Ethics and interrogations: Comparing and contrasting the American Psychological, American Medical and American Psychiatric Association positions

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In 2004, the American Psychological and Psychiatric Associations began to explore the ethical aspects of psychologist and psychiatrist involvement in military interrogations. That summer and early fall, the associations held separate meetings in Washington, D.C. Each association invited representatives from the other to participate in their respective discussions. In June of 2005 APA issued the Report of the Task Force on Psychological Ethics and National Security (PENS report). In May of 2006 the psychiatrists issued their position statement, and a few weeks later, this June, our colleagues from the American Medical Association followed with their report. Comparing and contrasting the three association positions in terms of their conceptual approach to member involvement in military interrogations, as well as in terms of what the associations actually allow their members to do, can be helpful in coming to a fuller understanding of this pressing societal issue.

Of the three associations, the two most closely related are those of the American Medical and American Psychological Associations. So closely related are these two positions that entire passages could easily be exchanged between the two reports, without any change in meaning. The reason behind the similarity in positions is that both rely on the same ethical analysis: Psychologists and physicians have ethical responsibilities to the individual under questioning, as well as to third parties and the public. APA derives its position from Principle A, “Do No Harm,” in the Ethical Principles of Psychologists and Code of Conduct (2002), and from Principle B, which addresses psychologists’ responsibilities to society. By virtue of Principle A, psychologists do no harm; by virtue of Principle B, psychologists use their expertise in, and understanding of, human behavior to aid in the prevention of harm. In a similar vein, the AMA report states, “Questions about the propriety of physicians participation in interrogations and in the development of interrogation strategies may be addressed by balancing obligations to individuals with obligations to protect third parties and the public.” AMA emphasizes the ethical obligation to society by defining interrogation as questioning related “to military and national security intelligence gathering, designed to prevent harm or danger to individuals, the public, or national security.” These near-identical ethical analyses generate very similar rules that govern member behavior.

The first rule governing the behavior of psychologists and physicians is the ethical mandate that applies in all circumstances: Never engage in, facilitate or countenance torture or other cruel, inhuman or degrading treatment. These behaviors are always and in every instance antithetical to our professional identities. Both associations unequivocally repudiate any member involvement in such activities. This rule derives directly from the mandate “Do No Harm.”

A corollary to this first rule is that psychologists and physicians may not participate in interrogations that rely on coercion. In the words of the AMA report, coercion entails “threatening or causing harm through physical injury or mental suffering.” The APA PENS report likewise prohibits threatening or causing harm through physical injury or mental suffering, since threatening or causing such harm, if not rising to the level of torture, would constitute cruel, inhuman or degrading treatment.

Second, psychologists and physicians have “indirect” rather than “direct” involvement in military interrogations, to use the language of the AMA report. Conducting the interrogation constitutes direct involvement. What is meant by “indirect” participation can be best understood in the context of a third rule, requiring the absolute demarcation between the role of treater and the role of consultant to an interrogation.

This third rule, shared by both associations, is that psychologists and physicians never mix the roles of health-care provider and consultant to an interrogation. According to the APA PENS report, psychologists are prohibited “from engaging in such multiple relationships.” The absolute demarcation between caregiver and consultant to an interrogation is fundamental to both association positions.

From rules that APA and AMA share comes what both associations allow: Psychologists and physicians may consult to interrogations under strict ethical guidelines—namely, that the interrogation is not coercive and that the roles of health-care provider and consultant are never mixed. Explaining that the purpose of an interrogation is “to prevent harm or danger to individuals, the public, or national security,” and that a physician’s ethical obligations to individuals must be balanced against obligations to protect the public, the AMA report states that physicians may consult to interrogations by developing interrogation strategies that do “not threaten or cause physical injury or mental suffering.” and
that are "humane and respect the rights of individuals." Substitute "psychologist" for "physician," and the relevant passages in the AMA report could be inserted into the PENS report with no change in APA's position whatsoever—

"It is consistent with the APA Ethics Code for psychologists to serve in consultative roles to interrogation and information-gathering processes for national-security related purposes" when acting in accordance with strict conditions. While one recommendation in the AMA report places physician consultation in a training context, numerous statements in the body of the report and in the report's "Conclusion" convey a scope of involvement that extends well beyond training. As one example, the AMA report states explicitly that the presence of a psychiatrist at an interrogation may serve to benefit the individual under questioning by virtue of a trust that can facilitate the interrogation, i.e., information-eliciting process. The AMA report must be carefully read in its entirety to understand and appreciate the breadth of its position on the appropriate role for physicians in interrogations.

Additional agreement between the associations involves the obligation to report interrogations in which unethical behavior occurs, the prohibition against using information from a medical record to construct an interrogation strategy, and the obligation to adhere to the associations' ethics code in all instances, including when consulting to an interrogation.

While AMA and APA rely on the same conceptual framework and as a consequence set forth nearly identical guidelines to govern physicians and psychologists who consult to interrogations, there is an important respect in which the associations differ. APA frames a role that psychologists have unique training to fill: the role of observing interrogations in order to guard against "behavioral drift" on the part of interrogators. Behavioral drift, which may arise in high stress situations where there is insufficient ethical guidance or oversight, involves a deviation from professionally and ethically acceptable behavior and so may lead to coercive interrogation techniques. Psychologists, as experts in human behavior, are trained to observe and intervene to prevent behavioral drift. AMA, while allowing physicians to monitor interrogations, states that physicians may not, however, monitor interrogations "with the intention of intervening." This difference, which stems from psychologists' unique competencies, represents an important distinction between what role psychologists and physicians may take in interrogations and arises in the context of what social psychology has taught regarding the influence of setting on human behavior.

The American Psychiatric Association uses a somewhat different analysis in assessing the appropriate role for its members in interrogations. Rather than deriving its position from two ethical principles—Do No Harm, and contribute to society by preventing harm—the psychiatrists appear to focus solely on the first, Do No Harm. While the psychiatrists' much briefer (three paragraphs and a footnote) statement does not offer a conceptual framework for their position, the apparent attention to a single principle—Do No Harm—leads the psychiatrists to de-emphasize the role of protecting society. Thus, the psychiatric association states that psychiatrists should not participate in an interrogation by "being present in the interrogation room, asking or suggesting questions, or advising authorities on the use of specific techniques of interrogations with particular detainees," even if the interrogation is conducted for the purpose of "identifying other persons who have committed or may be planning to commit acts of violence.” The difference between the psychologists and physicians, on one hand, and the psychiatrists, on the other, becomes understandable when placed in the context of how the associations have conceptualized the issue differently.

Immediately following the release of the American Psychiatric Association position, its president was quoted by the media as stating (Medpage Today News, May 22) that the psychiatrists' position statement is not "an ethical rule" and that a military psychiatrist following orders "wouldn't get in trouble with the APA [American Psychiatric Association]" for participating in interrogations. This clarification from the president of the American Psychiatric Association places the psychiatric association alongside APA and AMA in terms of enforcement actions: Military psychologists, physicians and psychiatrists, following orders, abiding by clear prohibitions against coercive interrogations, acting strictly as consultants to interrogations and not as caregivers, and reporting coercive or abusive acts to the appropriate authorities, will not be subject to discipline from their professional associations. While indicating a preference for psychologists over psychiatrists, the Department of Defense has laid out a process for psychiatrists continuing to serve in the role of consultants to military interrogations.

The APA Board of Directors understands that members have deeply felt and diverse opinions on the role of psychologists in military interrogations, and encourages members to make their positions known. There are members who feel strongly that the very presence of psychologists in national-security settings around the world serves to legitimate what human rights organizations have condemned. Other members feel that our colleagues in the military have reached out to APA for ethical guidance, and that APA should respond by supporting these psychologists in their work to ensure that interrogations are conducted in a safe and ethical manner. To ensure that APA's discussions continue to allow for all points of view to be clearly heard and fully considered, the issue of psychologists' involvement in military interrogations will be addressed when the Council of Representatives meets this August in New Orleans.

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