparison to 22% who were against it.

The study amply demonstrates that a fairly large percentage of the medical students of Delhi are not against the practice of torture and human rights violations. It is expected that students in other parts of the country will reflect similar sentiments on this issue. This attitude needs a review for all educationists. A very good percentage (92%) opined that even general medical practitioners should be aware of torture related issues. Again, only about one-fourth of the study population was against the inclusion of topics related to torture and human rights in the undergraduate curriculum, thereby showing a positive attitude on the subject.

Caveat

A large multicentre study should be planned and conducted to have more comprehensive

and exhaustive data on the subject. Nevertheless, the present study may act as a trigger to initiate such work.

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