BMJ 2014;349:g7859 doi: 10.1136/bmj.g7859 (Published 31 December 2014)

VIEWS & REVIEWS

NO HOLDS BARRED

Margaret McCartney: Rectal feeding is torture masquerading as medicine

Margaret McCartney *general practitioner, Glasgow*

The most recent mention of "rectal feeding" I can find in the medical literature is from 1913, when it was described as a technique to give nutrition to people who were "nil by mouth."[1] No, I didn't learn about it at medical school either.

The recent report on the CIA by the US Senate Select Committee on Intelligence says that "at least" five detainees in secret prisons outside the United States had been "subjected to rectal rehydration or rectal feeding," one having been "'very hostile' . . . [he] removed the rectal tube as soon as he was allowed to."

The partially redacted report, which covers the CIA's interrogation programme that began in 2002, notes that "rectal exams were conducted with 'excessive force'" and that an official from the US Office of Medical Services "described the rectal rehydration [of a prisoner] as helping to 'clear a person's head' and effective at getting [him] to talk."

Another prisoner's "'lunch tray,' consisting of hummus, pasta with sauce, nuts and raisins was 'pureed' and rectally infused."[2] This is an obscenity masquerading as medicine.

More than 104 hours' sleep deprivation was stopped when one prisoner "described visual and auditory hallucinations." However, a psychologist concluded that he had been faking his symptoms, and he was returned to the same torture.

Another prisoner was "shackled in the standing position for 54 hours as part of sleep deprivation, and experienced swelling in his lower legs requiring blood thinner and spiral ace bandages." For a further 102 hours he was deprived of sleep, and "after the swelling subsided, he was provided with more blood thinner and was returned to the standing position."

Doctors have been complicit in torture, and this is not new.[3] We know that military interrogators at Guantanamo Bay were given access to prisoners' medical records to create bespoke interrogation plans.[4] Evidence of abuse came from medical records, but doctors and nurses who witnessed the injuries of torture did not act to stop it.

Most doctors who are complicit in torture are much like everyone else, I suspect—neither amoral nor evil. But military command structures can result in situations where ordinary people can readily engage in atrocities.[4] This does not mean that individuals should not be held to account; but it does mean that the structures doctors work in should be scrutinised for their abilities to do harm through their existence.

When we find unethical practice, the question is not just how to train ourselves to speak out, challenge our superiors, and willingly make ourselves "difficult" or unpopular, but how we can encourage and cherish this behaviour.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on Quality and Outcomes Framework points. I'm a part time undergraduate tutor at the University of Glasgow. I've written a book and earned from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013.

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Short AR, Bywaters HW. Amino acids and sugars in rectal feeding. *BMJ* 1913;1:1361.
2 Senate Select Committee on Intelligence. Committee study of the Central Intelligence Agency's detention and interrogation program. 3 Dec 2014. www.intelligence.senate.gov/study2014/sscistudy2.pdf.
3 Rubenstein JD, Pross C, Davidoff F, Iacopino V. Coercive US interrogation policies: a challenge to medical ethics. *JAMA* 2005;294:1544-9.
4 Lifton RJ. Doctors and torture. *N Engl J Med* 2004;351:415-6.

Cite this as: *BMJ* 2014;349:g7859

margaret@margaretmccartney.com