

WHAT IS DEATH PENALTY?

The death penalty, also being referred to as death sentence or capital punishment, is a state-sanctioned practice of killing a person as a punishment for a crime. A detainee who has been sentenced to death is commonly referred to as being 'on death row'.

The death penalty is still a legal sentence in 55 countries worldwide. A total of 144 countries have abolished it in law or practice (1). The International Covenant on Civil and Political Rights (ICCPR) prohibits imposition of the death penalty on persons below 18 years of age and pregnant women (art. 6.5) (2). Ninety countries have ratified the Second Optional Protocol to the ICCPR, which requires them to fully abolish the death penalty (3). There are no international standards that prevent applying the death penalty to persons with mental disorders/disabilities and there are plenty of examples of persons with a severe mental illness who have been executed (for instance: (4)).

Although the death penalty is not per se a violation of international law, the ability of States to impose the death penalty without violating the prohibition of torture and cruel, inhuman, and degrading treatment is becoming increasingly restricted (5).

IN PRACTICE

At the end of 2021, at least 28,670 people were known to be under sentence of death. In 2021, Amnesty International recorded 579 executions (including 24 women) in 18 countries, not including the thousands of executions believed to be carried out in China, North Korea and Vietnam, where data is classified as a state secret (1).

Methods known to be used include hanging, shooting, beheading, stoning, crucifixion, gas asphyxiation, electrocution and most widely used, lethal injection. Some countries carry out public executions (1).

The term 'death row phenomenon' is used to describe the exposure to death row conditions, including extended periods of solitary confinement and the waiting for the execution (6,7). The United Nations Committee against Torture has expressed concerns about such conditions (8), including prolonged solitary confinement and poor living conditions (9).

HEALTH CONSEQUENCES

Rates of psychological disorders among death row inmates are high, with conditions of confinement appearing to speed up or aggravate these disorders (10,11). In the United States, it has been estimated that at least 20% of those on death row have a severe mental illness (4). There is evidence of deteriorating mental health, unbearable psychological pain, and increased suicide risk in detainees on death row (12). In a US-based study, the suicide rate on death row was found to be about five times higher than that for the general prison male population found in a comparable study (13,14). Some researchers talk about a 'Death row syndrome' with extreme anxiety, dissociation and psychosis (15,16) resulting from "extended periods of time spent on death row, in harsh conditions, coupled with the unique stresses of living under [a] sentence of death" (6). Psychiatrists face an ethical dilemma in treating detainees on death row in case restoration of competence would result in their execution (10,17–19). The execution itself may be associated with significant physical complications and can inflict severe pain and suffering (20). Since the introduction of lethal injection in 1980, over 7 percent of lethal injections have been botched (21), meaning that there was a break from protocol, unanticipated problems, or delays that caused unnecessary pain and suffering to the victim, both physically and mentally (22,23).

Some executed detainees suffer excruciating pain during execution, for instance due to inadequate anesthesia with lethal injections. This has reinvigorated the ethical debate about physician participation in executions (24–27). Several national and international bodies and professional associations have issued statements prohibiting physician involvement in lethal injections (28,29) and executions in general (25,27,30–35). Also family members of death row inmates are known to undergo unique suffering including disenfranchised grief and intense psychological trauma (36), social isolation due to stigma and their own feelings of criminalization, intensified conflict between family members, diminished self-esteem, shame, guilt, and a chronic state of despair (37).

CONCLUSION

When considering whether detainees on death row are subjected to torture or ill treatment, it is necessary to consider the conditions, the waiting time before the execution, and the execution method and process itself. Most available research is from the US, but similar results can be expected in other countries.

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