EDITOR'S CHOICE

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Medicalizing execution

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Capital punishment has majority support in the US, hovering at between 60% and 70% depending on whom you ask. And although it is not used in every state, it can count supporters everywhere.

However, a YouGov/*Huffington Post* poll conducted earlier this year found that when you get down to the specifics, people can be a lot more squeamish (<https://today.yougov.com/news/2014/01/21/poll-results-death-penalty>). Although the poll found that around two thirds of respondents generally approved of the death penalty for murder, about half that number approved of firing squads, electric chairs, and gas chambers, and only a fifth would accept hanging as a reasonable means of exacting that punishment.

The only method that could find majority support was lethal injection, at 54%. And that will hardly come as a surprise since it was introduced in the 1970s as a more humane form of execution.

However, that too is coming under scrutiny this week with yet another botched execution that left 43 minutes between the administering of the poison and the ultimate heart attack of Clayton Lockett in Oklahoma (doi:10.1136/bmj.g3064). Lockett was sentenced to death for shooting a 19 year old woman and watching as friends buried her alive, and after reading the reason for his sentence some people will decide they care little for the means of his death anyway.

But Owen Dyer's investigation this week (doi:10.1136/bmj.g2670) highlights that Lockett's case is just the latest in a string of problems that leave lethal injection looking like the twin sibling of hanging rather than the humane alternative.

And this asks a particular question of the medical profession. Identities of those who are involved in executions are rightly a well guarded secret, but among them are, to a greater or lesser degree, some doctors. You do not have to be opposed to execution to realize that there is at very least a tension between the professional oaths taken as a doctor and the death of Lockett.

This is not a call to sway anybody's mind on the rights and wrongs of capital punishment, but it does seem there is an issue here that the medical fraternity should address.

This week we also publish an editorial on the role of medics at Guantanamo (doi:10.1136/bmj.g2947)—something the profession has discussed at great length and that the American Medical Association has voiced strong opposition to in this journal and elsewhere.

The AMA also opposes physician "participation" in lethal executions (www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion206.page) but has little to say on how they are carried out. It's time the profession started seriously having that conversation as well.

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