American MDs reject moratorium on capital punishment

With capital punishment moving to centre stage in the US election campaign, the American Medical Association has decided not to enter the controversial debate and refused to endorse a call for a national moratorium on executions.

Acting on a resolution from the American Association of Public Health Physicians, delegates attending the AMA’s annual House of Delegates meeting in mid-June characterized the death penalty as a legal rather than medical issue. They did endorse more use of “appropriate medical forensic techniques” such as DNA testing in capital cases. Delegate Steven Thorson of Colorado said he feared a temporary moratorium would lead to a permanent ban. That, he said, “wasn’t the AMA’s business.”

The resolution sought a moratorium “until questions concerning the availability of DNA evidence, the quality of legal representation and the harmful impact to the judicial system [through the execution of innocent people]” could be resolved. The resolution stated “in several states innocent individuals may be executed because medical technology will not be made available in time to prevent their deaths.” Although the AMA rejected the moratorium, its existing policy precludes physician participation in executions in any way.

The momentum for death-row reform picked up earlier this year when Governor George Ryan of Illinois suspended executions in that state after concluding that 13 innocent people might have been executed. It grew when other legislators requested reviews of the safeguards provided to inmates throughout their long appeal process, and reached its apogee when Republican presidential nominee George Bush postponed the execution of a convicted killer in June to allow time for DNA testing. One hundred and thirty-one inmates have been put to death during his term as governor of Texas, and Bush has repeatedly said he does not believe any innocent person has been executed in his state. However, he does support expanded use of DNA testing. Bush’s opponent for the presidency, Vice-President Al Gore, has affirmed his support for capital punishment and also supports expanded DNA testing.

Since the US Supreme Court reinstated the death penalty in 1976, 643 people have been executed (www.ojp.usdoj.gov/bjs/cp.htm). One-third of the executions (218) were carried out in Texas. Shortly after the Bush announcement, a highly publicized research survey from Columbia University revealed that in 4578 appeals of death penalty convictions prior to 1995, 68% of the convictions were overturned because of mistakes by incompetent defence lawyers and other courtroom errors; 7% of those appealing were found to be innocent.

Public support for the death penalty is sliding steadily in the US, from 80% support in a 1994 Gallup poll to 66% support today. There are no surveys on physicians’ attitudes toward capital punishment. The AMA policy states that “an individual [physician’s] opinion on capital punishment is [a] personal moral decision.” — Milan Korcok, Florida

Out of country, out of pocket

Nova Scotia will soon make patients from outside the country pay their medical costs before leaving hospital, regardless of whether they’re insured. “We will be establishing a policy for full recovery, plus premium,” says Health Minister Jamie Muir. That premium is about double the normal cost of a hospital stay. In Halifax, this might total $2400 a day for out-of-country visitors.

Presently, patients from outside Canada are not given a bill. If they are from a country with universal medical coverage, their government is billed directly. If a patient has personal health insurance, the bill is sent to the insurer. Under the new policy, slated to take effect next year, Nova Scotia will become the first province to ask for its money up front. The move is one of many being driven by the province’s poor fiscal situation; in an era when most provinces are running budget surpluses, Nova Scotia still faces deficits.

Muir says these patients will not get preferential treatment over Nova Scotians. However, if foreign visitors become ill in Nova Scotia and can’t afford to pay, they will still get medical treatment. — Donalee Moulton, Halifax